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
   (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
   (Last) (First) (Middle) (Suffix)

   or

   (if an entity) ________________________________
   (Caution: Do not provide both an individual and an entity name.)
Street address    ______________________________________________________                        (Street number and name)  
                         ______________________________________________________                        ____________________________________________     CO      ____________________     ____________________________     CO      ____________________     ______________________________________________________                        (Street number and name or Post Office Box information)  
(Book number and name)            (City)                     (State)                (ZIP Code)  
(Mailing address    ______________________________________________________                        (Street number and name or Post Office Box information)  
(Book number and name)            (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)

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.

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)
                         ______________________________________________________                        ____________________________________________     CO      ____________________     ______________________________________________________                        (Street number and name or Post Office Box information)  
(Book number and name)            (City)                     (State)                (ZIP/Postal Code)  
(Denver)                      (City)                     (State)                (ZIP/Postal Code)  
(Province – if applicable)       (Country)   United States .

(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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