## Form must be filed electronically.

Paper forms are not accepted.

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

## Statement of Correction of Trademark Information Correcting the Address for Service of Process by Appointing a Registered Agent

filed pursuant to § 7-90-305 and § 7-90-701, et seq. of the Colorado Revised Statutes (C.R.S.)

1. The trademark ID number, the true na statement of trademark registration are		rant, and the tradema	ark as stated in	the	
Trademark ID number	(Colorado Secretary of State ID	number)	0		
True name			$\sim$		
Trademark					
2. The document number of the filed doc	cument that is corrected is	7			
3. The statement of a service of process a and are corrected by appointing a regis		to appoint a register	ed agent are in	correct	
4. The registered agent name and register	red agent address of the reg	gistered agent are			
Name					
(if an individual)		- <del> </del>	(2.7.11.)		
OR	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an indiv	vidual and an entity name.)				
Street address	(Street number and name)				
		CO			
	(City)	(State)	(Zip Code)	)	
Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State)	(Zip Code)	)	
The person appointed as registered 5. (If applicable, adopt the following statement by me This document contains additional	arking the box and include an attac	chment.)			

## **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

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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 individual causing this document to be delivered for filing are

	(Last)	(First)	(Middle)	(Suffix		
	(Street number and name or Post Office Box information)					
	(City)	(State)	(Zip/Postal Cod	le)		
	(Province – if applicable)	(Country)	·			
(If applicable, adopt the following statement This document contains the true causing the document to be delivered.)	name and mailing address of o		ional individual	ls		

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