



Filed  
Secretary of State  
State of Washington  
Date Filed: 12/29/2023  
Effective Date: 12/29/2023  
UBI #: 605 383 145

## INITIAL REPORT

### UBI NUMBER

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UBI Number:  
**605 383 145**

### BUSINESS NAME

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Business Name  
**LOCAL CORING LLC**

REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
TAXMEDICS	101 S WASHINGTON ST, SUITE C, KENNEWICK, WA, 99336-5116, UNITED STATES	PO BOX 6161, KENNEWICK, WA, 99336-0161, UNITED STATES

### REGISTERED AGENT CONSENT

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Customer provided Registered Agent consent? \* - **Yes**

### EFFECTIVE DATE

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Effective Date:  
**12/29/2023**

### OTHER PROVISIONS

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Other Provisions:

### PRINCIPAL OFFICE

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Phone:  
**509-543-7600**

Email:  
**ENTITY@TAXMEDICS.NET**

Street Address:  
**2000 W 23RD AVE, KENNEWICK, WA, 99337-3653, UNITED STATES**

Mailing Address:  
**2000 W 23RD AVE, KENNEWICK, WA, 99337-3653, UNITED STATES**

GOVERNORS

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Title	Governor Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JOSHUA	VERDUN

NATURE OF BUSINESS

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Nature of Business:  
**CONSTRUCTION**

RETURN ADDRESS FOR THIS FILING

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Attention:  
**TAXMEDICS**

Email:  
**BOOKKEEPERS@TAXMEDICS.NET**

Address:  
**101 S WASHINGTON ST STE C, KENNEWICK, WA, 99336-5116, UNITED STATES**

UPLOAD ADDITIONAL DOCUMENTS

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Name	Document Type
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No Value Found.

UPLOADED DOCUMENTS

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Document Type	Source	Created By	Created Date
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No Value Found.

EMAIL OPT-IN

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I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

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Document is signed.

Person Type:  
**ENTITY**

First Name:  
**SHANNEL**

Last Name:  
**REED**

Entity Name:  
**TAXMEDICS**

Title: