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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. True name of the nonprofit association: _____

2. Principal office street address: _____
(Street name and number or Post Office Box information)

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

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

3. Principal office mailing address:
(if different) _____
(Street name and number or Post Office Box information)

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

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

3. Registered agent: (if an individual): _____
(Last) (First) (Middle) (Suffix)

OR (if a business organization): _____

4. The person appointed as registered agent in the document has consented to being so appointed.

5. Registered agent street address: _____
(Street name and number)

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

6. Registered agent 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)

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

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|---|---------|-----------------------|----------|
| _____ | _____ | _____ | _____ |
| (Last) | (First) | (Middle) | (Suffix) |
| _____ | | | |
| (Street name and number or Post Office Box information) | | | |
| _____ | | | |
| _____ | _____ | _____ | |
| (City) | (State) | (Postal/Zip Code) | |
| _____ | | _____ | |
| (Province – if applicable) | | (Country – if not US) | |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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Denver, CO 80290

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