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Colorado Secretary of State
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Statement Curing Delinquency

filed pursuant to §7-90-904 of the Colorado Revised Statutes (C.R.S)

1. For the delinquent entity, its ID number, entity name and jurisdiction of formation are

ID number 20061171958
(Colorado Secretary of State ID number)

Entity name Thornally Rehab and Wellness, Inc.

Jurisdiction where formed Colorado.

2. By providing the information required herein, this statement corrects all grounds for delinquency cited by the secretary of state.

3. The registered agent name and registered agent address of the registered agent are

Name
(if an individual) Thornally Craig
(Last) (First) (Middle) (Suffix)

OR

(if an entity) _____
(**Caution:** Do not provide both an individual and an entity name).

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

Street address 6189 Lehman Drive
(Street number and name)
Suite 100
Colorado Springs CO 80918
(City) (State) (Zip Code)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) CO _____
(State) (Zip Code)

(If the following statement applies, adopt the statement by marking the box.)

- ☐ The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

4. The principal office address of the entity's principal office is

Street address

6189 Lehman Drive

(Street number and name)

Suite 100

Colorado Springs

(City)

CO

(State)

80918

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

(If the following statement applies, adopt the statement by marking the box.)

☐

The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

5. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐

This document contains additional information as provided by law.

6. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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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. The true name and mailing address of the individual causing the document to be delivered for filing are

THORNALLY

(Last)

CRAIG

(First)

(Middle)

(Suffix)

6189 LEHMAN DR

(Street number and name or Post Office Box information)

SUITE 100

COLORADO SPRINGS

(City)

CO

(State)

80918

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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