**Certificate of Interest Exchange**

**Acquired Entity (giving up ownership):**

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

2. **Business entity name:**
   - ____________________________

3. **Type of entity:**
   - ___ For-Profit Corporation
   - ___ General Partnership
   - ___ Limited Liability Partnership
   - ___ Not-for-Profit Corporation
   - ___ Limited Liability Company
   - ___ Limited Partnership

4. **State or country of organization:**
   - ____________________________

**Acquiring Entity (taking over ownership):**

5. **Business entity name:**
   - ____________________________

6. **Business entity ID number:**
   - This is not the Federal Employer ID Number (FEIN)
   - ________________

7. **Type of entity:**
   - ___ For-Profit Corporation
   - ___ General Partnership
   - ___ Limited Liability Partnership
   - ___ Not-for-Profit Corporation
   - ___ Limited Liability Company
   - ___ Limited Partnership

8. **State or country of organization:**
   - ____________________________

9. **Effective date:**
   - [ ] Upon filing
   - [ ] Future effective date (cannot exceed 90 days from the file date)
   - ____________________________

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

   ___________________________________________________________________

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.

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**INSTRUCTIONS:** All information must be completed or this document will not be accepted for filing. Please read instructions before completing.

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Rev. 12/27/10 jdr
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       Date

______________________________       ________________________________
Name of signer, printed or typed       Title

□ 1. Submit this form with the $75 filing fee. Make checks payable to the Kansas Secretary of State.

NOTICE: There is a $25 service fee for all checks returned by your financial institution.