

## **Instructions: Statement of Correction Correcting Information for Historical Purposes**

Use these instructions when completing a Statement of Correction Correcting Information for Historical Purposes pursuant to [§ 7-90-305](#) and [§ 7-90-703](#) of the Colorado Revised Statutes (C.R.S.). The required form/cover sheet must be used when submitting the document for filing. Information included in the document must be in English. Mistakes may have legal consequences: review the information provided carefully. The Colorado Secretary of State's Office cannot provide legal advice. Questions should be addressed to your legal, business or tax advisor(s). Only provide information that is required or permitted to be included in the document. Do not include personal identifying information, such as a social security number. All information entered in the form/cover sheet or included in an attachment will be made a matter of public record and immediately accessible on the Secretary of State's website. In order to obtain a copy of the filed document or access additional information, including Frequently Asked Questions (FAQs), visit our website, [www.sos.state.co.us](http://www.sos.state.co.us).

### **Instructions**

**ID Number:** The ID Number field will be pre-filled with the 11 digit number assigned to the record by the Business Division of the Colorado Secretary of State's Office. This information cannot be changed.

**Entity Name or True Name:** The Entity Name or True Name field will be pre-filled with the entity name or true name exactly as such name is on record in the Business Division of the Colorado Secretary of State's Office. This information cannot be changed using this form/cover sheet.

**Jurisdiction of Entity:** The Jurisdiction field will be pre-filled with the entity's jurisdiction of formation exactly as it exists on record in the Business Division of the Colorado Secretary of State's Office. This information cannot be changed using this form/cover sheet.

**Document Number:** The Document Number field will be pre-filled with the 11 digit number assigned by the Business Division of the Colorado Secretary of State's Office to the document selected on the Available Documents page. This information cannot be changed using this form/cover sheet. It is possible to return to the previous page to select a different document if necessary. Click the "Previous Page" button to return to the Available Documents page and select a different document number.

**Statement Regarding Corrected Information:** Mark the box to affirm the statement that information contained in the filed document identified above is incorrect, and that the incorrect information is identified in the attachment and such information, as corrected, is stated in the attachment. If the box is not marked, the document will not be accepted. After clicking on "Submit" at the bottom of the online form/cover sheet, the Manage Attachments page will appear. This will allow additional information to be attached as a plain text (.txt) or PDF (.pdf) document. [Click here](#) for information regarding attachments.

**Additional Information:** Click the "Yes" button if additional information as permitted or required by law is included in the document as an attachment.

**Notice:** This section describes the legal authority for filing this document. Refer to [§ 7-90-301.5](#), C.R.S. for more information.

**Individual Causing Delivery:** Pursuant to [§ 7-90-301.5](#), C.R.S., each individual causing the document to be filed is responsible for complying with the applicable statutes. Provide the last name, first name and address of at least one individual causing the document to be delivered for filing. A middle name or initial and a suffix are optional. The mailing address, including the city, state and ZIP/postal code, must be provided. Any address outside of the United States must include the country and, if applicable, the province.

Example: Smith, John

123 N. Main St., Apt 101  
Denver, Colorado 80122

**Additional Individuals Causing Delivery:** If one only one individual is causing this document to be filed, “No” is the correct choice. Click the “Yes” button to include an attachment with the names and addresses of additional individuals causing the document to be filed. The attachment must provide the name of each additional individual, including their last name and first and last name. A middle name or initial and a suffix are optional. Also provide the mailing address, including the city, state and ZIP/postal code. Any address outside of the United States must include the country and, if applicable, the province.

**Disclaimer:** These instructions, and the related form/cover sheet, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While the related form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user’s attorney.