



Filed  
Secretary of State  
State of Washington  
Date Filed: 09/09/2018  
Effective Date: 09/09/2018  
UBI #: 603 324 254

## EXPRESS ANNUAL REPORT WITH CHANGES

### BUSINESS INFORMATION

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Business Name:  
**SEATTLE YOUTH HOME SERVICES LLC**

UBI Number:  
**603 324 254**

Business Type:  
**WA LIMITED LIABILITY COMPANY**

Business Status:  
**ACTIVE**

Principal Office Street Address:  
**5101 NE 90TH PL, SEATTLE, WA, 98115-3927, UNITED STATES**

Principal Office Mailing Address:

Expiration Date:  
**08/31/2019**

Jurisdiction:  
**UNITED STATES, WASHINGTON**

Formation/Registration Date:  
**08/08/2013**

Period of Duration:  
**PERPETUAL**

Inactive Date:

Nature of Business:  
**RETAIL**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
PETE FALLEEN	6635 COLUMBIA BEACH DR, CLINTON, WA, 98236-9646, USA	PO BOX 619, CLINTON, WA, 98236-0619, USA

### PRINCIPAL OFFICE

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Phone:  
**425-231-5690**

Email:  
**PFALLEEN@HOTMAIL.COM**

Street Address:

**5101 NE 90TH PL, SEATTLE, WA, 98115-3927, USA**

Mailing Address:

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JUN	YANG

## NATURE OF BUSINESS

1 RETAIL

## EFFECTIVE DATE

Effective Date:

09/09/2018

## CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

**YES**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* You answered "YES" to question 1 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034

For assistance or to request this document in an alternate format, visit [business.wa.gov/BLS](http://business.wa.gov/BLS) or call 360-705-6744. Teletype users may call 711.

Fax 360-705-6699

## RETURN ADDRESS FOR THIS FILING

Attention:

**PETE FALLEEN**

Email:

**PFALLEEN@HOTMAIL.COM**

Address:

**PO BOX 619, CLINTON, WA, 98236-0619, USA**

## AUTHORIZED PERSON

Person Type:

**INDIVIDUAL**

First Name:

**PETE**

Last Name:

**FALLEEN**

Title:

**REGISTERED AGENT**

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.