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### Statement Appointing an Agent

filed pursuant to §7-90-301, et seq. and §7-30-110 of the Colorado Revised Statutes (C.R.S.)

1. The true name of the nonprofit association is \_\_\_\_\_.

2. If applicable, for the entity, its ID number and entity name are

Entity name  
(if different from true name) \_\_\_\_\_.

ID number \_\_\_\_\_  
*(Colorado Secretary of State ID number)*

3. The principal office address is

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)*

4. The name of the registered agent is

(if an individual) \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

OR

(if a business organization): \_\_\_\_\_.

5.  The person appointed as registered agent has consented to being so appointed.

6. The registered agent street address is

Street address \_\_\_\_\_  
*(Street name and number)*

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

**Mailing address**

(leave blank if same as street address)

\_\_\_\_\_

*(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)*

7. (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.)

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*(mm/dd/yyyy hour:minute am/pm)*

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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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