

# 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](mailto:Business@wyo.gov)

## Before Filing Please Note

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- 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 “trust” it must immediately follow the word “statutory.”
- Under the circumstance specified in W.S. 17-28-104(e), **an email address is required.**
- 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.
- Please review the form prior to submission. **The Secretary of State’s Office is unable to process incomplete forms.**



**You’re Ready to Mail in Your Documents!**

- ♦ **Processing time is up to 15 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.wyo.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **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 Statutory Trust:

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

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. Certification. *(Please check the box to complete the required certification.)*

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

8. 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:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

**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:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

Registered Agent Mailing Address  
*(if different than above):*

**IMPORTANT:** If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.