

ease include a typed  
lf-addressed envelope

UST BE TYPED  
LING FEE: \$50.00  
UST SUBMIT TWO COPIES

Mail to: Secretary of State  
Corporations Section  
1560 Broadway, Suite 200  
Denver, CO 80202  
(303) 894-2251  
Fax (303) 894-2242

For office use only

001

ARTICLES OF INCORPORATION

PROGRAM CONSULTATION AND SERVICES FOR OFFENDERS, INC.

orporation Name

ncipal Business Address 1805 S. BELLAIRE ST. SUITE # 400 DENVER, COLORADO 80222  
(Include City, State, Zip)

umulative voting shares of stock is authorized. Yes ☒ No ☐

duration is less than perpetual enter number of years

reemptive rights are granted to shareholders. Yes ☒ No ☐

tock information: (If additional space is needed, continue on a separate sheet of paper.)

tock Class COMMON Authorized Shares 100,000 Par Value NO PAR

tock Class \_\_\_\_\_ Authorized Shares \_\_\_\_\_ Par Value \_\_\_\_\_

ne name of the initial registered agent and the address of the registered office is: (If another corporation, use  
st name space)

st Name TAYLOR First & Middle Name RALPH DONALD

reet Address 239 HIGHWAY 24 NORTH, P.O. BOX 429, BUENA VISTA, CO 81211  
(Include City, State, Zip)

The undersigned consents to the appointment as the initial registered agent.

gnature of Registered Agent

rese articles are to have a delayed effective date of:

orporators: Names and addresses: (If more than two, continue on a separate sheet of paper.)

NAME  
R. DON TAYLOR

ADDRESS  
239 HIGHWAY 24 NORTH, P.O. BOX 429  
BUENA VISTA, CO 81211

orporators who are natural persons must be 18 years or more. The undersigned, acting as incorporator(s) of  
corporation under the Colorado Business Corporation Act, adopt the above Articles of Incorporation.

ignature

Signature

UPDATE COMPLETE