

Statutory Trust Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

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 of the statutory trust need not include the words “statutory trust.” If the name includes the word “statutory” it must immediately precede the word “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. 307.777.2800 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:

(The name of the statutory trust need not include the words "statutory trust." If the name includes the word "statutory" it must immediately precede the word "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)