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Statement of Dissolution
Limited Cooperative Association
Filed pursuant to §7-58-1210 of the Colorado Revised Statutes (C.R.S)

ID number: ______________________

1. Entity name: ________________________________

2. Principal office address:

   Street address ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   (Street number and name)
   (City) ______________________ (State) ________ (ZIP/Postal Code) __________
   (Province – if applicable) ______________________ (Country) __________

   Mailing address
   (leave blank if same as above)
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   (Street number and name or Post Office Box information)
   (City) ______________________ (State) ________ (ZIP/Postal Code) __________
   (Province – if applicable) ______________________ (Country) __________

3. (Optional) Delayed effective date:

   (mm/dd/yyyy)

4. ☐ This document contains additional information as provided by law.

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(Street name and number or Post Office Box information)

____________________________________________________

(City) (State) (Postal/Zip Code)

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