



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings

P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

**Transfer of Reserved Name
(Domestic and Foreign Entity)**

NOT

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386 the undersigned applies to transfer a reserved name and, for that purpose, submits the following statements:

1. The reserved name is _____.
(Name must be identical to the name on record with the Secretary of State.)
2. The name was reserved by _____.
(Applicant's name)
3. The name as reserved is hereby transferred to _____.
(Transferee's name)
4. The mailing address of the transferee is:

Street Address or P.O. Box Number	City	State	Zip Code
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5. The date of filing of the original application to reserve the name was _____.

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Applicant	Printed Name	Title	Date
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**FILING INSTRUCTIONS
TRANSFER OF RESERVED NAME**

NAME RESERVED AND APPLICANT'S NAME

Please state the exact name as reserved with the Secretary of State. The applicant's name is the individual or the business entity that reserved the name for the applicant's exclusive use for the remainder of the 120 day period. **NOTE:** The notice of transfer of reserved name will not renew the reservation. The reserved name, as transferred, will expire 120 days from the date the name was reserved with the Secretary of State.

WHO MAY SIGN

The individual applicant must sign the notice of transfer of reserved name. If the applicant is a business entity the person executing the notice on behalf of the business entity must state his or her title or the capacity in which he or she signs.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DELAYED EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

FILING FEE

The filing fee for this document is \$15.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.