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

**GENERAL FILING
INSTRUCTIONS**

All information **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 **sos.ks.gov**.

<p>■ Filing fee</p>	<p>The filing fee for this document is \$65.</p>
<p>■ Payment</p>	<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 checks returned by your financial institution.</p>
<p>■ Daytime phone and contact person</p>	<p>_____</p>
<p>■ Fax filing available</p>	<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>
<p>■ No duplicate copies</p>	<p>Please do not send duplicate copies of your document. The original is processed and returned to you by mail.</p>
<p>■ No email</p>	<p>Filings are not accepted by email.</p>
<p>■ No filing by phone</p>	<p>No documents or reports can be filed with our office by phone.</p>
<p>■ Public information</p>	<p>All information filed with our office is available to the public. Please consider this when providing information on our forms.</p>

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

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@ks.gov
sos.ks.gov

51-08

THIS SPACE FOR OFFICE USE ONLY.

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

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	Zip	Country
	KS		

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 pursuant to the laws of the state of Kansas that the foregoing is true and correct.**

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

Please note that information provided on documents filed with the Secretary of State is public record that is subject to public access and disclosure (per K.S.A. 45-215 through K.S.A. 45-223).