



INSTRUCTIONS: NAME RESERVATION RCW 23.95.310

Purpose: A Name Reservation may be used by any domestic business entity to reserve a business name prior to registering with the Secretary of State and receiving the Unified Business Identifier (UBI) Number. A Name Reservation is not able to be renewed and the intention is that the business entity will register with the Secretary of State.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at www.sos.wa.gov/corporations

Mail: Send the completed form and payment to the address listed above. **The post mark date is not the received date.**

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee for the Name Reservation is \$30.00 for all for-profit business entity types and \$20.00 for all Nonprofit business entity types.

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Business Entity Name to be Reserved: Provide the name to be reserved for review. A corporate name must be distinguishable upon the records of the Secretary of State from any other business already registered or a name already reserved with the Secretary of State's office.

(2) Alternate Names: Alternate names may be provided. Alternate 1 will be used if the initial name provided to reserve is already in use or already reserved.

(3) Business Entity Type: Select the business entity type that the name is being reserved for.

(4) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Applicant's address.

(5) Client: Provide the name and address of the client if the applicant is not who the name is being reserved for.

(6) Applicant: Provide the name, address, signature of the Applicant. Date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State

Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

- Filing Fee \$30 - Profit entity types
- Filing Fee \$20 - Nonprofit entity type
- To Expedite Filing, Add \$100

NAME RESERVATION

[RCW 23.95.310](#)

All fields are **REQUIRED** unless otherwise specified

(1) BUSINESS ENTITY NAME TO BE RESERVED:

(2) ALTERNATE NAMES: List alternates in order of preference. An alternate name will only be used if the initial name is not available.

Alternate 1: _____

Alternate 2: _____

(3) BUSINESS ENTITY TYPE: Check ONE of the following

- Limited Liability Company \$30 Profit Corporation \$30 Cooperative Association \$30
- Limited Partnership \$30 Limited Liability Partnership \$30 Limited Cooperative Association \$30
- Nonprofit Corporation \$20 Nonprofit Miscellaneous and Mutual Corporation \$20

(4) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below.

Attention: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

(5) CLIENT: Required if different from applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

(6) APPLICANT:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Signature of Applicant _____ Printed Name/Title _____ Date _____

Phone: (optional) _____ Email: _____