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Statement of Exchange
(Acquiring Entity is a Domestic Entity)

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

1. The entity ID number (if applicable), the entity name, and principal office address of each entity whose shares will be acquired are:

ID Number _____
(Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

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)*

ID Number _____
(Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

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)*

ID Number

_____
(Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

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)*

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ There are more than three entities whose shares are being acquired and the ID number (if applicable), entity name or true name, form of entity, and the principal address of each additional entity whose shares are being acquired is stated in an attachment.

2. The entity ID number (if applicable), the entity name, and principal office address of the acquiring entity is:

ID Number _____
(Colorado Secretary of State ID number)

Entity name _____

Form of entity _____

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)*

3. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

☐ This document contains additional information as provided by law.

4. *(**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.)

The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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5. The true name and mailing address of the individual causing this document to be delivered for filing are

_____ _____ _____ _____
(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)*

(If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form 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. Questions should be addressed to the user's attorney.

Business Information Survey (Optional)

Submit with your form if you want to add, change, or remove survey information

For office use only

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information

ID number

Entity name

Choose one:

- 1. Remove all survey information from this entity's record.
- 2. Add or update the survey information on this entity's record as follows:

a) Gender

- Male
- Female
- Choose not to answer / Remove this information

b) Veteran?

- Yes
- No
- Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

Entity information continued

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at www.naics.com/search.htm.

Filer's information

First

Middle

Last

Suffix

Address 1

Address 2

City

State

ZIP code

Province

Country

Mail form with correct payment to:
Colorado Secretary of State
1700 Broadway Ste 200
Denver, CO 80290

Make checks payable to: Colorado Secretary of State

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Checks must be written for the exact amount
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