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ID number:	20071223532			
Entity name:	SleepMedRX D.N	I.E., Inc.		
Jurisdiction under the law of which the entity was formed or registered:	Colorado			
1. Principal office street address:	13654 Xavier Ln (Street name and number)			
	201B Broomfield	CO 80020		
	(City)	(State) (Postal/Zip Code) United States		
2. Principal office mailing address: (if different from above)	(Street name and number or Post Office Box information)			
	(City) (Province – if applicable	le) (Country – if not US)		
3. Registered agent name: (if an individual)	Flores	Richard		
OR (if a business organization)	(Last)	(First) (Middle) (Suffix)		

4. The person identified above as registered agent has consented to being so appointed.

5. Registered agent street address:	13654 Xavier Ln (Street name and number)			
	Broomfield	CO 8	0020	
	(City)	(State)	(Postal/Zip Code)	
6. Registered agent 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 U	5)	

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.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:	Flores	Richard			
	(Last)	(First)	(Middle) (Suffix)		
	10940 S Parker rd 503				
	(Street name and number or Post Office Box information)				
	Parker	CO 80134			
	(City)	(State) United States	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not US)			

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box 🗌 and include an attachment stating the name and address of such individuals.)

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