

**Form must be filed electronically.**

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

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

Entity name \_\_\_\_\_

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 \_\_\_\_\_

Jurisdiction \_\_\_\_\_

3. The principal office address of the entity'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)*

4. The registered agent name and registered agent address of the entity'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)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) CO (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.

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8. The true name and mailing address of the individual causing the document to be delivered for filing are

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)  
\_\_\_\_\_  
(Street number and name or Post Office Box information)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

(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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