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

This Annual Report is required by § 7-90-501, C.R.S. for the entity identified on the reverse side. If you 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:

Ladd

(Last Name)

Roger

(First Name)

R.

(Middle Name)

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

6390 Gardenia St., #150

(Street/PO Box)

Arvada

(City)

CO

(State)

80001

(Zip/Postal Code)

☒ Mark box if information requested below is current in the records of the Secretary of State OR complete 3-5.

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: This person has consented to being so appointed:

EITHER an Individual:

(Last Name)

(First Name)

(Middle Name)

OR a Business Organization:

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 to 1560 Broadway Ste 200, Denver CO 80202. The Report must be **received** (not postmarked) on or before the date due stated on the reverse side. Questions?

www.sos.state.co.us, and click on Business Center; e-mail sos.business@sos.state.co.us; call 303 894 2200 p 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 5/01