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)

   Mailing address 4209 Dandridge Terr
   (Street number and name or Post Office Box information)

   Alexandria VA 22309
   (City) (State) (ZIP/Postal Code)

   United States
   (Province – if applicable)

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

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

   or

   (if an entity)

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

Denver        CO        80211
(City)                     (State)                (ZIP Code)

Mailing address
(leave blank if same as street address) ____________________________     CO      ____________________
______________________________________________________     (City)                     (State)                (ZIP Code)

(The following statement is adopted by marking the box.)
✘ The person appointed as registered agent above has consented to being so appointed.

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
(Last) (First) (Middle) (Suffix)
3524 Navajo St
(Street number and name or Post Office Box information)
Unit 102

Denver        CO        80211
(City)                     (State)                (ZIP/Postal Code)

United States
(Country)

(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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