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SECRETARY OF STATE

08-14-2004 11:35:31



MUGHO, INC.
HOLLISTER EDWARD
7394 SPRING DR
BOULDER CO 80303

00000001 80303



Please e-file this mandatory Report for a REDUCED FEE at www.sos.state.co.us, & click on Business Center.

This Annual Report is required by § 7-90-501, C.R.S. for the entity identified on the reverse side. If you use a postcard, it must be typed or legibly handwritten and state current information. You must complete lines 1 through 5. If this Report is rejected, you will NOT receive a refund or notice of rejection.

1. NAME OF INDIVIDUAL RESPONSIBLE FOR THE ACCURACY OF REPORT:

HOLLISTER ED _____
(Last Name) (First Name) (Middle Name)

2. ADDRESS OF INDIVIDUAL RESPONSIBLE FOR THE ACCURACY OF REPORT:

7394 SPRING DRIVE BOULDER CO 80501
(Street/PO Box) (City) (State) (Zip/Postal Code)

☒ Check box if information requested below is current in the records of the Secretary of State OR complete lines 3 through 5.

3. ADDRESS OF ENTITY'S PRINCIPAL OFFICE:

(Street and, if different, mailing address) (City) (State) (Zip/Postal Code)

4. NAME OF ENTITY'S REGISTERED AGENT: The person appointed has consented to being so.

If a Business Organization: _____
OR if an individual:

(Last Name) (First Name) (Middle Name)

5. STREET ADDRESS OF REGISTERED AGENT (must be a CO address):

(Street address) (City) CO
(State) (Zip/Postal Code)

MAILING ADDRESS OF REGISTERED AGENT (if different from above):

(Mailing address) (City) (State) (Zip/Postal Code)

Deliver this Report and the fee stated on the reverse side of this card using the peel-off mailing label provided. The Report must be received (not postmarked) on or before the date due stated on the reverse side. Questions? Visit www.sos.state.co.us, and click on Business Center; e-mail sos.business@sos.state.co.us; call 303 894 2200 or fax 303 869 4864. If this Report is rejected, no refund or notice will be given. No signature is required. If you e-file, the Report will not be rejected, filing is real time, and the fee is lower.

Form 7.90.501 revised