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### Statement of Partnership Authority

filed pursuant to §7-90-301, et seq. and §7-64-303 of the Colorado Revised Statutes (C.R.S.)

1. The true name is \_\_\_\_\_.

2. If applicable, for the entity, its entity name and ID number are  
Entity name (if different from true name) \_\_\_\_\_.

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

3. The principal office address of the entity's principal office is  
Street address \_\_\_\_\_  
(Street name and number)  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

**OR**

Chief executive office street address  
\_\_\_\_\_  
(Street name and number)  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

Chief executive mailing address  
(leave blank if same as street address)  
\_\_\_\_\_  
(Street name and number or Post Office Box information)  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

4. The address of one office in Colorado is

Street address

\_\_\_\_\_

*(Street name and number)*

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\_\_\_\_\_

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

*(State)*                      *(Postal/Zip Code)*

Mailing address

(leave blank if same as street address)

\_\_\_\_\_

*(Street name and number or Post Office Box information)*

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\_\_\_\_\_

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

*(State)*                      *(Postal/Zip Code)*

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\_\_\_\_\_                      \_\_\_\_\_

*(Province – if applicable)*                      *(Country – if not US)*

5. The true names or a description of the partner(s) as to which this document relates and the authority or limitations on authority of the partner(s) identified are:

\_\_\_\_\_

\_\_\_\_\_

*(If additional space is needed, mark this box  and include an attachment stating the true names or descriptions of the partners and the authority or limitations on authority of the partners.)*

6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box  and include an attachment stating the additional information.

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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\_\_\_\_\_

*(Last)*                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

*(First)*                      *(Middle)*                      *(Suffix)*

---

*(Street name and number or Post Office Box information)*

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<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>	

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