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**Statement of Owner's Interest Exchange  
(Acquiring Entity is a Domestic Entity)**

filed pursuant to [§7-90-301](#), et seq. and [§7-90-203.8](#) Colorado Revised Statutes (C.R.S.)

1. The entity ID number (if applicable), the entity name, and principal office address of each entity whose owners' interest will be acquired are:

ID Number \_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Street address \_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

Mailing address \_\_\_\_\_  
(leave blank if same as street address) (Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

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ID Number \_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Street address

\_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_  
\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country)*

Mailing address

**(leave blank if same as street address)**

\_\_\_\_\_  
*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country)*

ID Number

\_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name or true name

\_\_\_\_\_

Form of entity

\_\_\_\_\_

Street address

\_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_  
\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country)*

Mailing address

**(leave blank if same as street address)**

\_\_\_\_\_  
*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country)*

- (If the following statement applies, adopt the statement by marking the box and include an attachment.)*
- There are more than three entities whose owners' interest are being acquired and the ID number (if applicable), entity name or true name, form of entity, and the principal address of each additional entity whose owner's interest is being acquired is stated in an attachment.

2. The entity ID number (if applicable), the entity name, and principal office address of the acquiring entity is:

ID Number \_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name \_\_\_\_\_

Form of entity \_\_\_\_\_

Street address \_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_

\_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP/Postal Code)*

\_\_\_\_\_ *(Province – if applicable)* \_\_\_\_\_ *(Country)*

Mailing address \_\_\_\_\_  
**(leave blank if same as street address)** *(Street number and name or Post Office Box information)*

\_\_\_\_\_

\_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP/Postal Code)*

\_\_\_\_\_ *(Province – if applicable)* \_\_\_\_\_ *(Country)*

3. The acquiring entity acquires shares of the other entity or entities.

4. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

5. **(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)**

*(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_.  
*(mm/dd/yyyy hour:minute am/pm)*

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_____			
_____		_____	_____
<i>(City)</i>		<i>(State)</i>	<i>(Postal/Zip Code)</i>
_____		_____	
<i>(Province – if applicable)</i>		<i>(Country – if not US)</i>	

*(If applicable, adopt the following statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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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](http://www.naics.com/search.htm).


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