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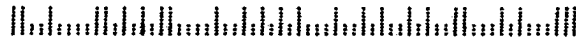
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Official Business - Colorado Secretary of State

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This is a PERIODIC REPORT made on behalf of the entity identified on the reverse side. This must be typed or, if legible, it may be hand written. Report current information for the following. Complete items 1 through 4 or this Report will be rejected. All addresses must be complete.

1. NAME OF INDIVIDUAL COMPLETING REPORT ALTA M. NORTHRON

If items 2 - 4 have not changed since your last report, check here ☒. Otherwise, complete 2 - 4.

2. NAME OF ENTITY'S REGISTERED AGENT: (cannot be same entity identified on reverse)

3. STREET ADDRESS OF ENTITY'S REGISTERED OFFICE (CO address only): _____

If mail is undeliverable to this address, ALSO include a P.O. Box address: _____

4. ADDRESS OF ENTITY'S PRINCIPAL OFFICE: _____

Optional: 5. Additional mailing address for entity: _____

Optional: 6. Entity's e-mail address: _____

Deliver this Report to: Colorado Secretary of State, 1560 Broadway, Ste. 200, Denver CO 80202-5101 with the fee stated on reverse, payable to: Colorado Secretary of State. A peel-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, e-mail sos.business@state.co.us, or visit our Web site, www.sos.state.co.us and view our filing information.

No Signature Required

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