

**NW**  
**53-13**

KANSAS SECRETARY OF STATE  
**Not-For-Profit Corporation**  
**Dissolution by Written Consent**  
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.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this form is <b>\$20</b> .
<input type="checkbox"/> <b>Payment</b>	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. <b>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.</b>
<input type="checkbox"/> <b>Submission</b>	If this form is submitted after the close of the entity's tax year, an annual report and fee must be filed along with or prior to dissolution. If the entity has forfeited, it must reinstate before dissolution.

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If the fiscal year end has passed, the annual report must be filed before the dissolution can be filed.

THIS SPACE FOR OFFICE USE ONLY.

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**1. Business entity ID number:**

Not Federal Employer ID Number (FEIN).

**2. Name of corporation:**

Must match name on record with Secretary of State.

**3. Name and mailing address of each officer:**

Do not leave blank. If additional space is needed please provide an attachment.

Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country

**4. Name and mailing address of the board of directors:**

Do not leave blank. If additional space is needed please provide an attachment.

Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country
Name			
Mailing Address			
City	State	Zip Code	Country

**5. All the members with voting power do hereby consent to the dissolution of the corporation:**

**Members' signatures**

Signature X	Signature X
Signature X	Signature X
Signature X	Signature X
Signature X	Signature X
Signature X	Signature X

**6. Effective date:**

A future effective date must be within 90 days of filing date

<input type="checkbox"/> Upon filing	<input type="checkbox"/> Future effective date:	Month	Day	Year
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**7. I, [Name of Officer], declare under penalty of perjury under the laws of the state of Kansas, that I am an officer of the above-named corporation, that the above consent has been signed by or on behalf of ALL members entitled to vote on the dissolution, that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of Authorized Officer X	Month	Day	Year
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Name of Signer (Printed or Typed)