

DBT
51-07

KANSAS SECRETARY OF STATE
Kansas Business Trust Application
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

All information on the application **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

Stay up-to-date on your organization's status, annual report due date and contact addresses by going to **www.sos.ks.gov**.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$65 .
<input type="checkbox"/> Payment	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash.</p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p>Credit card number _____</p> <p>Billing zip code _____ Expiration date _____</p> <p>NOTICE: There is a \$25 service fee for all returned checks.</p>
<input type="checkbox"/> Daytime phone and contact person	_____
<input type="checkbox"/> Fax filing available	<p>Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to Business Services, 785-296-4570. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm CT cannot be guaranteed to receive that day's filing date.</p> <p>Filed 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 return faxing.</p>
<input type="checkbox"/> Copy	Include an executed copy of the trust instrument and all amendments, or a certified copy of the instrument and amendments certified by the trustee or a state official with whom it is filed.
<input type="checkbox"/> Trust name	The business trust name on all documents must be exactly the same as it appears on the trust instrument. The business trust name cannot be the same as any other names on file with our office.
<input type="checkbox"/> Registered agent	The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
<input type="checkbox"/> Registered office	The registered office is the address where the resident agent is located.
<input type="checkbox"/> Mailing address	The mailing address is where you would like to receive official mail from the Secretary of State's Office.
<input type="checkbox"/> Signature	The application requires the signature of an authorized person.

DBT
51-07

KANSAS SECRETARY OF STATE
Kansas Business Trust
Application

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

THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this document will not be accepted for filing.

1. Name of the business trust

--

2. Name of resident agent and address of registered office in Kansas

Must be a Kansas street address. A P.O. Box is unacceptable.

Name		
Street Address		
City	State KS	Zip

3. Mailing address

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

Attention Name			
Address			
City	State	Zip	Country

4. Tax closing month

--

5. Name and mailing address of the trustees

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

Name 1			
Address			
City	State	Zip	Country
Name 2			
Address			
City	State	Zip	Country
Name 3			
Address			
City	State	Zip	Country
Name 4			
Address			
City	State	Zip	Country

6. Duration of the trust

<input type="checkbox"/> Perpetual	<input type="checkbox"/> Date the trust will cease:	Month	Day	Year
------------------------------------	---	-------	-----	------

7. I declare under penalty of perjury under to the laws of the state of Kansas that the foregoing is true and correct, and that we have remitted the required fee.

Signature of Authorized Person	Month	Day	Year
--------------------------------	-------	-----	------