2019 - PERIODIC REPORT INSTRUCTION FORM

IMPORTANTI FOLLO	W INSTRUCTIONS EXACTLY V		IG THIS FORM. PLEASE PRINT.
Customer ID Number		ID Number	Entity Start Date
usiness Address			
10618-61-37**AUT	TO**SCH 5-DIGIT 80220		
	լժիլուի[թ]լուկցիկիների լիների		
Printing	1.11111111.1111.1111111.11111111.111111		Please Respond By:
			1/11/19
lorado lawe roquiro avery ron	orting entity in the State to timely file	a a pariodic report eve	
es not file a report more than 6	0 days past its due date, you may be	at risk for penalties and	d fines.
y provision of this title or an	each document that is required or per any organic statute of this state shall alless otherwise provided by law, shall	contain all informa	ne records of the secretary of state pursual attion required by the law of this state to community."
) REV. STAT. §7-90-501(1):	"Each reporting entity shall deliver t	to the Secretary of State	e, for filing pursuant to part 3 of this artic aw of which the reporting entity is formed
he business entity is still in use	a p	private entity, will assist	t for a fee in the filing of your periodic rep
OVERNMENTAL AGENCY TO	IS NOT A GOVERNMENT PROVIDE THIS SERVICE.	T AGENCY AND DOE	ES NOT HAVE A CONTRACT WITH A
utilize this service, follow the ste	ps below. red by law. Mail the completed form with		formation about your business to any third-pa
			nges and complete any missing information.
isiness Name	Tale pro printed business information in		Type of Business
			LLC
ormation Date	Jurisdiction (State)		Periodic Report Month
rincipal Office Street Address			
		+	
rincipal Mailing Address (if different)			
STED 2 Pagistared Agent (make changes where necessary)		
egistered Agent Name	Hake changes where necessary)		
egistered Agent Street Address			
egistered Agent Mailing Address (if differe	nt)		
STEP 3. PAYMENT INFO	RMATION Complete payment to fil		
\$10 - State Fee	Please make your o	check payable to:	Further assistance:
\$75 - Processing Fee \$85 - TOTAL			Call
\$65 - TOTAL			
OTED 4			
	onic signature on behalf of the above m agency & is not providing legal advice.		erstand that
ignature (to be signed by an officer or reg	istered agent) **REQUIRED**	Print Name Clearl	у
mail		Phone	Date
		Fliolie	Date
	for office ND:12/14/18	CID:	7
	use only 140.12/14/18		Please Respond By 1/11/19

Please Respond By 1/11/19