



Physical/Overnight address:

801 Capitol Way S
Olympia, WA 98501-1226

Mailing address:

PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377

www.sos.wa.gov/corporations

INSTRUCTIONS: NONPROFIT CORPORATION ARTICLES OF DISSOLUTION RCW 24.03A

Purpose: Articles of Dissolution is used to voluntarily dissolve the business entity. 120 days after this submission is successfully filed, the business entity is no longer eligible for reinstatement or revocation and is considered permanently dissolved.

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 to the address listed above.

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: There is not a filing fee for Articles of Dissolution.

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) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Business Name: Provide the name as recorded with the Office of the Secretary of State of Washington.

(3) Effective Date: Select the date this filing is to be effective. If “Date of Filing” is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(4) Revenue Clearance: Select the box to confirm that the required Department of Revenue Clearance Certificate is attached. The request for a revenue clearance can be found at <https://dor.wa.gov/doing-business/my-account/revenue-clearance-certificate> or by contacting the Department of Revenue. Once you have submitted the Application for Clearance to the Department of Revenue, they will provide the Revenue Clearance Certificate to submit to our office. Do not submit the Dissolution without the Clearance Certificate, submitting the application is not acceptable.

(5) Adoption Statement: Select the type of Nonprofit and the applicable adoption of Dissolution.

(6) Dissolution Attestations: By the authorized person signing the business attests that the statements in this section are true and correct.

(7) Return Address for Filing: Complete the return address for this filing.

(8) Authorized Person: Sign, print, provide the signer’s title, and 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

- No Filing Fee
- To Expedite Filing, Add \$100

ARTICLES OF DISSOLUTION

Nonprofit Corporation

Nonprofit Professional Service Corporation

[RCW 24.03A](#)

All fields **REQUIRED** unless otherwise specified

(1) UBI No.: _____

(2) NAME OF NONPROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)

(3) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

- Date of filing (default) this is the date that the submission is completed by our office
- Specify a date _____ (cannot be more than 90 days following the received date)

(4) REVENUE CLEARANCE:

- A Washington State Department of Revenue Clearance Certificate is attached.

(5) ADOPTION STATEMENT:

Check ONE of the following types of Nonprofit Corporation and then select the applicable adoption statement

Type 1:

- The Nonprofit Corporation is a membership corporation and;**
 - has members that are entitled to vote on its dissolution and the requisite number of members have approved the proposal to dissolve.

OR

- does not have members that are entitled to vote on the dissolution and the dissolution was authorized by the requisite number of directors.

Type 2:

- The Nonprofit Corporation is not a membership corporation and;**
 - the dissolution was authorized by the requisite number of directors.

(6) DISSOLUTION ATTESTATIONS:

By the authorized person signing the business attests that the below statements are true and correct.

- The net assets of the Nonprofit Corporation remaining after winding up have been, or will be, distributed in accordance with the Nonprofit Corporation’s articles and bylaws and the Nonprofit Corporation’s adopted plan of distribution.

AND

- If the Nonprofit Corporation is a charitable nonprofit OR holds property for charitable purposes, the attorney general has approved or deemed to have approved the Nonprofit Corporation’s adopted plan of distribution per [RCW 24.03A.908](#)

(7) RETURN ADDRESS FOR THIS FILING: *(optional)*

Attention to: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(8) AUTHORIZED PERSON:

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

Signature of Authorized Person	Printed Name/Title	Date
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