

Statement of Election

Business Program

Colorado Secretary of State

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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 § 7-90-301 and § 7-137-202 of the Colorado Revised Statutes (C.R.S.)

1. Colorado Secretary of State ID Number:

2. Entity name:

3. The corporate entity has elected to accept articles 121-137 of title 7, C.R.S. All required reports have been or will be filed and all fees, taxes and penalties due to the state of Colorado accruing under any law to which the corporate entity heretofore has been subject have been paid.

4. Select one option:

- If there are members or stockholders entitled to vote thereon, mark this box and include an attachment stating the date of the meeting of such members or stockholders at which the election to accept articles 121 to 137 of this title was made, a statement that a quorum was present at the meeting, and a statement that such acceptances was authorized by at least two-thirds of the votes that members or stockholders present at such meeting in person or by proxy were entitled to cast.

OR

- If there are no members or stockholders entitled to vote thereon, mark this box, and include an attachment stating such fact, the date of the meeting of the board of directors at which election to accept said articles was made, that

a quorum was present at the meeting, and a statement that such acceptance was authorized by a majority vote of the directors in office.

5. The corporate entity followed the requirements of the law under which it was formed, its articles of incorporation, and its bylaws so far as applicable in effecting such acceptance.
6. Any attached copies of the articles of incorporation, affidavit, or other basic corporate charter of the corporate entity is true and correct.
7. If the corporate entity has issued stock, mark this box, and include an attachment:

The attachment states such fact including the number of shares heretofore authorized, the number issued and outstanding, and a statement that all issued and outstanding shares of stock have been delivered to the corporate entity to be cancelled upon the acceptance of articles 121-137 of title 7, C.R.S. by the corporate entity becoming effective and that from and after the effective date of said acceptance the authority of the corporate entity to issue shares of stock is terminated. This shall not apply to corporate entities formed for the acquisition and distribution of water to their stockholders.

8. 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:

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.

9. 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).

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