

Form must be filed electronically.

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Statement of Conversion Converting a Domestic Entity into a Foreign Entity

filed pursuant to § 7-90-201.7 (2) and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name _____

Form of entity _____

Jurisdiction Colorado

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)

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name _____

Form of entity _____

Jurisdiction _____

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 converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (Mark the applicable box and complete the statement. **Caution:** Mark only one box.)

- The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

OR

- The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address 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)

_____ CO _____
(City) (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)

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.)

The delayed effective date and, if applicable, time of this document 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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

7. The true name and mailing address of the individual causing this 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 applicable, adopt the following 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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