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### Statement of Extension of Term

filed pursuant to §7-42-112 of the Colorado Revised Statutes (C.R.S)

1. The entity ID number and the entity name of the ditch company are

Entity ID number

\_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name

\_\_\_\_\_.

2. The principal office address of the ditch company's principal office is

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. The registered agent name and registered agent address of the ditch company's registered agent are

Name

(if an individual)

\_\_\_\_\_  
(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)

\_\_\_\_\_

\_\_\_\_\_  
(City)

**CO**  
(State)

\_\_\_\_\_  
(ZIP Code)

**Mailing address**

(leave blank if same as street address)

\_\_\_\_\_

(Street number and name or Post Office Box information)

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\_\_\_\_\_

(City) **CO** \_\_\_\_\_

(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. (The following statement is adopted by marking the box.)

The term of the company has been extended.

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

This document contains additional information as provided by law.

6. (**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.)

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(mm/dd/yyyy hour:minute am/pm)

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\_\_\_\_\_

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

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(Street number and name or Post Office Box information)

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\_\_\_\_\_

(City) (State) (ZIP/Postal Code)

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(Province – if applicable) (Country)

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