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Statement of Share and Equity Capital Exchange

filed pursuant to §7-90-301, et seq. and §7-56-605 or §7-111-105 Colorado Revised Statutes (C.R.S.)

1. Entity name or true name of each entity
the shares of which will be acquired:

(Enter name exactly as it appears in the records of the secretary of state if applicable)

ID number:

Principal office street address:

(Street name and number)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

Entity name or true name:

(Enter name exactly as it appears in the records of the secretary of state if applicable)

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(Province – if applicable)

(Country – if not US)

Entity name or true name:

(Enter name exactly as it appears in the records of the secretary of state if applicable)

ID number:

Principal office street address:

(Street name and number)

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

(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

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

(Province – if applicable) (Country – if not US)

(If there are more than three such entities, mark this box and include an attachment stating the entity name, ID number, and the principal office address of each additional entity.)

2. Entity name of acquiring entity:

ID number:

Principal office street address:

(Street name and number)

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

(Province – if applicable) (Country – if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

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

(Province – if applicable) (Country – if not US)

3. If this share exchange is pursuant to §7-111-105, C.R.S., the following statement applies:

The acquiring corporation acquires shares of the other corporations.

4. Additional information may be included. If applicable, mark this box and include an attachment stating the additional information.

5. (Optional) Delayed effective date:

(mm/dd/yyyy)

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 the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic

statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>

<i>(Street name and number or Post Office Box information)</i>			

_____		_____	_____
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
_____		_____	
<i>(Province – if applicable)</i>		<i>(Country – if not US)</i>	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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Business Information Survey (Optional)

For office use only

Submit with your form if you want to add, change, or remove survey information

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information

ID number

Entity name

Choose one:

- 1. Remove all survey information from this entity's record.
- 2. Add or update the survey information on this entity's record as follows:

a) Gender

- Male
- Female
- Choose not to answer / Remove this information

b) Veteran?

- Yes
- No
- Choose not to answer / Remove this information

c) Person with a disability?

- Yes
- No
- Choose not to answer / Remove this information

d) Race

- African American
- Latino
- Anglo
- Native American
- Asian
- Other
- Choose not to answer / Remove this information

Entity information continued

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at www.naics.com/search.htm.

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