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filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:

19871332444

Entity name:

COLORADO CLOSEOUTS, INC.

Jurisdiction under the law of which the entity was formed or registered:

Colorado

You must complete line 1.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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| Name(s) and address(es) of the individual(s) causing the document to be delivered for filing: | PIERCE | MICHAEL | R | | | |
|---|---|------------------|-------------------|--|--|--|
| | (Last) | (First) | (Middle) (Suffix) | | | |
| | 13524 W. VIRGININA DR. | | | | | |
| | (Street name and number or Post Office Box information) | | | | | |
| | LAKEWOOD | СО | 80228 | | | |
| | (City) | (State) | (Postal/Zip Code) | | | |
| | (Province – if applicable) | (Country – if no | t US) | | | |

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|---|---|-----------------------|---------|-------------------|----------|--|--|
| 1 | (Street name and number) | | | | | | |
| | DENVER | СО | 80 |)227 | | | |
| | (City) | United St | ates | (Postal/Zip Code) | | | |
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| 3. Principal office mailing address: (if different from above) | (Street name and number or Post Office Box information) | | | | | | |
| | (City) | (State) | | (Postal/Zip Code) |) | | |
| | (Province – if applicable) | (Country – if not US) | | - | | | |
| 4. Registered agent name: (if an individual) | PIERCE | MICHAEL | R. | | | | |
| | (Last) | (First) | | (Middle) | (Suffix) | | |
| OR (if a business organization) | | | | | | | |
| 5. The person identified above as registere | d agent has consented to b | being so appoint | ed. | | | | |

6. Registered agent street address: (*Street name and number*) (*LAKEWOOD* (*City*) (*State*) (*State*) (*Postal/Zip Code*) (*State*) (*Postal/Zip Code*) (*State*) (*Postal/Zip Code*)

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