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Colorado Secretary of State

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## **Periodic Report**

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

ID number:	20021217091				
Entity name:	DJB&L, LLC				
Jurisdiction under the law of which the entity was formed or registered:	Colorado				
Principal office street address:	3455 E EUCLID PL	eet name and numbe	er)		
	CENTENNIAL	CO	80121		
	(City)	(State) United	(Postal/Zip Code)		
	(Province – if applicable)		- if not US)		
2. 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)		
3. Registered agent name: (if an individual)	GRAZIS	STANLEY	L.		
<b>OR</b> (if a business organization)	(Last)	(First)	(Middle) (Suffix)		
4. The person identified above as registere	d agent has consented to b	peing so appoin	ited.		
5. Registered agent street address:	3455 E EUCLID PL				
	(Street name and number)				
	CENTENNIAL	<u>CO</u>	80121		
	(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 Co	ode)	
	(Province – if applicable)	(Country – if no	ot US)		
Notice:					
individual's act and deed, or that the individual is person on whose behalf the individual is with the requirements of part 3 of article statutes, and that the individual in good for document complies with the requirement. This perjury notice applies to each indivistate, whether or not such individual is not 7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:	causing the document to be 90 of title 7, C.R.S., the coraith believes the facts stated s of that Part, the constituer dual who causes this document.	delivered for fil- nstituent docume in the documen at documents, and ment to be deliver	ing, taken in conents, and the orgat are true and the d the organic stated to the secreta	formity nic tutes.	
g.	(Last)	(First)	(Middle)	(Suffix	
	3455 E. Euclid Place (Street name and number or Post Office Box information)				
	Centennial	CO 80121			
	(City)	United Sta	(Postal/Zip Co	ode)	
	(Province – if applicable)	(Country – if no	ot US)		
(The document need not state the true name an of any additional individuals causing the docu name and address of such individuals.)			vish to state the name clude an attachment si		

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