Statement of Foreign Entity Authority
filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are
   
   Entity ID number 20191726435
   (Colorado Secretary of State ID number)
   
   Entity name Shadow Inc
   
   True name ________________________________.
   (if different from the entity name)

2. The form of entity and the jurisdiction under the law of which the entity is formed are

   Form of entity Foreign Corporation
   
   Jurisdiction Delaware

3. The principal office address of the entity’s principal office is

   Street address 1342 Florida Ave NW
   (Street number and name)
   
   Washington ___ DC ___ 20009
   (City) (State) (ZIP/Postal Code)
   United States
   (Province – if applicable) (Country)
   
   Mailing address 4209 Dandridge Terr
   (leave blank if same as street address)
   (Street number and name or Post Office Box information)
   
   Alexandria ___ VA ___ 22309
   (City) (State) (ZIP/Postal Code)
   United States
   (Province – if applicable) (Country)

4. The registered agent name and registered agent address of the entity’s registered agent are

   Name Niemira Gerard
   (if an individual) (Last) (First) (Middle) (Suffix)
   
   or

   (if an entity)

   (Caution: Do not provide both an individual and an entity name.)
Street address: 3524 Navajo St
Unit 102
Denver, CO 80211

Mailing address: (leave blank if same as street address)

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is ____________. (mm/dd/yyyy)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)
   ☐ This document contains additional information as provided by law.

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

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

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

   Neimira Gerard
   3524 Navajo St
   Unit 102
   Denver, CO 80211

(If the following statement applies, adopt the 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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