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**Statement of Dissolution
Limited Cooperative Association**

Filed pursuant to §7-58-1210 of the Colorado Revised Statutes (C.R.S)

ID number: _____

1. Entity name: _____

2. Principal office address:

Street address

(Street number and name)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

Mailing address

(leave blank if same as above)

(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

3. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

4. This document contains additional information as provided by law.

Notice:

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5. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>

<i>(Street name and number or Post Office Box information)</i>			

_____	_____	_____	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
_____		_____	
<i>(Province – if applicable)</i>		<i>(Country – if not US)</i>	

- 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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