



Business Program  
Colorado Secretary of State  
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Phone: 303-894-2200  
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## Statement of Consolidation

Filed pursuant to § 7-90-301 and § 7-56-605 of the Colorado Revised Statutes (C.R.S.)

### Section 1 – Consolidating entity's Information

Entity name or true name of the consolidating entity

Colorado Secretary of State ID Number (if applicable)

The address of the entity's principal office

#### Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

#### Mailing Address (Leave blank if the same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

Entity name or true name of the consolidating entity

Colorado Secretary of State ID Number (if applicable)

The address of the entity’s principal office

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If the following statement applies, adopt the statement by marking the box and include an attachment:

☐

**There are more than three consolidating entities and the ID number, entity name or true name, and the principal address of each additional consolidating entity is stated in an attachment.**

**Section 2 – New entity Information**

The new entity name is:

Colorado Secretary of State ID Number (if applicable):

**Street Address**

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

**Mailing Address (Leave blank if the same as street address)**

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

**Section 3 -True name**

If the consolidating entity is a foreign entity not qualified to transact business in Colorado:

**True Name:****Street Address**

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

**Mailing Address (Leave blank if the same as street address)**

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

**Section 4 – State appropriate documents**

If the following statement applies, adopt the statement by marking the box and include an attachment.

☐

**One or more of the consolidating entities is a registrant of a trademark described in a filed document in the records of the Secretary of State. The document number of each such filed document is listed below:**

Document 1

Document 2

Document 3

If the following statement applies, adopt the statement by marking the box and include an attachment:

☐

**There are more than three trademarks and the document number of each additional trademark is stated in an attachment.**

**Section 5 - Attachments**

If applicable, adopt the following statement by marking the box and include an attachment:

☐

**This document contains additional information as provided by law.**

**Section 6 - Delayed effective date (if applicable)**

The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):

Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

**Section 5 - Notice of perjury**

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.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

## Section 6 - Filer's information

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

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

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.

## Section 7 - Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).



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## Business Information Survey (Optional)

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.
- OR
- ☐ 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

e) NAICS code(s)

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

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5



### Filer's information:

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>