

Please
Do Not
Staple

COR

KANSAS SECRETARY OF STATE
Corrected Document
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

<input type="checkbox"/> Filing fee	Submit this form with the entire corrected document and the filing fee appropriate to the document being corrected.
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will be rejected. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution.
<input type="checkbox"/> Fax filing available	Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include on the cover sheet: 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 will receive that day's file date if they are without errors and received prior to 4 PM CST. Processed 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 activation or return faxing.
<input type="checkbox"/> Contact phone number	We do not require phone numbers by statute, but some errors can be corrected with permission. Including a phone number may expedite processing of your documents.
<input type="checkbox"/> No duplicate copies	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> No email	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> No filing by phone	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> Definitions	17-7902(a) "Covered entity" means: a corporation, a limited partnership, a limited liability partnership, and a limited liability company. 17-7902(b) "Foreign covered entity" means: a covered entity whose internal affairs are governed by the laws of a jurisdiction other than this state. 17-7902(d) "Governor" means: a person by or under whose authority the powers of an entity are exercised and under whose direction the business and affairs of the entity are managed pursuant to the organic law and organic rules of the entity.
<input type="checkbox"/> No staples	All documents are electronically scanned as part of the filing process. To expedite processing, please do not use staples on your documents or payment.
<input type="checkbox"/> Public information	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.

Please
Do Not
Staple

COR

**KANSAS SECRETARY OF STATE
Corrected Document**

Filing fee: use appropriate fee for type of document being corrected

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

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

THIS SPACE FOR OFFICE USE ONLY.

1. Business entity ID number:

Not Federal Employer ID Number (FEIN).

[Empty box for Business entity ID number]

2. Name of covered entity:

Must match name on record with Secretary of State.

[Empty box for Name of covered entity]

3a. Specify the document to be corrected:

[Empty box for Specify the document to be corrected]

3b. Date the erroneous document was filed with Kansas Secretary of State:

Month	Day	Year

3c. The inaccuracy needing correcting:

[Empty box for The inaccuracy needing correcting]

4. Attach the entire document in its corrected form.

5. 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 Governor

X

Name of Signer (printed or typed)