

IEC

KANSAS SECRETARY OF STATE  
**Information Report**  
**Electric Cooperative**

# INSTRUCTIONS FOR FILING AN INFORMATION REPORT

**SUBMIT THE DOCUMENTS  
WITHOUT THIS PAGE**

**Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online. File this document directly online at <https://www.sos.ks.gov/businesses/information-reports.html>.**

## How to complete the information report for an electric cooperative:

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

1. List the business entity's ID number issued by the Kansas Secretary of State (this is not a tax ID number). ID numbers may be found by clicking on Business Entity Database at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
2. Provide the complete legal business entity name, including words of formation (e.g., Corp., Inc., etc.)
3. Provide the principal office of the business entity.

Principal office: Must be a physical address that must include the building number, street, city, state, and zip code. This can't be a PO box. **Do not leave blank.**

4. Provide the reporting year for the information report. This year must reflect the year the report was due.

**For revivals and foreign applications only:** Review the instructions for the revival or foreign application to determine the number of information reports needed.

- 5a. The name of the president, secretary, and treasurer of the electric cooperative must be named along with the title for the officer and the address where they may be regularly located.
- 5b. Provide each name of the directors of the electric cooperative along with the address where they may be regularly located. The directors may be omitted if the officers are the same individuals.
6. Provide the total number of memberships issued for this reporting year.
7. An authorized person on behalf of the entity must sign.

## Fee Schedule

### Information Report

The filing fee for the information report is as follows:

Online Information Report: ..... \$80  
 Paper Information Report: ..... \$80

### Filing Online

The information report may be filed directly online at <https://www.sos.ks.gov/businesses/information-reports.html>.

### Mail to:

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

Only checks are accepted for payment. Make checks payable to the Kansas Secretary of State.

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KANSAS SECRETARY OF STATE  
Information Report  
Electric CooperativeMemorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@ks.gov  
sos.ks.gov

## 1. Business entity ID/file number:

Kansas Secretary of State issued file number.

## 2. Electric cooperative name:

Must match name on record with  
Kansas Secretary of State.

## 3. Principal office address:

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

Do not leave blank.

Street Address (PO Box is unacceptable) (Required)

City

State

Zip

Country

## 4. Reporting year:

Year

5a. Name, title, and address  
of the president,  
secretary and treasurer:All fields are required  
for the president,  
secretary and treasurer.

Do not leave blank.

Name

Title

President

Address

City

State

Zip

Country

Name

Title

Secretary

Address

City

State

Zip

Country

Name

Title

Treasurer

Address

City

State

Zip

Country

<div>5b. Name and address of each director of electric cooperative:</div> <div>(Leave this question blank if the directors and officers are the same.)</div> <div>If additional space is needed, please provide attachment.</div>	Name		Address		
	City		State	Zip	Country
	Name		Address		
	City		State	Zip	Country
	Name		Address		
	City		State	Zip	Country
	Name		Address		
	City		State	Zip	Country
	Name		Address		
	City		State	Zip	Country
	Name		Address		
	City		State	Zip	Country

6. Number of memberships issued (Required)	
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7. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.	
Signature of President, Vice President or Secretary (Required)	Title/Position (Required)
X	
Name of Signer (printed or typed)	Phone Number (Not required)