

INE
53-51

KANSAS SECRETARY OF STATE
Certificate of Interest Exchange
Instructions

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

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 www.sos.ks.gov

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> Filing fee	The filing fee for this amendment is \$75 .
<input type="checkbox"/> 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>
<input type="checkbox"/> Daytime phone and contact person	_____
<input type="checkbox"/> Fax filing available	<p>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.</p> <p>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.</p> <p>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.</p>

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THIS SPACE FOR OFFICE USE ONLY.

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Acquired Entity (giving up ownership)

1. Business entity ID number

Not Federal Employer ID Number (FEIN).

2. Business entity name

3. Type of entity

- | | |
|---|--|
| <input type="checkbox"/> For-Profit Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |

4. State or country of organization

Acquiring Entity (taking over ownership)

5. Business entity ID number

Not Federal Employer ID Number (FEIN).

6. Business entity name

7. Type of entity

- | | |
|---|--|
| <input type="checkbox"/> For-Profit Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |

8. State or country of organization

9. Effective date

Must be 90 days from file date

Upon filing

Future effective date:

Month

Day

Year

This interest exchange was approved by the acquired entity in accordance with K.S.A. 17-78-301 through 17-78-306 and amendments thereto. If the acquired entity is a foreign entity, the interest exchange was approved in accordance with the laws of the acquired entity's state or country of origin.

10. Other amendments to the formation document as part of the agreement of interest exchange (if any)

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 representing the acquired entity

Month

Day

Year

X

Name of Signer (printed or typed)

Title