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KANSAS SECRETARY OF STATE
Certificate of Dissolution, Kansas For-Profit
and Not-For-Profit Corporations

GENERAL FILING INSTRUCTIONS

All information on this 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 (for-profit corporations) or \$20 (not-for-profit corporations).
Payment	<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 returned checks.</p>
Daytime phone and contact person	_____
No duplicate copies	Please do not send duplicate copies of documents. The original is processed, file stamped and returned by mail to the address provided.
No email	Filings are not accepted by email.
No filing by phone	No documents or reports can be filed with our office by phone.
Public information	All information filed with our office is available to the public, and much of it may be viewed online without cost. Please consider this when providing information on our forms.

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**KANSAS SECRETARY OF STATE
Certificate of Dissolution, Kansas For-Profit
and Not-For-Profit Corporations**



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

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

1. Business entity ID/file number:

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2. Name of corporation:

Must match name on record with the Secretary of State.

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3. Date the dissolution was authorized:

Month	Day	Year
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4. Name and mailing address of each officer:

Do not leave blank. If additional space is needed please provide an attachment.

Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country

5. Name and mailing address of the board of directors/governing body:

Do not leave blank. If additional space is needed please provide an attachment.

Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country

6. Indicate the method of dissolution by the corporation:

- The dissolution has been authorized by the adoption of a resolution by the board of directors/governing body to dissolve the corporation and by a majority vote to approve the resolution at a meeting of the stockholders/members of the corporation entitled to vote for such dissolution, in accordance with K.S.A. 17-6804(a) and (b).
- The dissolution has been authorized by written consent of all stockholders/members of the corporation entitled to vote on the dissolution, in accordance with K.S.A. 17-6804(c).

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 Authorized Officer	Name of Signer (Printed or Typed)
X	