

**APPLICATION FOR CERTIFICATE
OF WITHDRAWAL OF A
VOLUNTARY ASSOCIATION**

Form VA-4
Rev. 11/2017



West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

FILE ONE ORIGINAL

(Two if you want a filed
stamped copy returned to you)

FEE: \$25.00 - Expedite service is not available for this type of filing.

In accordance with the provisions of the West Virginia Code, the undersigned Voluntary Association hereby applies for a Certificate of Withdrawal from West Virginia, and submits the following statement:

1. The name of the voluntary association is: _____

2. It is formed under the laws of the State of: _____

3. The **mailing address** to which the Secretary of State may mail a copy of any process against the association:

No. & Street

City, State and Zip

4. The Association hereby attests that: It is not transacting business in West Virginia. It hereby surrenders its authority to transact business in West Virginia. It revokes the authority of its registered agent in West Virginia to accept service of process, and consents that service of process in any action, suit or proceeding based upon any course of action arising in West Virginia during the time the trust was authorized to transact business in West Virginia may thereafter be made on the trust by service thereof on the Secretary of State of West Virginia and commits to notify the Secretary of State of any changes of the association's mailing address.

5. **Name and phone number of contact person.** (This is optional, however, if there is a problem with the filing, listing a contact person and phone number may avoid having to return or reject the document.)

Contact Name

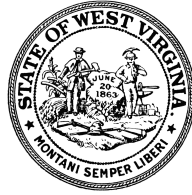
Phone Number

6. **Signature information** (See below ****Important Legal Notice Regarding Signature****):

Print Name of Signer: _____ Title/Capacity: _____

Signature: _____ **Date:** _____

****Important Legal Notice Regarding Signature:*** Per West Virginia Code **§31D-1-129**. Penalty for signing false document. Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.



West Virginia Secretary of State
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Website: www.wvsos.gov

Rev. 9/2018

Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE *CUSTOMER ORDER REQUEST* FORM TO ONE OF THE OFFICES BELOW. CHOOSE STANDARD PROCESSING SERVICE.

THE FOLLOWING PROCESSING SERVICE IS AVAILABLE FOR THIS TYPE OF FILING:

1 STANDARD PROCESSING (5-10 business days)

- Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:
- E-mail to CorpFilings@wvsos.gov
 - Fax
 - Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the [e-Payment Authorization](#) form with your filing. **Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.**

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS
Standard and Expedited Filings

Charleston Office

One-Stop Business Center

1615 Washington Street East

Charleston, WV 25311

Phone: (304) 558-8000

Fax: (304) 558-8381

Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office

North Central WV Business Center

200 West Main Street

Clarksburg, WV 26301

Phone: (304) 367-2775

Fax: (304) 627-2243

Hours: Mon. -Fri. 9:00a - 5:00p EST

Martinsburg Office

Eastern Panhandle Business Center

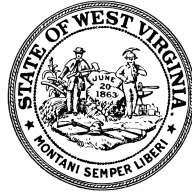
229 E. Martin Street

Martinsburg, WV 25401

Phone: (304) 356-2654

Fax: (304) 260-4360

Hours: Mon. - Fri. 9:00a - 5:00p EST



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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

Order Processing Requested*:

Standard Processing*
 (Avg. processing turnaround
5-10 business days)

*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.

Name of Entity: _____

Return filing to:
 (Return Address) _____

Contact Name: _____ Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: _____ Fax to: _____

Hold for Pick Up Mail to Return Address above FedEx: Acct # _____

Other (explain below): _____ UPS: Acct # _____

Order Description (include items being ordered and fee breakdown):

* **PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

Total Amount:

Payment Method:

Check/Money Order Credit Card (Must attach [e-Payment Authorization](#) request form including payment information.)

Cash (*Do Not mail cash*) Pre-paid Acct #: _____ Attach signed pre-paid slip.



e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

Service Type: Fax E-mail Mail

Payment by Card *(card holder name and billing address required below)*

Card Type: Visa Mastercard Discover American Express

Credit Card Number:

V Code*

* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month: Year:

Amount to Charge Card: USD \$

Order Information *(required)*

Entity Name:

Card Holder Information:

Name as it appears on the account
Billing Address
City State Zip Code
Telephone Ext.

Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X _____ Date
Authorized Signature

Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X _____ Date
Authorized Signature

Not to Exceed Amount: USD \$