

**NR**  
52-01

KANSAS SECRETARY OF STATE  
**Temporary Reservation of  
Business Entity Name**  
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

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this form is <b>\$35</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Reservation</b>	The name reservation is effective for 120 days. <b>This is not a name registration.</b> It is a method to temporarily reserve an entity name until you are ready to file a formation document for the entity.
<input type="checkbox"/> <b>Renewal</b>	Name reservations may not be renewed. If a reservation is submitted prior to the expiration of a current name reservation, the new reservation will be rejected.
<input type="checkbox"/> <b>Transfer right</b>	The original applicant may transfer the right to a reserved name by filing a written notice of such transfer. The notice should include the name and address of the transferee (new applicant).

**NR**  
52-01

**KANSAS SECRETARY OF STATE**  
**Temporary Reservation of**  
**Business Entity Name**

**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.

**This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.**

**1. The undersigned reserves the following entity name**

Entity name to be reserved

**2. Name of applicant**

**3. Address of the applicant**

Address

City

State

Zip Code

Country

Signature of Applicant

X

Month

Day

Year

Name of Signer (Printed or Typed)

Title

Phone Number