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Statement of Consolidation

filed pursuant to §7-90-301, et seq. and §7-56-605 Colorado Revised Statutes (C.R.S.)

1. Entity name or true name of
consolidating entity:

(Enter name exactly as it appears in the records of the secretary of state if applicable)

ID number (if applicable):

Principal office street address:

(Street name and number)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

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(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

(If there are more than three consolidating entities, mark this box and include an attachment stating the entity name, ID number, and the principal office address of each additional consolidating entity.)

2. Entity name of new entity:

ID number (if applicable):

Principal office street address:

(Street name and number)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

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

True name:

Principal office street address:

(Street name and number)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

4. If 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, mark this box and state below the document number of each such filed document.

Document number: _____

Document number: _____

(If more than two trademarks, mark this box and include an attachment stating the additional document numbers.)

5. Additional information may be included. If applicable, mark this box and include an attachment stating the additional information.

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

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