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| FEE \$ | 25.00 | BIENNIAL REPOR | | | |
| ON OR BEFORE DATE DUE | 10/31/96 | A CORPORATION OR LIMITED L | IABILITY COMPANY | AUG 1 3 1996 | , |
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| | O'DORISIO S REMO ENTERE | PRISES, LLC | Š | ECHEPART OF *STAPE" | |
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| Corpo | | rate Report Section roadway, Suite 200 | MUST HAVE A STREET ADDRESS | 6 | |
| | De | nver, CO 80202 | CITY | STATE ZIF | • |

TITLE

| DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS | (If you have less than 3 shareholders, you may list less than 3 directors) |
|---|--|
| O'DORISIO JESSE F | |
| 350 INDIANA ST STE 400 | |
| GOLDEN CO 80401 | |
| O'DORISIO POLLY R | |
| 350 INDIANA ST STE 400 | |
| | |
| GOLDEN CO 80401 | |
| | |
| | |
| | |
| | |

Address of Principal Place of Business

- State -– Zip -**SIGNATURE**

STATE CO

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

Authorized Agent
MANAGER DATE TITLE

OFFICERS NAME AND ADDRESS

NOTE: 130 NOTUSE THIS CAST. IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE(UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

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