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## Statement of Foreign Entity Authority

filed pursuant to §7-90-301, et seq. and §7-90-803 of the Colorado Revised Statutes (C.R.S)

ID number (if applicable):					
1. True name:					
	Ventria Bioscience				
2. Assumed entity name (if different from True name)					
3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable bax):	"bank" or "trust" "credit union" "insurance", "cas	"savings a	ind loan"		
4. Principal office street address:					
	(Street name and number) Suite 102				
	Fort Collins	со	80525		
	(City)	(State)	(Postal	/Zip Code)	
	(Province - if applicable)	(Country - if	not US)		
Principal office mailing address:	PO Box 273330				
(if different from above)	(Street name and number or Post Office Box information)				
	Fort Collins	CO	80527		
	(City)	(State)	(Postal	/Zip Code)	
	(Province – if applicable)	(Country - if	(Country - if not US)		
5. Registered agent: (if an individual):	Deeter	Scott	E.		
<b>OR</b> (if a business organization):	(Last)	(First)	(Middl	e) (Suffix	
OR (if a business organization).					

AUTHORITY Page 1 of 3 Rev. 10/15/2008

7. Registered agent street address:	2120 Milestone Drive					
8. Registered agent mailing address: (if different from above)	(Street name and number) Suite 102					
	Fort Collins	CO	80525			
	(City)	(State)	(Postal/Zip Co	ode)		
	PO Box 273330					
	(Street name and number or Post Office Box information)					
	Fort Collins	CO	80527			
	(City)	(State)	(Postal/Zip Co	nde)		
	(Province - if applicable)	(Country - if n	ol US)			
9. Form of entity:	Corporation					
10. Jurisdiction of formation:	California	······································				
11. Date entity commenced (or expects						
to commence) transacting business						
or conducting activities in Colorado:	02/01/2007 (mm/dd/yyyy)					
	(mm acayyyyy					
12. (Optional) Delayed effective date:	(mm/dd/yyyy)	<u></u>				
Notice:						
Causing this document to be delivered to a acknowledgment of each individual causin individual's act and deed, or that the indivi- person on whose behalf the individual is c with the requirements of part 3 of article 9 statutes, and that the individual in good fa- document complies with the requirements	ng such delivery, under periodual in good faith believer ausing the document to be 0 of title 7, C.R.S., the count believes the facts stated	malties of perjury is the document is delivered for fil nstituent document in the document	y, that the docume is the act and deed ing, taken in conf ents, and the organ it are true and the	nt is the of the ormity		
This perjury notice applies to each individ state, whether or not such individual is nat						
13. Name(s) and address(es) of the						
individual(s) causing the document	Dogtor	Scott	E			
to be delivered for filing:	Deeter (Last)	(First)	(Middle)	(Suffix)		
	PO Box 273330					
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	Fort Collins		80527			
	(City)	(State)	(Postal/Zip Cod	de)		
	(Province – if applicable)	(Country - if no	( US)			
(The document need not state the true name and of any additional individuals causing the documentane and address of such individuals.)			ish to state the name at clude an attachment sta			

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