

Statement of Consolidation

Business Program

Colorado Secretary of State

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This form must be typed. Documents may be submitted by mail or dropped off at our office along with payment.

Document processing fee: \$150.00

Filed pursuant to § 7-90-301 and § 7-56-605 of the Colorado Revised Statutes (C.R.S.)

1. Entity name or true name of consolidating entity:

Colorado Secretary of State ID Number (if applicable):

The principal office address of the entity's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

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Province (if applicable)	Country
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City	State	ZIP code
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Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

If the following statement applies, adopt the statement by marking the box and include an attachment:

There are more than three consolidating entities and the ID number, entity name or true name, and the principal address of each additional consolidating entity is stated in an attachment.

2. Entity name of new entity:

Colorado Secretary of State ID Number (if applicable):

The principal office address of the entity's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

3. If the consolidating entity is a foreign entity not qualified to transact business in Colorado:

True name:

The principal office address of the entity's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

4. If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s):

One or more of the consolidating entities is a registrant of a trademark described in a filed document in the records of the Secretary of State. The document number of each such filed document is listed below:

Document 1

Document 2

Document 3

If the following statement applies, adopt the statement by marking the box and include an attachment:

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

5. If applicable, adopt the following statement by marking the box and include an attachment:

This document contains additional information as provided by law.

6. The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

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 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.

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

Filer Information

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing. If applicable, mark this box and include an attachment stating the additional individuals.

More information will be attached.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).

Business Information Survey (Optional)

Submit with your form if you want to add, change, or remove survey information.

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information:

Colorado Secretary of State ID Number

Entity name

Choose one:

1. Remove all survey information from this entity's record.

OR

2. Add or update the survey information on this entity's record as follows:

a) Gender

Male

Female

Choose not to answer / Remove this information

b) Veteran?

Yes

No

Choose not to answer / Remove this information

c) Person with a disability?

Yes

No

Choose not to answer / Remove this information

d) Race

African American

Latino

Anglo

Native American

Asian

Other

Choose not to answer / Remove this information

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at

<https://www.naics.com/search/>

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5

Filer's information:

Last name

First name

Middle

Suffix

Address 1

Address 2

City

State

ZIP code

Province (if applicable)

Country