

Corporations and Charities Division

Mailing address:
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www.sos.wa.gov/corporations

## **CUSTOMER RECEIPT**

## **Payment Transaction:**

Work Order #: 2025081500579646

Received Date: 08/15/2025

Total Paid: \$200.00

## **Payment Details:**

Cardholder Name / Payer Name	Payment Type	Identifying Number	Payment Date	Amount Paid
SARAH TUMLINSON	VISA	7589	08/15/2025	\$ 200.00

## **Transaction Details:**

Name	UBI # / Registration #	Service Type	Fees	Subtotal
DOREM LLC		CERTIFICATE OF FORMATION WITH INITIAL REPORT	SERVICE: \$ 180.00 PROCESSING: \$ 20.00 EXPEDITE:	