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Colorado Secretary of State

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ID Number: 20111606866

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Amount Paid: \$10.00

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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:	20111606866					
Entity name:	Mmm Consulting LLC	C				
Jurisdiction under the law of which the entity was formed or registered:	Colorado					
1. Principal office street address:	5409 Southwind Ct (Stree	et name (	and numbe	er)		
	Morrison		CO	80465		
	(City)		(State)		Postal/Zip Cod	(e)
	(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)	(1	Postal/Zip Cod	e)
	(Province – if applicable)		(Country – if not US)			
3. Registered agent name: (if an individual)		Mary				
<b>OR</b> (if a business organization)	(Last)	(.	First)	(	Middle)	(Suffix)
4. The person identified above as registere	d agent has consented to b	eing so	o appoir	nted.		
5. Registered agent street address:	5409 Southwind Ct	et name	and numbe			
	(Street name and number)					
	Colorado (City)		CO (State)	8046	5 Postal/Zip Cod	
	(Cuy)		(Sittle)	(1	osiai/Zip Coa	<i>e j</i>

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 not U	<u>S)</u>				
Notice:							
individual's act and deed, or that the indiperson on whose behalf the individual is with the requirements of part 3 of article statutes, and that the individual in good to document complies with the requirement. This perjury notice applies to each indivistate, whether or not such individual is not not not not such individual is not	causing the document to be 90 of title 7, C.R.S., the confaith believes the facts state ts of that Part, the constitue idual who causes this document to be expected to be	e delivered for filing onstituent documents d in the document and nt documents, and the ment to be delivered	to the secretar	formity nic utes.			
· ·	(Last)	(First)	(Middle)	(Suffix)			
	5409 Southwind Ct.  (Street name and number or Post Office Box information)						
	Morrison	<u>CO</u> <u>80465</u>					
	(City)	United States	(Postal/Zip Co	ode)			
	(Province – if applicable)	(Country – if not U	<u>S)</u>				
(The document need not state the true name an of any additional individuals causing the docuname and address of such individuals.)	nd address of more than one individ	ual. However, if you wish	,				

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