

## KANSAS SECRETARY OF STATE Kansas Business Trust Application

# SUBMIT THE DOCUMENTS WITHOUT THIS PAGE

# INSTRUCTIONS FOR FILING KANSAS BUSINESS TRUST APPLICATION

## Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.

#### How to complete the Kansas Business Trust Application:

Before proceeding, a copy of the trust instrument will need to be submitted with the business trust application. The application can't be accepted without the trust instrument.

Each of the numbered instructions below corresponds to a section on the form.

1. Provide the name of the business trust.

The name of the business trust on the application must match identically to the name of the trust as it appears on the copy of the trust instrument.

Check to see if the name of the covered business entity is in use by any other business entity already registered with our office online at https://www.sos.ks.gov/eforms/BusinessEntity/ NameAvailability.aspx.

If the name is currently in use, either a Written Consent to Use of Similar Business Name or a letter advertising must be submitted with the formation document.

Consent to Use of Similar Business Name: Pursuant to K.S.A. 17-7918, the business may submit a Written Consent to Use of Similar Business name (Form CN), completed by the business registered with the Secretary of State's office, found at https://www.sos.ks.gov/forms/business\_services/CN.pdf.

2. Provide the name of the resident agent.

Resident agent: This is either an individual or a business entity registered in Kansas (may be the business entity the business trust application is for) who will receive any legal documents (e.g., subpoenas, court orders, summons, etc.) for the business entity named in section 1. If the resident agent is a business entity, search for the legal name of the business at https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx.

3. Provide the registered office for the resident agent.

Registered office: Must be an address in Kansas where the resident agent may be regularly present. The address must include the building number, street, city, state, and zip code. This can't be a PO box.

- 4. Provide the names and addresses of each of the trustees.
- 5. The business trust application must be signed by an authorized person for the business entity.



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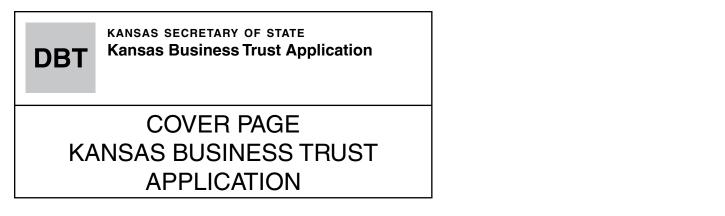
#### Fee Schedule

### Mail to:

**Business Trust Application** 

Kansas Secretary of State Memorial Hall, 1st Floor 120 SW 10th Avenue Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Once processing the business trust application are completed, a certified copy of the articles of organization will be mailed to the address of the sender.



Note: The credit/debit card information will be destroyed upon the filing of the document.

## **Contact Information**

**Contact Person** 

**Direct Phone Number for Contact Person** 

**Payment Information** 

**Credit/Debit Card Number** 

**Expiration Date** 

**Billing Zip Code** 

DBT		TARY OF STATE ness Trust Application	
120 S.W. 10	all, 1st Floor hth Avenue 66612-1594	(785) 296-4564 kssos@sos.ks.gov https://sos.ks.gov	

Note: A copy of the trust instrument and all amendments must accompany the application.

Instructions: All information must be completed and accompanied by the correct filing fee or this document will not be accepted for filing.

1.	Name of business trust:			
2.	Name of resident agent: Must be an individual, the			
	business entity named in section 1, or an entity already registered with our office. <b>Do not leave</b> <b>blank</b> .			
3.	Registered office in Kansas for the resident agent:			
	Must be a street, rural route, or highway. <b>A PO box is</b> unacceptable.	City	State	Zip

4. Name and mailing address of the trustees:	Name 1					
	Address					
	City	State	Zip	Country		
	Name 2					
Address						
Do not leave blank.	City	State	Zip	Country		
Name 3						
	Address					
	City	State	Zip	Country		
	Name 4					
	Address					
If additional space is needed, please provide attachment.	City	State	Zip	Country		
5. I declare under penalty o and that we have remitte	f perjury under to the laws of the sta d the required fee.	te of Kans	as that the foreg	oing is true and correct,		
Signature of Authorized Person						
х						