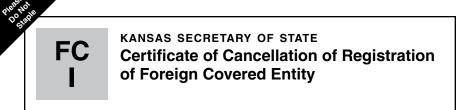


KANSAS SECRETARY OF STATE
Certificate of Cancellation of Registration
of Foreign Covered Entity

All information on this form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

GENERAL FILING INSTRUCTIONS

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						
No duplicate copies	Please do not send duplicate copies of documents. The original is processed and returned to you by mail.					
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. Please consider this when providing nformation on our forms.					



FC FORM INSTRUCTIONS

Note: Any foreign covered entity (corporation, limited liability company, limited partnership or limited liability partnership) may use this form to cancel its registration/qualification in Kansas.

A certificate of fact of dissolution or cancellation issued by the proper official of the state or other jurisdiction in which the foreign covered entity is organized may be filed in lieu of this form.

Question on Form

4. Address for process	A physical address must be given where the Secretary of State may mail any process against the entity.			
5a. Statement of withdrawal of registration	This statement applies to corporations, limited liability companies and limited partnerships.			
5b. Statement of cancellation of qualification	This statement applies to limited liability partnerships.			
7. Signature	This form requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state/country.			



FC

KANSAS SECRETARY OF STATE **Certificate of Cancellation of Registration** of Foreign Covered Entity



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:								
	Not Federal Employer ID Number (FEIN).								
2.	Name of business entity: Name must match name on record with Secretary of State.								
3.	State or foreign country of organization:								
4.	The Secretary of State may mail any process against the above-	Name							
	named entity to:	Street Address							
	Must be a street address. A PO Box or Rural Route/Box is unacceptable.	City			State	Zip			
5a.	The above-named foreig transact business in the						uthority to		
5b.	 The above-named foreign limited liability partnership cancels its statement of foreign qualification pursuant to K.S.A. 56a-1102 and 56a-105(d). 								
6.	I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.								
Signat	Signature Nam				Name of Signer (Printed or Typed)				