

Statutory Trust Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

<http://soswy.state.wy.us>

Before Filing Please Note

- The filing must be **originally signed** by at least one trustee.
- Include the filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- The name must include the words “Statutory Trust”.
- The Certificate of Trust form must be accompanied by an originally signed Consent to Appointment by Registered Agent form.
- Please provide us with an e-mail address so we may provide you with an electronic certificate for evidence of your filing and a courtesy reminder when your annual report is due.
- An annual report will be due on or before January 2 each year.** If not paid within thirty (30) days from the due date the entity will become delinquent, increasing the fee to \$200. If not filed by April 1, the entity will be subject to dissolution/revocation.



You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
 - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
 - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
 - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
 - <https://www.irs.gov/Filing>



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For Office Use Only

Statutory Trust Certificate of Trust

1. Name of the statutory trust:

2. Name and address of at least one (1) of the trustees authorized to manage the statutory trust:

Name: _____ Address: _____

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name: _____

Address: _____

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. Mailing address of the statutory trust:

5. Principal office address:

6. Future effective date or time of this certificate if it is NOT to be effective upon the filing of this certificate:

(Date – mm/dd/yyyy)

7. Execution:

Trustee Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Trustee Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Trustee Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

(Email provided will receive annual report reminders and filing evidence)

**May list multiple email addresses*

Note:

An annual report will be due on or before January 2 each year. If not paid within thirty (30) days from the due date the entity will become delinquent, increasing the annual report fee to \$200. If not filed by April 1, the entity will be subject to dissolution/revocation.



Consent to Appointment by Registered Agent

I, _____, registered office located at
(name of registered agent)

voluntarily consent to serve

*
(registered office physical address, city, state & zip)

as the registered agent for
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
(if different than above):

***If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)