

CORRECTION STATEMENT

Filing Fee: \$18

Follow Instructions Carefully

A. NAME & PHONE OF PERSON FILING THIS STATEMENT (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
[]
[]

ABOVE SPACE FOR FILING OFFICE USE ONLY

1. Identification of the RECORD to which this CORRECTION STATEMENT relates.

1a. TYPE OF RECORD

1b. FILE # OF INITIAL FINANCING STATEMENT

2a. RECORD is inaccurate.

Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy.

2b. RECORD was wrongfully filed.

Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 was wrongfully filed.

3. If this CORRECTION STATEMENT relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this CORRECTION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1b above was filed [or recorded].

3a. DATE

3b. TIME

4. NAME OF PERSON AUTHORIZING THE FILING OF THIS CORRECTION STATEMENT

4a. ORGANIZATION'S NAME

OR

4b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Mail form with correct payment to:
Colorado Secretary of State
1700 Broadway Ste 200
Denver, CO 80290

Make checks payable to: Colorado Secretary of State

Include a separate check for each form submitted for filing.
If a document is rejected, this will allow us to return the check at the time of rejection (if applicable). The document can be corrected and resubmitted with the returned check.

Checks must be written for the exact amount
or the document may be rejected and returned.

Do not include this page with your filing.