

STATE OF COLORADO
DONETTA DAVIDSON
SECRETARY OF STATE
1560 BROADWAY STE 200
DENVER CO 80202-5169

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
DENVER, COLORADO
Permit No. 119



RETURN SERVICE REQUESTED
Due \$25.00 on or before 09/30/2004
19981126861 DLLC 4476
ST/CTRY OF INC CO
PERIODIC REPORT DUE

20041323743 N
\$ 25.00
SECRETARY OF STATE
03-16-2004 10:48:19

INSPECTPRO, LLC
LOW WILLIAM D
11757 W KEN CARYL AVE STE F21
LITTLETON CO 80127

03-16-2004 10:48:19

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 1-5. If this Report will be rejected, you will NOT receive a refund or notice of rejection.

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

Low
(Last Name)

William
(First Name)

Douglas
(Middle Name)

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

12690 W Crestline Dr.
(Street/PO Box)

Littleton
(City)

CO
(State)

80120
(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? 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