Form must be filed electronically.

Paper forms are not accepted.

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

Statement Curing Delinquency filed pursuant to §7-90-904 of the Colorado Revised Statutes (C.R.S)

ID number				
	olorado Secretary of State II	D number)		
Entity name				
Jurisdiction where formed				
By providing the information required her the secretary of state.	ein, this statement co	rrects all grounds for	delinquency ci	ted by
The registered agent name and registered a	gent address of the re	gistered agent are		
Name				
(if an individual)	(1	(Einst)	(14:14)	
	(Last)	(First)	(Middle)	(Suffix
OR				
(if an entity)				
(if an entity) (<i>Caution: Do not provide both an individual</i>)				
(if an entity)		ed to being so appoir	ited.	
(if an entity) (<i>Caution: Do not provide both an individual</i>)	nt above has consente		ited.	
(if an entity) (<i>Caution: Do not provide both an individual</i>) The person appointed as registered age	nt above has consente	ed to being so appoint treet number and name)	ited.	
(if an entity) (<i>Caution: Do not provide both an individual</i>) The person appointed as registered age	nt above has consente		ited.	
(if an entity) (<i>Caution: Do not provide both an individual</i>) The person appointed as registered age	nt above has consente		tted. (Zip Code)	
(if an entity) (<i>Caution: Do not provide both an individual</i>) The person appointed as registered age <u>Street</u> address	nt above has consente (S	treet number and name)		
(if an entity) (<i>Caution: Do not provide both an individual</i>) The person appointed as registered age	nt above has consented (S (City)	treet number and name)	(Zip Code)	
(if an entity) (<i>Caution: Do not provide both an individual</i>) The person appointed as registered age <u>Street</u> address	nt above has consented (S (City)	treet number and name) $$	(Zip Code)	

4. The principal office address of the entity's principal office is

Street address	(Street number and name)		
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country – if no	ot US)

(leave blank if same as street address) –	(Street number and name or Post Office Box information)		
	(City)	(State)	(Postal/Zip Code)
			·

(If the following statement applies, adopt the statement by marking the box.)

- The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.
- 5. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

6. (*Caution:* <u>Leave blank</u> 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 is/are

(mm/dd/yyyy hour:minute am/pm)

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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.

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 named in the document as one who has caused it to be delivered.

7. The true name and mailing address of the individual causing the document to be delivered for filing are

(Last)	(First)	(Middle) (Suffix			
(Street number and	(Street number and name or Post Office Box information)				
(City)	(State)	(Postal/Zip Code)			
(Province – if applicable)	(Country – if not	US)			

(If the following statement applies, adopt the 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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