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### Statement of Partnership Authority

filed pursuant to §7-90-301, et seq. and §7-64-303 of the Colorado Revised Statutes (C.R.S)

1. True name of the partnership: \_\_\_\_\_
2. Principal office mailing address:  
(if any) \_\_\_\_\_  
*(Street name and number or Post Office Box information)*
- \_\_\_\_\_
- \_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(Postal/Zip Code)*
- \_\_\_\_\_ *(Province – if applicable)* \_\_\_\_\_ *(Country – if not US)*

**OR**

Chief executive office street address: \_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_

\_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(Postal/Zip Code)*

\_\_\_\_\_ *(Province – if applicable)* \_\_\_\_\_ *(Country – if not US)*

Chief executive 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. Street address of one office in Colorado:  
(if applicable) \_\_\_\_\_  
*(Street name and number)*
- \_\_\_\_\_
- \_\_\_\_\_ **CO** \_\_\_\_\_ *(Postal/Zip Code)*  
*(City)* *(State)*
- \_\_\_\_\_ *(Province – if applicable)* \_\_\_\_\_ *(Country – if not US)*

Mailing address of one office in Colorado:

(if different from above):

\_\_\_\_\_

*(Street name and number or Post Office Box information)*

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\_\_\_\_\_

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

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\_\_\_\_\_

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

4. True names or a description of the partner(s) as to which this document relates and the authority or limitations on authority of the partner(s) identified:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(If additional space is needed, mark this box  and include an attachment stating the true names or descriptions of the partners and the authority or limitations on authority of the partners.)*

5. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. 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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\_\_\_\_\_

*(Last) (First) (Middle) (Suffix)*

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*(Street name and number or Post Office Box information)*

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\_\_\_\_\_

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

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\_\_\_\_\_

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

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