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**Statement of Correction Correcting a Delayed Effective Date**  
filed pursuant to §7-90-305 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number, entity name, and true name, if applicable, are

ID number \_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name \_\_\_\_\_

True name \_\_\_\_\_

2. The document number of the filed document being corrected is \_\_\_\_\_.

3. The delayed effective date is incorrect.

4. The delayed effective date, as corrected, is \_\_\_\_\_ .  
(Only for filed documents that have not become effective) (mm/dd/yyyy)

(If applicable, adopt the following statement by marking the box and include an attachment.)

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

**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 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.

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| _____  |                |                          |                 |
| <i>(Street number and name or Post Office Box information)</i> |                |                          |                 |
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| <i>(City)</i>  | <i>(State)</i> | <i>(ZIP/Postal Code)</i> |                 |
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*(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.

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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](http://www.naics.com/search.htm).

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Denver, CO 80290

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