

## KANSAS SECRETARY OF STATE Not-for-Profit Corporation Annual Report

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@ks.gov www.sos.ks.gov 0777 01 050 002 \$ .

FILED BY KS SOS 03-07-2018 1 02:13:07 PM FILE#: 8211286



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|                   |  |   | <b>\</b>            |   |                           |            |  |  |
|-------------------|--|---|---------------------|---|---------------------------|------------|--|--|
| 1.                | Business entity ID#  | This is not the Federal Employer ID Number (FEIN).        | 8211286             |   |                           | K5/505     |  |  |
| 2.                | Name of corporation<br>(17-7504(a)(1))   | Must match name on record with Kansas Secretary of State. | KANSAS FREEDOM      | ALLI  | ANCE Inc.                 | 15/505     |  |  |
| 3./<br>1./<br>1./ | /<br>Principal office<br>address   | Address   | 3C                  |   |                           |            |  |  |
|                   | Must be a street or highway.<br>A P.O. box is unacceptable.<br>(17-7504(a)(2))   | TOPEKA  | OK                  | State<br>KS                                 | Zip<br>(a le (o 0 3       | Country    |  |  |
| 4.                | Tax closing date   | Month DECEMBER 2017                                       | 5. State of incorpo | ration                                      | KS                        | , <u> </u> |  |  |
| 6a.               | Name, title, and Name address of each CHARLES RAYL                               |   | 1/2                 | fitle<br>PRES                               | SIDENT                    |            |  |  |
|                   | officer of corporation If additional space is needed, please provide attachment. | Address · PO BOX 2846  City State Zip Country             |                     |   |                           |            |  |  |
|                   | Do not leave blank.<br>(17-7504(a)(3))   | TOPEKA Name MARK COBERLY                                  |                     | KS<br>Title<br>SECE                         | 66601<br>RETARY           | <u> </u>   |  |  |
|                   | 4A   | Address<br>PO BOX 2846                                    |                     |   |                           |            |  |  |
|                   |  | TOPEKA  Name THOMAS ROBERTS                               |                     | State Zip Country KS 66601  Title TREASURER |                           |            |  |  |
|                   |  | Address PO BOX 2846                                       |                     |   |                           |            |  |  |
|                   |  | TOPEK A   | \ <i>V</i>          | State<br>KS                                 | <sup>Zip</sup><br>  66601 | Country    |  |  |

|   | 189:24 AM<br>NSAS FREEDOM ALLIA  | NCE                          |                                       |           |                |                                   |                               |  |  |  |  |
|---|--|------------------------------|---------------------------------------|-----------|----------------|-----------------------------------|-------------------------------|--|--|--|--|
| 6b.   | Name and address of each member of governing body of corporation  If additional space is needed, please provide attachment.  Leave this question blank if the governing body members and officers are the same.  (17-7504(a)(3))   | Name                         |                                       | Address   |                |                                   |                               |  |  |  |  |
|   |  | City                         |                                       | State     | Zíp            |                                   | Country                       |  |  |  |  |
|   |  | Name                         |                                       | Address   |                |                                   |                               |  |  |  |  |
|   |  | City                         |                                       | State     | Zip            |                                   | Country                       |  |  |  |  |
|   |  | Name                         |                                       | Address   |                |                                   |                               |  |  |  |  |
|   |  | City                         |                                       | State     | Zip            |                                   | Country                       |  |  |  |  |
| <b></b>   |  |                              |                                       |           |                |                                   |                               |  |  |  |  |
| <b>7.</b><br>   | 7. Federal Employer Identification Number (FEIN) (Not required) 47-5292347   |                              |                                       |           |                |                                   |                               |  |  |  |  |
| <b>■</b> A  | nswer either Question 8 or Que   | stion 9. (17-7504(a)(4))     |                                       | 4         |                |                                   |                               |  |  |  |  |
| 8.  | stock issued   |                              |                                       |           |                |                                   |                               |  |  |  |  |
| •   |  | 0                            | I                                     |           | ,L             |                                   |                               |  |  |  |  |
| 10a. Does this corporation hold more than 50% equity ownership in any other business entity that is filed with the Kansas Secretary of State? (17-7504(a)(5))  Yes (Complete Question 10b.) X No (Skip to Question 11.) |  |                              |                                       |           |                |                                   |                               |  |  |  |  |
| 10b.  | Name and ID number of each business  | Business Entity Name         |                                       | Business  |                |                                   | s Entity ID Number (Not FEIN) |  |  |  |  |
|   | Name and ID # should be<br>provided exactly as filed with<br>Kansas Secretary of State.  | Business Entity Name         |                                       |           | Busin          | ness Entity ID Number (Not FEIN)  |                               |  |  |  |  |
|   |  | Business Entity Name         |                                       | Busin     |                | iness Entity ID Number (Not FEIN) |                               |  |  |  |  |
|   |  |                              |                                       |           |                |                                   |                               |  |  |  |  |
| 11.   | 11. Does this corporation own or lease land in Kansas that is suitable for use in agriculture? (17-7504(b))  This question does not apply to 1) tracts of land of lewer than 10 acres, 2) contiguous tracts of land that are fewer than 10 acres in aggregate, or 3) state-assessed railroad operating property. |                              |                                       |           |                |                                   |                               |  |  |  |  |
|   | Yes (Complete Attachment AG.)  | X No                         | 20                                    | •         |                |                                   |                               |  |  |  |  |
|   | 39   |                              | -02                                   |           |                |                                   |                               |  |  |  |  |
|   | I declare under penalty of per<br>correct. (17-7504(c))  | jury pursuant to the laws of | the state of Kansa                    | s that th | e foregoing is | true and                          | <u>-</u>                      |  |  |  |  |
| Signati   | ure of Authorized Signs  | Voit                         | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |           |                | ,                                 |                               |  |  |  |  |
|   | OMAS ROBERTS   | A VIV                        | Title/Position (Required) TREASURER   |           |                | 785-6                             | 70 <u>-6003</u>               |  |  |  |  |