

**Form must be filed electronically.**

Paper forms are not accepted.

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

**Statement of Correction of Trade Name Information  
Correcting the Form of Registrant**

filed pursuant to § 7-90-305 of the Colorado Revised Statutes (C.R.S.)

1. The trade name ID number and the name of the person transacting business or conducting activities under the trade name are

ID number

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

Name

\_\_\_\_\_

2. The document number of the document that is corrected and the trade name as stated in the statement of trade name are

Document number

\_\_\_\_\_

Trade name

\_\_\_\_\_

3. The statement of the form of registrant in the document identified above is incorrect.

4. Such form, as corrected, is

\_\_\_\_\_

5. *(If applicable, adopt the following statement by marking the box.)*

This document is filed for historical purposes only and does not correct the form of registrant currently of record.

6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

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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.

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

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*(Last)*

\_\_\_\_\_  
*(First)*

\_\_\_\_\_  
*(Middle)*

\_\_\_\_\_  
*(Suffix)*

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

\_\_\_\_\_  
(City) (State) (Zip/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

*(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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