

**BR**

**KANSAS SECRETARY OF STATE  
Resolution of Withdrawal  
Business Trust**

# GENERAL FILING INSTRUCTIONS

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

**Filing fee**

The filing fee for this document is **\$35**.

**Payment**

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.**

Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:

**Credit card number** \_\_\_\_\_

**Billing zip code** \_\_\_\_\_ **Expiration date** \_\_\_\_\_

**NOTICE: There is a \$25 service fee for all returned checks.**

**Daytime phone and  
contact person**

\_\_\_\_\_

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**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 https://sos.ks.gov

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

**1. Business entity ID number**

Not Federal Employer ID Number (FEIN).

[Empty box for Business entity ID number]

**2. Name of business trust**

Must match name on record with Secretary of State.

[Empty box for Name of business trust]

**3. The above-named business trust surrenders its authority to transact business in the state of Kansas and withdraws from the state of Kansas.**

**4. The undersigned is an officer or trustee of the business trust and he/she certifies that the foregoing resolution is a true and correct copy of the resolution adopted by the Board of Trustees and that he/she is authorized by the board to file this resolution with the Secretary of State.**

**5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of Officer/Trustee

Month

Day

Year

X

Name of Signer (Printed or typed)