## Form must be filed electronically.

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

# **Statement of Conversion**

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the <u>converting</u> entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

	ID number	(Colorado Secretary of State ID number)		VAII.
	Entity name or true name			<b>\</b>
	Form of entity			
	Jurisdiction			
	Street address			
		(Street numb	per and name)	
	Entity name or true name  Form of entity  Jurisdiction	(City)	(State)	(ZIP/Postal Code)
		(Province – if applicable)	(Country)	
		(Street number and name o	r Post Office Por i	ufownation)
	(leave blank it same as street address)	(Street number and name o	r Post Ојјісе вох и 	
		(City)	(State)	(ZIP/Postal Code)
		(Province – if applicable)	(Country)	
(0	'aution: The use of certain terms or abbrev	viations are restricted by law. Read in	nstructions for m	ore information.)
3. Th	e converting entity has been convert	ed into the resulting entity pursu	ant to section	7-90-201.7, C.R.S.
4. (If	applicable, adopt the following statement by ma	rking the box and include an attachment.)		
	This document contains additional	information as provided by law.		
			ing a delayed eff	ective date has significant
				ired format.)
				yyy hour:minute am/pm)

### **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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed

of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

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<b>^</b>	I ha trua nama	and mailing	addrace	ot tha	individual	COLLETION	thic docili	mant to he	A dalivarad	tor tiling o	ma

	(Last)	(First)	(Middle) (Suffix
	(Street number and	name or Post Office Bo	ox information)
	(City)	(State)	(ZIP/Postal Code)
	(Province – if applicable)	(Country)	<b></b> ·
(If applicable, adopt the following statem			
This document contains the true		one or more additi	onal individuals

#### Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

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# **Statement of Registration to Register as a Limited Liability Partnership** filed pursuant to § 7-60-144 or § 7-64-1002 of the Colorado Revised Statutes (C.R.S.)

1. The name that has been the true name	of the domestic partnership is	S			
2. The domestic entity name of the limite	d liability partnership is		O Billi		
	(The name of a limited liability partnership must contain the term or abbreviation "limited liability partnership", "registered. liability partnership", "limited", "llp", "l.l.p.", "r.l.l.p." or "ltd.". See §7-90-601, C.R.S.)				
(Caution: The use of certain terms or abbrev	viations are restricted by law. Red	ad instructions for mo	ore information.)		
3. The principal office address of the limit	ited liability partnership's pri	ncipal office is			
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 no	nformation)			
	(City)	(State)	(ZIP/Postal Code)		
	(Province – if applicable)	(Country)	·		
The registered agent name and register agent are  Name	ed agent address of the limite	ed liability partner	ship's registered		
(if an individual)					
OR	(Last)	(First)	(Middle) (Suffix,		
(if an entity) (Caution: Do not provide both an individual)	dual and an entity name.)				
<u>Street</u> address	(Street number and name)				
	(City)	<u>CO</u> (State)	(ZIP/Postal Code)		

Mailing address						
(leave blank if same as street address)	(Street number and name or Post Office Box information)  CO					
	(City)	(State)	(ZIP/Postal C	ode)		
(The following statement is adopted by marking the						
☐ The person appointed as registered	agent has consented to being	g so appointed.				
5. (If the following statement applies, adopt the stateme	ent by marking the box and include an	attachment.)				
☐ This document contains additional i	nformation as provided by la	w.				
6. (Caution: <u>Leave blank</u> if the document does n significant legal consequences. Read instructi		Stating a delayed ef	fective date has			
(If the following statement applies, adopt the statem The delayed effective date and, if applied		is/are	uired format.) yyy hour:minute a			
		(min day)	yyy nour immuc a	and pine)		
Notice:						
individual's act and deed, or that the individual is caused on whose behalf the individual is caused with the requirements of part 3 of article 9 statutes, and that the individual in good faid document complies with the requirements. This perjury notice applies to each individual is not state, whether or not such individual is not state.	ausing the document to be de 0 of title 7, C.R.S., the constitute the believes the facts stated in of that Part, the constituent dual who causes this document	livered for filing tuent documents the document and documents, and the t to be delivered	to the Secreta	formity nic utes. ry of		
7. The true name and mailing address of the	ne individual causing the doc	ument to be deliv	ered for filing	g are		
	(Last)	(First)	(Middle)	(Suffix		
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	(Street number and i	name or Post Office B	ox information)			
	(City)	(State)	(ZIP/Postal Co	ode)		
	(Province – if applicable)	(Country)	•			
(If the following statement applies, adopt the	statement by marking the box and incl	ude an attachment.)				
☐ This document contains the true na	me and mailing address of o		onal individua	als		
causing the document to be deliver	red for filing.					

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