Form must be filed electronically.

Paper forms are not accepted.

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

Statement of Renewal of Registration of True Name

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

1. The ID number and the true name are			
ID number	(Colorado Secretary of State ID numbe	<u>r)</u>	
True name	Colorado Secretary of State 112 numbe		VA,
2. The form of entity and the jurisdiction up	nder the law of which the enti	ty is formed a	re
Form of entity		<u>C</u>	
Jurisdiction			
3. The principal office address of the entity	's principal office is		
Street address			
	(Street nur	nber 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 Bo.	x information)
	(City)	(State)	(ZIP/Postal Code)
	(Province – if applicable)		(Country)
4. (If applicable, adopt the following statement by mark	ing the box and include an attachment.)	
☐ This document contains additional in	nformation as provided by law	•	

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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.

5. The true name and mailing address of the individual causing this 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)	(ZIP/Postal Code)			
	(Province – if applicable)		(Country)			
(If applicable, adopt the following staten This document contains the true causing the document to be deli	•	,	itional individuals			

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