Form must be filed electronically.

Paper forms are not accepted.

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

Statement of Registration of True Name

filed pursuant to §7-90-604 of the Colorado Revised Statutes (C.R.S)

1. The true name of the foreign entity is				
2. The form of entity and the jurisdiction und	ler the law of which the enti	ty is formed a	re	
Form of entity			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Jurisdiction		C	\mathbf{O}^{*}	
3. The principal office address of the entity's	s principal 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)	s) (Street number and name or Post Office Box is	x information)		
	(City)	(State)	(ZIP/Postal Code)	
_	(Province – if applicable)		(Country)	
4. (If applicable, adopt the following statement by markin This document contains additional inf				

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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 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.

6. The true name and mailing address of the	he individual causing this c	locument to be de	elivered for filin	ng are		
	(Last)	(First)	(Middle)	(Suffix		
	(Street number and name or Post Office Box information)					
	(City) (Province – if applicable)	(State)	(ZIP/Postal C	Code)		
(If applicable, adopt the following statement be This document contains the true nate causing the document to be deliver	by marking the box and include an a			als		
Disclaimer:						
and are furnished without representation or minimum legal requirements as of its revis amended from time to time, remains the rebe addressed to the user's legal, business of the user's l	sion date, compliance with sponsibility of the user of t	applicable law, as	s the same may	be		