**KANSAS SECRETARY OF STATE**

**Corrected Document**

**CONTACT:** Kansas Office of the Secretary of State  
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**INSTRUCTIONS:** All information must be completed or this document will not be accepted for filing.  
*Please read instructions before completing.*

1. **Business entity ID number:**  
   This is not the Federal Employer ID Number (FEIN)  
   ____________________________________________

2. **Name of business entity:**  
   Name must match the name on record with the Secretary of State  
   ____________________________________________

3. **Specify the filed document that needs to be corrected:**  
   Provide the type and date of that filing  
   Name of Document  
   Date the Document was filed (month, day, year)

4. **Specify the inaccuracy or defect in the document to be corrected:**

5. **Attach the entire document in its corrected form.**

6. **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 authorized person  
   Date (month, day, year)

   Name of signer (printed or typed)

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**Instructions:**

1. Submit this form with the entire corrected document and the filing fee appropriate to the document being corrected.

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**NOTICE:** There is a $25 service fee for all checks returned by your financial institution.  
All information must be completed or this document will not be accepted for filing.