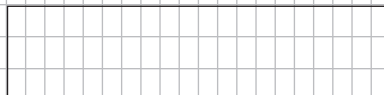


**K-41V**  
Rev.8-24

**KANSAS  
2024 FIDUCIARY  
PAYMENT VOUCHER**



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NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
FIDUCIARYTRUSTEENAMEXXXXXXXXXXXXXXXXXXXX  
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
CITYXXXXXXXXXXXXXXXXXXXX ST XXXXX-XXXX  
Daytime Phone Number: 7855551212  
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name and/or  
Address change

X

Amended  
Payment X

Extension  
Payment X

Payment  
Amount \$ 999999951.00

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