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Statement of Consolidation

filed pursuant to §7-90-301, et seq. and §7-56-605 Colorado Revised Statutes (C.R.S.)

1. Entity name or true name of
consolidating entity:

(Enter name exactly as it appears in the records of the secretary of state if applicable)

ID number (if applicable):

Principal office street address:

(Street name and number)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

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Principal office mailing address:
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(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

(If there are more than three consolidating entities, mark this box and include an attachment stating the entity name, ID number, and the principal office address of each additional consolidating entity.)

2. Entity name of new entity:

ID number (if applicable):

Principal office street address:

(Street name and number)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

3. If the consolidating entity is a foreign entity not qualified to transact business in Colorado:

True name:

Principal office street address:

(Street name and number)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

4. If one or more of the consolidating entities is a registrant of a trademark described in a filed document in the records of the secretary of state, mark this box and state below the document number of each such filed document.

Document number: _____

Document number: _____

(If more than two trademarks, mark this box and include an attachment stating the additional document numbers.)

5. Additional information may be included. If applicable, mark this box and include an attachment stating the additional information.

6. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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Business Information Survey (Optional)

For office use only

Submit with your form if you want to add, change, or remove survey information

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information

ID number

Entity name

Choose one:

- 1. Remove all survey information from this entity's record.
- 2. Add or update the survey information on this entity's record as follows:

a) Gender

- Male
- Female
- Choose not to answer / Remove this information

b) Veteran?

- Yes
- No
- Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

Entity information continued

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at www.naics.com/search.htm.

Filer's information

First	Middle	Last	Suffix	
Address 1		Address 2		
City	State	ZIP code	Province	Country

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Denver, CO 80290

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