Return Name and Address

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CORPORATIONS DIVISION

801 CAPITOL WAY SOUTH

PO BOX 40234

OLYMPIA, WA 98504-0234

Re: Application to Form Limited Liability Company/Certificate of Formation

Dear Sir or Madam:

Enclosed please find an original and one copy of Application to Form a Professional Limited Liability Company/Certificate of Formation. Also enclosed you will find the Secretary of State’s filing fee of $175.00.

Please file and provide a filed copy to me, together with any other information you commonly provide, at the address above.

Please contact me at the above address if you require anything further.

With kindest regards, I am

Sincerely yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Enclosures

Check # \_\_\_\_\_\_\_\_\_\_ Enclosed for $\_\_\_\_\_\_\_\_