2020 - PERIODIC REPORT INSTRUCTION FORM

(Colorado LLCs)

| Customer ID Number | TINOTINOCTIONS EXACT | THE THE PARTY OF THE PARTY OF | THIS FORM. PLEASE PRINT. |
|---|---|--|--|
| | Notice Date | 1D Number | Entity Start Date |
| | 04/20/2020 | | |
| Business Address | | | |
| PM50416A ALL FOR AF 7000032843 00.0174. | | | |
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| | | | Please Respond By: |
| | | | 05/22/2020 |
| lorado laws require every repor | rting entity in the state to time | ly file a periodic report every y | ear. If do |
| t file a report more than 60 days | | | |
| O REV. STAT. §7-90-301: "Eac | ch document that is required or | permitted to be filed in the reco | rds of the secretary of state pursuant to a |
| | | | the law of this state to be contained in the |
| cument but, unless otherwise pro | wided by law, shall not contain | other information." | |
| | | | or filing pursuant to part 3 of this article |
| • | | _ | which the reporting entity is formed" |
| the business entity is still in use, | W.C.S., a private entity, will as | sist for a fee in the filing of you | r periodic report. |
| .C.S. IS NOT A GOVERNMEN' ROVIDE THIS SERVICE. | T AGENCY AND DOES NOT | F HAVE A CONTRACT WITH | I ANY GOVERNMENTAL AGENCY I |
| o utilize this service, follow the sompetitors, unless required by law | | | your business to any third-party, including |
| | CONTRACTOR OF THE PARTY OF THE | The state of the s | ges and complete any missing information. |
| usiness Name | and pro printed decisions should | | e of Business |
| | | l $\stackrel{\sim}{\blacksquare}$ | |
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| umpitor Data | Lurindiation (State) | Posi | lodio Danest Manth |
| rmation Date | Jurisdiction (State) | Peri | lodic Report Month |
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Please make your check payable to:

Further assistance:

CHECK ENCLOSED FOR \$110.00

| ormation Date | Julistiction (State) | 10,00 | |
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| incipal Office Street Address | | | |
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| incipal Mailing Address (if different) | | | |
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| STEP 2. Registered Agent (make chan | ges where necessary) | | |
| egistered Agent Name | | | |
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| tegistered Agent Street Address | | | |
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| Registered Agent Mailing Address (if different) | | | - |
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| STEP 3. PAYMENT INFORMATION | N Complete payment to file your period | dic report. | |
| CHECK ENCLOSED FOR \$110.00 | Please make your check payable to: | | Further assistance: |
| Price includes state fee | W.C.S. 18601 Green Valley Ranch Blvd. Ste. 108-361 Denver, CO 80249 | | Call (720) 204-1348 |
| and W.C.S. processing fees. | | | All orders will be fulfilled from our corporate office in Lansing, MI |
| ALL W | .C.S. PROCESSING FEES ARE 100% FUL | LY GUARANTEE | D. |
| STEP 4. I authorize an electronic signatu | re on behalf of the limited liability compa | ny. I understand | that W.C.S. is not a government agency |
| & is not providing legal advice. | T Decorate Control of the Control of | it Name Clearly | |
| signature (to be signed by an officer or registered agent) | REQUIRED | It Hairie Clearry | |
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| itle Email A | Address | | Phone |
| | | | |
| THE STATE OF COLORADO PERIODIC | REPORT CAN BE FILED DIRECTLY THR | ROUGH THE STA | TE FOR THE STATUTORY \$10 FEE. |
| NAC C | for office use only ND: 04/20/2020 CID: F | 119892307 | Please Respond By 05/22/2020 |
| W.C.S. | | | , , , |
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FILING CHECKLIST - KEEP THIS INFORMATION FOR YOUR RECORDS

- Complete all necessary fields.
- Provide name, email & phone of your entity's authorized party. This will be used if we need to contact you.
- · Signature is required for processing.
- Submit a valid form of payment. Please confirm that the check or money order is accurately completed, including name, date, total and signature.
- Submit your company's completed form along with payment for your entity's filing in the enclosed envelope.

Should you have any questions or concerns while waiting for your filing to be complete, please call us at:

877-329-4662