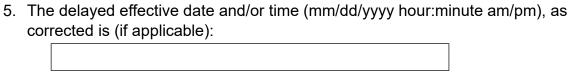
## **Statement of Denial**

attachment:

**Business Program** Colorado Secretary of State 1700 Broadway, Ste. 550 Denver, CO 80290

Fax: 303-869-4864 Phone: 303-894-2200

⊢n	nall: Business@coloradosos.gov Website: www.coloradosos.gov			
off	is form must be typed. Documents may be submitted by mail or dropped off at our ice along with payment. cument processing fee: \$150.00			
File	ed pursuant to § 7-90-301 and § 7-64-304 of the Colorado Revised Statutes (C.R.S.)			
1.	The true name is:			
2.	If applicable, for the entity, its ID number and entity name are: Entity name (If different from true name):			
	Colorado Secretary of State ID Number:			
3.	The fact being denied is:			
4.	If applicable, adopt the following statement by marking the box and include an			



This document contains additional information as provided by law.



If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

## Notice:

Filer Information

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.

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

Last name	First name	Middle	Suffix
Address 1			
Address 2			
City	State	ZIF	ocode
Province (if applicable)	Country		
This document contains additional individuals caulf applicable, mark this individuals.	using the document t	o be delivered for fi	iling.
More information	will be attached.		

## 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).



## **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:				
Colora	Colorado Secretary of State ID Number			
Entity	name			
Choo	se one:	all survey information from this entity's record.		
		an survey information from this entity s record.		
	OR			
	<ol><li>Add or update the survey information on this entity's record as follows:</li><li>a) Gender</li></ol>			
		Male		
		Female		
	b) Veter	Choose not to answer / Remove this information an?		
		Yes		
		No		
		Choose not to answer / Remove this information		

c)	Perso	n with a disability?		
		Yes		
		No		
		Choose not to answer	/ Remove th	nis information
d)	Race			
		African American		Latino
		Anglo		Native American
		Asian		Other
		Choose not to answer	/ Remove th	nis information
-	e) NAICS code(s) Enter up to five. For more information, see the NAICS Association site at <a href="https://www.naics.com/search/">https://www.naics.com/search/</a> NAICS code number 1  NAICS code number 2			
	NAICS code number 3			
	NAIC	CS code number 4		
	NAIC	CS code number 5		

Filer's information:					
Last name	First nam	ie	<u>Middle</u>		Suffix
Address 1					
Address 2					
City		State		ZIP code	
Province (if applicable)		Country			