

Form must be filed electronically.

Paper forms are not accepted.

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Statement of Conversion

filed pursuant to § 7-90-201.7 (2) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name _____

Form of entity _____

Jurisdiction _____

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 name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name _____

Form of entity _____

Jurisdiction **Colorado**

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 name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

5. (**Caution:** Leave blank 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 are _____.
(mm/dd/yyyy hour:minute am/pm)

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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 Code)

(Province – if applicable) (Country)

(If applicable, adopt the following 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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