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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 nam	ne of the ditch company are					
Entity ID number	(Colorado Secretary of State ID nun	nber)				
Entity name						
2. The principal office address of the ditch	company's principal office	is				
Street address	(Street 1	number and name)	r and name)			
	(City)	(State)	(ZIP/Postal Co	ode)		
	(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	d agent address of the ditch	company's regis	stered agent are			
Name (if an individual)						
OR	(Last)	(First)	(Middle)	(Suffix)		
(if an entity) (Caution: Do not provide both an individu	ual and an entity name.)					
Street address	(Street number and name)					
	<u> </u>	GO.				
	(City)	CO (State)	(ZIP Code)			

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	CO				
	(City)	(State)	(ZIP Code)		
(The following statement is adopted by marking the The person appointed as registered a		so appointed.			
4. (The following statement is adopted by marking the b	pox.)				
☐ The term of the company has been e					
5. (If applicable, adopt the following statement by mark	ing the hox and include an attachme	ont)			
This document contains additional in					
6. (Caution: <u>Leave blank</u> if the document does no legal consequences. Read instructions before		Stating a delayed of	effective date has	significant	
(If the following statement applies, adopt the statement applies and, if applic			quired format.)		
The delayed effective date and, if applic	able, time of this document		/yyyy hour:minute o	 am/pm)	
conformity with the requirements of part 3 documents and the organic statutes, and the document are true and such document com and the organic statutes.  This perjury notice applies to each individual State, whether or not such individual is ide  7. The true name and mailing address of the	at such individual in good far plies with the requirements all who causes this document ntified in this document as of	of that Part, the of that be delivered one who has cause	facts stated in sconstituent document d	such cuments, ary of ivered.	
7. The true name and manning address of the	ie marviduai eadsing tins de	cument to be de	iivered for iiiii	ig are	
	(Last)	(First)	(Middle)	(Suffix)	
	(Street number and	name or Post Office	ffice Box information)		
	(City)	(State)	(ZIP/Postal C	Code)	
	(Province – if applicable)	=	(Country)		
(If applicable, adopt the following statement b  This document contains the true na causing the document to be deliver	me and mailing address of o		tional individu	als	

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