

Each of the numbered instructions below corresponds to a section on the form.

- List the business entity's ID number issued by the Kansas Secretary of State (this is not a tax ID number). ID numbers may be found by clicking on Business Entity Database at https://www. sos.ks.gov/eforms/BusinessEntity/Search.aspx.
- 2. Provide the complete legal business entity name, including words of formation (e.g., LLP, RLLP, etc.)
- 3. Provide the principal office of the business entity.

Principal office: Must be a physical address that must include the building number, street, city, state, and zip code. This can't be a PO box. **Do not leave blank.** 

4. Provide the reporting year for the information report. This year must reflect the year the report was due.

For reinstatements and foreign applications only: Review the instructions for the reinstatement or foreign application to determine the number of information reports needed.

- 5. Domestic (Kansas) business entities only: Each partner of the LLP who owns 5% or more of the capital must be named along with the address where they may be regularly located.
- 6. A partner of the LLP must sign.

## Information Report

The filing fee for the information report is as follows:

Online Information Report:	. \$100
Paper Information Report:	. \$110

## Filing Online

The information report may be filed directly online at https://www.sos. ks.gov/businesses/information-reports.html.

## Mail to:

Kansas Secretary of State Memorial Hall, 1st Floor 120 SW 10th Avenue Topeka KS 66612

Only checks are accepted for payment. Make checks payable to the Kansas Secretary of State.

ILL KANSAS SECRETARY OF STATE Information Report Limited Liability Partnership						
120	morial Hall, 1st Floor ) S.W. 10th Avenue )eka, KS 66612-1594	(785) 296-4564 kssos@ks.gov sos.ks.gov				
.	Business entity ID/file number:	Kansas Secretary of State issued file number.				
2. I	Partnership name:	Must match name on record with Kansas Secretary of State.				
	Principal office address: Must be a street, rural route or highway. A PO box is unacceptable. Do not leave blank.	Street Address (A PO box is unacceptable.) (Requ City	state	Zip	Country	
 I. I	Reporting year:	Year		)	I	
ļ	Name and address of each partner who owns 5% or more of capital (Kansas LLP only):	Name	Address State	Zip	Country	
		Name	Address	Address		
		City	State	Zip	Country	
		Name	Address	1		
1	If additional space is needed, please provide attachment.	City	State	Zip	Country	

Х

Name of Signer (printed or typed)

Phone Number (Not required)