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documents, visit <a href="https://www.sos.state.co.us">www.sos.state.co.us</a>
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Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

## **Statement of Election**

filed pursuant to §7-90-301, et seq. and §7-55-113 of the Colorado Revised Statutes (C.R.S)

1. Entity name:				
2. A resolution adopted by its board of direct elected not to become subject to the proving the proving the subject to the proving the proving the subject to the			g that the entit	y has
3. (Optional) Delayed effective date:		·		
	(mm/dd/yyyy)			
Notice:				
Causing this document to be delivered to the acknowledgment of each individual causing individual's act and deed, or that the individual person on whose behalf the individual is caused with the requirements of part 3 of article 90 statutes, and that the individual in good fait document complies with the requirements of the person of the individual is named. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:	g such delivery, under penal dual in good faith believes the using the document to be deleted of title 7, C.R.S., the constitute of that Part, the constituent of that who causes this document	ties of perjury, the document is the document is the document at the document and documents, and the documents, and the documents at to be delivered.	hat the docume he act and deed g, taken in con s, and the orga re true and the he organic stat	ent is the d of the formity nic etutes.
G	(Last)	(First)	(Middle)	(Suffix)
-	(Street number and name or Post Office Box information)			
-	(City)	(State)	(ZIP/Postal C	 'ode)
-	(Province – if applicable)		(Country)	
(The document need not state the true name and a of any additional individuals causing the docume name and address of such individuals.)				

## **Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

## **Business Information Survey (Optional)**

Submit with your form if you want to add, change, or remove survey information

For office use only

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information	
ID number	Entity name
Choose one:	
○ 1. Remove all survey informa	ation from this entity's record.
O 2. Add or update the survey	information on this entity's record as follows:
a) Gender	
○ Male	
○ Female	
○ Choose not to ans	swer / Remove this information
b) Veteran?	
○ Yes	
○ No	
○ Choose not to ans	swer / Remove this information
c) Person with a disability	?
○Yes	
$\bigcirc$ No	
○ Choose not to ans	ewer / Remove this information
d) Race	
O African American	○ Latino
○ Anglo	O Native American
○ Asian	○ Other
○ Choose not to ans	swer / Remove this information

e) NAICS cod		NAICS Appointing site of your	w naisa aam/aaarah htm
Enter up to	five. For more information, see the	NAICS Association site at www	v.naics.com/search.ntm.
<ul><li>Filer's information</li></ul>			
Filer's information	Middle	Last	Suffix
	Middle	Last Address 2	Suffix

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Colorado Secretary of State 1700 Broadway Ste 200 Denver, CO 80290

Make checks payable to: Colorado Secretary of State

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corrected and resubmitted with the returned check.

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