

**ASA**  
51-15

KANSAS SECRETARY OF STATE  
**Appointment of Service Agent**  
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"/> <b>Filing fee</b>	Please submit this form, properly notarized, with the <b>\$35</b> filing fee.
<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:</b> 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.
<input type="checkbox"/> <b>Expiration</b>	This appointment expires three years from date of filing.
<input type="checkbox"/> <b>Foreign entities</b>	Nonresident contractors under K.S.A. 16-113 who are foreign corporations, foreign limited partnerships, or foreign limited liability companies qualified to do business and in good standing in Kansas are not required to file this form.

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THIS SPACE FOR OFFICE USE ONLY.

**1. Individual/entity name**

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**2. Appointing authority's mailing address**

Must be a street, rural route, or highway. A P.O. box is unacceptable.

Address			
City	State	Zip	Country

**3. State of formation**

Complete if appointing authority is an entity.

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**4. Name of service agent**

Must be a Kansas resident.

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**5. Service agent address**

Must be a street, rural route, or highway in Kansas. A P.O. box is unacceptable.

Address			
City	State KS	Zip	Country

**6. The following section must be completed in the presence of a notary public.**

Signature of Individual Authorized by Appointing Agent in Question 1

Month Day Year

X

Name of Signer (printed or typed)

Phone Number

Acknowledged before me by

Day of Month Year  
on this of

Signature of Notary

Month Day Year

X

My appointment or commission expires

State

County

AFFIX NOTARY'S SEAL HERE.