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KANSAS SECRETARY OF STATE General Partnership Cancellation of Statement The following 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		
	Fax filing available	Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.	
		Fax documents and payment information to Business Services , 785-296-4570 . Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm CT cannot be guaranteed to receive that day's filing date.	
		Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.	
	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.	
		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.	

GC KANSAS SECRETARY OF STATE General Partnership Cancellation of Statement Memorial Hall, 1st Floor (785) 296-4564 120 S.W. 10th Avenue kssos@ks.gov Topeka, KS 66612-1594 sos.ks.gov		53-02 THIS SPACE FOR OFFICE USE ONLY.		
			1. Business entity ID/file number: Not Federal Employer ID Number (FEIN).	2
2. Name of partnership: Must match name on record with Secretary of State.				
3. The following statement on file is cancelled: Provide name of statement and its file date.				
4. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.				
Signature of Partner				
X Signature of Partner				
X				

Please note that information provided on documents filed with the Secretary of State is public record that is subject to public access and disclosure (per K.S.A. 45-215 through K.S.A. 45-223).