



RETURN SERVICE REQUESTED

PERIODIC REPORT

Fee \$25.00 due on or
before 02/28/2001

19981221255 DLLL
STATE/COUNTRY OF INC CO

FRIEND FAMILY L.L.L.P.
FRIEND NORMA JEAN
6085 COUNTY ROAD 210
SALIDA CO 81201

0001 81201



PERIODIC REPORT made pursuant to § 7-90-501, C.R.S., on behalf of the entity identified on the reverse side. This Report must be typed or, if legible, it may be manually printed. Execution (a signature) is not required. Report current information for the following items; no director, officer or any other information is required.

1. Name of individual completing Report: Norma J. Friend
2. Name of entity's Registered Agent: Norma J. Friend
3. Street Address of entity's Registered Office (must be in Colorado):
6085 County Road 210 Salida, Co. 81201
4. Address of entity's Principal Office:
6085 County Road 210 Salida, Co. 81201
- Optional: 5. Additional mailing address for entity: _____
6. Entity's e-mail address: _____

If more space is required for any of the above items, continue on an attached 8½ x 11 sheet and check here ☐. Deliver this Report to: Colorado Secretary of State, 1560 Broadway, Ste 200, Denver CO 80202-5169, with the fee stated on the reverse side payable to: Colorado Secretary of State. A post-off mailing label is provided. This report must be *received (not postmarked)* on or before the due date stated on the reverse side. For more information, call 303 894 2251, fax 303 894 2242, Web site, <http://www.sos.state.co.us/>