

**INE**  
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KANSAS SECRETARY OF STATE  
**Certificate of Interest Exchange**  
Instructions

**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.

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.

**Filing fee**

The filing fee for this document is **\$75**.

**Payment**

Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. **NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.**

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THIS SPACE FOR OFFICE USE ONLY.

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

**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