

## **RECORDS REQUEST FORM**

### **Business Entities**

#### Overnight address by commercial carrier:

801 Capitol Way S Olympia, WA 98501-1226

#### **Mailing Address (ALL USPS):**

PO Box 40234 Olympia, WA 98504-0234

<u>Tel</u>: 360.725.0377 <u>Email</u>: recordsdesk@sos.wa.gov

# □ \$20 per certified copy or certificate □ \$15 per Apostille □ To expedite filing, add \$100 per UBI No.

	Website: www.sos.wa.gov/corporations		
All documents are sent as pdf attachments by email, e	except for Certified copic	es or any documents requ	iring Apostilles
BUSINESS INFORMATION:			
Business Name:		UBI No.:	
Business Name:		UBI No.:	
Business Name:		UBI No.:	
RECORDS/CERTIFICATE: Select an option(s) below	ow and complete the in	formation needed	
☐ Certificate of Existence (short form): Also known	as a Certificate of Good S	tanding / Status Certificate	
$\Box$ Certificate of Existence (long form): A certificate of	of the entity's entire filing	history showing the expirate	ion date
1			_ \( \sim \) Apostille
2			
3			
☐ CERTIFIED COPIES: A photocopy of the record w	ith a certification stamp o	n the back of the last page	
1			_   Apostille
2			
☐ APOSTILLE: If apostille is selected above this section not valid for use within the Unites States of America, its terri  Name of Country requesting document:	tories or possessions	•	lle certificate is
☐ CERTIFICATE OF FACT: certificate showing a fi Provide a description of the information requested to be list 1	iled record, such as a busi ted.	ness entity name change or	a merger.
TRANSACTION REQUESTED BY: Required			
Name:			
Address:			
City:	State:	Zip:	
Phone: Email:			
COMPLETE ORDER TOTAL: \$	Include all records,	apostille, and expedite fe	es per UBI No.

**Records Request: Business entities** 

Revised 10.2023