

Statement of Correction Correcting a Mistakenly Filed Domestic Entity that was meant to be a Different Form of Domestic Entity

Business Program

Colorado Secretary of State

1700 Broadway, Ste. 550 Denver, CO 80290

Phone: 303-894-2200

Fax: 303-869-4864

Email: Business@coloradosos.gov

Website: www.coloradosos.gov

This form must be typed. Documents may be submitted by mail or dropped off at our office along with payment.

Document processing fee: \$150.00

Filed pursuant to § 7-90-305 of the Colorado Revised Statutes (C.R.S.)

1. Entity name:

Colorado Secretary of State ID Number:

2. The document number of the filed document being corrected is:

3. The correct constituent filed document is attached.

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

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.

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.

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

Filer 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"/>

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing. If applicable, mark this box and include an attachment stating the additional individuals.

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).

Articles of Incorporation for a Cooperative Association

Business Program

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Phone: 303-894-2200

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Website: www.coloradosos.gov

This document must be filed with the statement of correction.

Filed pursuant to § 7-55-102 and § 7-101-503 of the Colorado Revised Statutes (C.R.S.)

1. This is a Public Benefit Corporation.

2. The domestic entity name of the association is:

3. The principal office address of the association's principal office is:

Street Address

Street Address 1

Street Address 2

City

State

ZIP code

Province (if applicable)

Country

Mailing Address (Leave blank if same as street address)

Mailing Address 1

Mailing Address 2

City

State

ZIP code

Province (if applicable)

Country

4. The registered agent name and registered agent address of the registered agent are:

Caution: Do not provide both an individual and an entity name

Individual

Last name

First name

Middle

Suffix

OR

Entity

Entity name

Registered Agent Address

Address 1

Address 2

City

State

ZIP code

Province (if applicable)

Country

Registered Agent Mailing Address (Leave blank if same as street address)

Address 1

Address 2

City

State

ZIP code

Province (if applicable)

Country

5. If applicable, adopt the following statement by marking the box:

The person appointed as registered agent has consented to being so appointed.

6. The purposes for which the association was formed are:

7. The attachment to this document contains information regarding the following:

- the true name and mailing address of each incorporator;
- the number and terms of directors, which number shall be not less than three;
- the authorized capital stock, the number of shares into which said stock is divided, and the par value of each; and
- the number of memberships authorized, the capital subscription of each, and the method of determining property rights and interests of each member without capital stock

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

This document contains additional information as provided by law.

9. 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.

Notice:

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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:

Colorado Secretary of State 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

Address 1

Address 2

City

State

ZIP code

Province (if applicable)

Country