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FBT
51-08

KANSAS SECRETARY OF STATE
Foreign Business Trust Application
(By Resolution)
General Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$65 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will be rejected. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution.
<input type="checkbox"/> Fax filing available	Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include on the cover sheet: contact name, daytime phone number, credit card number, credit card expiration date and billing zip code. Fax documents and payment information to Business Services, 785-296-4570 . Faxed documents will receive that day's file date if they are without errors and received prior to 4 PM CST. Processed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day activation or return faxing.
<input type="checkbox"/> Contact phone number	We do not require phone numbers by statute, but some errors can be corrected with permission. Including a phone number may expedite processing of your documents.
<input type="checkbox"/> No duplicate copies	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> No email	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> No filing by phone	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> No staples	All documents are electronically scanned as part of the filing process. To expedite processing, please do not use staples on your documents or payment.
<input type="checkbox"/> Public Information	All information filed with our office is available to the public, and much of it may be viewed online without cost. Please consider this when providing information on our forms.

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A copy of the trust instrument with all amendments must accompany the application. KSA 17-2030(a)

THIS SPACE FOR OFFICE USE ONLY.

1. Name of trust

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2. State of creation (or country, if non-USA)

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3. Began doing business in Kansas:

Upon qualification

Date:

Month

Day

Year

4. Tax closing month

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5. Name of resident agent and address of resident office in Kansas

Must be a street, rural route, or highway. A P.O. box is unacceptable.

Name			
Address			
City	State KS	Zip	Country

6. Mailing address

Address will be used to send official mail from the Secretary of State's office.

Attention Name			
Street Address			
City	State	Zip	Country

7. Name and mailing address of trustees

If additional space is needed, please provide attachment. Do not leave blank.

Name			
Address			
City	State	Zip	Country
Name			
Address			
City	State	Zip	Country

8a. **RESOLVED**, the trustee of this business trust, _____, is hereby authorized and instructed to execute the below irrevocable consent to be sued in the state of Kansas conforming to K.S.A. 17-7301 et seq., as amended.

8b. **Signature(s) of Trustee(s) (All trustees must sign consent)**

X	X
X	X
X	X

9. ***Irrevocable Consent***

This business trust hereby irrevocably consents that actions may be commenced against it in the proper court of any county where there is proper venue by the service of process on the secretary of state as provided for in K.S.A. 60-304, and amendments thereto, and stipulates and agrees that such service shall be taken and held, in all courts, to be as valid and binding as if due service had been made upon the governors of the foreign covered entity;

Signature(s) of Trustee(s) (All trustees must sign consent)

X	X
X	X
X	X

10. **I certify that this resolution is a true and correct copy of the resolution adopted by the trustees.**

Name of Trustee Named in 8a	Signature of Trustee Named in 8a
	X

11. **I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**

Name of Trustee Named in 8a	Signature of Trustee Named in 8a
	X