

**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"/> <b>Filing fee</b>	The filing fee for this document is <b>\$65</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE:</b> There is a \$25 service fee for all checks returned by your financial institution. <b>Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Copy</b>	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"/> <b>Trust name</b>	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"/> <b>Registered agent</b>	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"/> <b>Registered office</b>	The registered office is the address where the resident agent is located.
<input type="checkbox"/> <b>Mailing address</b>	The mailing address is where you would like to receive official mail from the Secretary of State's Office.
<input type="checkbox"/> <b>Signature</b>	The application requires the signature of an authorized person.

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THIS SPACE FOR OFFICE USE ONLY.

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**1. Name of the business trust**

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**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 <b>KS</b>	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**

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**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
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**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
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