

Accelerated POSTAL & PRINT

9208 NE Highway 99 Suite 107, Vancouver, WA 98665

Phone: 360-989-1700 Fax: 360-326-7026

info@acceleratedpostal.com

REGISTERED AGENT AGREEMENT

This Registered Agent Agreement (the "Agreement") is made this _____ day of _____, 20____ by and between Andrews Nation Inc DBA Accelerated Postal & Print, a Washington professional corporation located at 9208 NE Highway 99 Suite 107, Vancouver, WA 98665 (hereinafter "Registered Agent") and _____, located at _____ (hereinafter "Company").

WHEREAS Company wishes to retain Registered Agent for the sole purpose of serving as Company's registered agent in the State of Washington; and

WHEREAS Registered Agent is willing to provide such services under the terms and conditions set forth below

The Parties hereto agree as follows:

1. **CONDITIONS.** This Agreement will not take effect, and Company may not refer to Registered Agent as its Registered Agent or file any paperwork or documentation naming Registered Agent as registered agent, until Company has returned a signed copy of this Agreement and paid monthly fee called for under Paragraph 4.

2. **SCOPE OF SERVICES.** Company is hiring Registered Agent to act as registered agent for Company in the State of Washington. Registered Agent agrees to act as Company's registered agent, and to accept official mail and process of service on behalf of Company, for the period of prepaid monthly service from the date set forth above. Registered Agent will forward all correspondence and process of service to Company, either by fax, or at the address specified by Company below, or at such address as Company may designate in writing from time to time, in Registered Agent's sole discretion. Notwithstanding the foregoing, Registered Agent may receive certain mail addressed to Company, including but not limited to credit card applications, commercial solicitations, and the like, all of which would typically be considered junk mail. Company agrees that Registered Agent is not obligated to forward, and will not forward, such junk mail to Company.

3. **COMPANY'S DUTIES.** Company agrees to keep Registered Agent advised of its correct current address and telephone number at all times so that Registered Agent may contact Company and to accept all mail and other deliveries promptly from Registered Agent. Company hereby acknowledges that failure to comply with the foregoing may cause Company harm and, further, agrees to indemnify and defend Registered Agent

from any and all liability for any harm that may arise because of its failure. Company's contact information as of the date of this Agreement is the address set forth above, the telephone number (____)_____, and the email address:

4. FEE. Company agrees to pay a fee monthly fee of \$4.00, in advance, for the services set forth in paragraph 2 above. The fee is fully earned upon payment and not subject to refund except in the limited situation as set forth in paragraph 5 below. **The forwarding will be charged at retail rates and is due at the end of each month.**

5. DISCHARGE AND WITHDRAWAL. Company may discharge Registered Agent at any time and change registered agents by notifying Registered Agent in writing, however no refund will be provided for such discharge. Registered Agent may resign as registered agent upon termination of this Agreement, upon a breach of this Agreement, or upon a failure by Company to pay the amount due under paragraph 4 above. Additionally, Registered Agent may withdraw upon sixty days prior written notice to Company, for any or no reason, and if for no reason.

6. RENEWAL. This Agreement is renewed monthly until canceled by either party.

7. MISCELLANEOUS. Any change to this Agreement shall not be valid unless it is in writing and signed or accepted by both parties. This Agreement shall be governed by the laws of the State of Washington without reference to its choice of law provisions.

IN WITNESS WHEREOF, the parties hereto have entered into this Agreement effective as of the date first above written.

Andrews Nation Inc. DBA Accelerated Postal & Print

[Accelerated Postal & Print Representative]

And

[Name of Company]

[Signature]

[Print Name]

[Title]

INSTRUCTIONS – DESIGNATION OF REGISTERED AGENT

USE DARK INK ONLY. For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

UBI NUMBER: Please enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner.

NAME OF ENTITY: Indicate the entity name as it is currently recorded with the Office of the Secretary of State.

SELECT ONLY ONE AGENT TYPE:

Commercial Agent:

If using a Commercial Registered Agent (as recorded with the Office of Secretary of State) provide the name of the Commercial Agent and complete the Consent at the bottom of the page.

Noncommercial Agent:

If using a Noncommercial Agent (a person or business) not registered as a Commercial Registered Agent, complete this item with the name, the required physical address in Washington, an (optional) alternate mailing address in Washington, and complete the Consent at the bottom of the page.

Office or Position to serve as Agent:

If the registered agent is going to be a position within the entity such as President, Secretary, or Member then complete this item with the name of the position or office, the required physical address in Washington, an (optional) alternate mailing address in Washington, and complete the Consent at the bottom of the page.

WASHINGTON STATE ADDRESSES: Every Registered Agent must have a physical address in **Washington State**. An additional address in **Washington State** may be provided as an alternate mailing address in addition to the physical address.

CONSENT OF REGISTERED AGENT:

A registered agent shall not be appointed without having given prior consent in a record to the appointment. This would be the individual agent or an authorized person representing the entity or office to serve as agent.

FEES: There is no filing fee for the Designation of Agent. If expedited service is requested then include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". ***(ALL fees are non-refundable and all documents are public record)***

Mail completed forms and payment to:

In Person:

Secretary of State
Corporations Division
801 Capitol Way S
Olympia, WA 98501-1226

By Mail:

Secretary of State
Corporations Division
PO BOX 40234
Olympia, WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps, call 360-725-0377 or email corps@sos.wa.gov.



This Box For Office Use Only

Designation of Registered Agent

See attached instructions

- Filing Fee - FREE
- Filing Fee with Expedited Service - \$50.00

UBI Number:

NAME OF ENTITY: _____
(As currently recorded with the Office of the Secretary of State)

SELECT ONLY ONE AGENT TYPE (RCW 23.95)

<input type="checkbox"/> Commercial Agent	<input type="checkbox"/> Noncommercial Agent (most common)	<input type="checkbox"/> Office or Position
NAME	NAME	NAME
<i>NAME ONLY of Commercial Registered Agent as recorded with the Secretary of State. (Address of Commercial Registered Agent is already on file)</i>	<i>Name of Noncommercial Registered Agent. (Any person or business not registered as a Commercial Registered Agent, must also include the physical address below)</i>	<i>List the Office or Position serving as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member, Treasurer, must also include the physical address below)</i>

Washington State Physical Address *(Required Only for Noncommercial, Office, or Position):*

Address _____
 City _____ WA Zip Code _____

Washington State Alternate Mailing or Postal Address *(optional):*

Address _____
 City _____ WA Zip Code _____

REQUIRED ALL - CONSENT TO SERVE AS REGISTERED AGENT:

I hereby consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X _____
Signature of Registered Agent Printed Name/Title Date