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filed pursuant to §7-90-301, et se	Periodic Report eq. and §7-90-501 of the Co	olorado Revise	ed Statutes (C.R.S)	
ID number:	20031179483			
Entity name:	VESCO FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP			
Jurisdiction under the law of which the entity was formed or registered:	Colorado			
1. Principal office street address:	5 INVERNESS DR E			
	(Street name and number)			
	ENGLEWOOD	CO	80112	
	(City)	(State) United	(Postal/Zip Code) States	
	(Province – if applicable)	(Country –	- if not US)	
. 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)	VESCO	ROBERT	<u>L</u>	
or (if a business organization)	(Last)	(First)	(Middle) (Suffix)	
4. The person identified above as registered	d agent has consented to be	eing so appoin	ited.	
5. Registered agent street address:	5 INVERNESS DR E			
5. Registered agent street address.	(Street name and number)			
	ENGLEWOOD	CO	80112	
	(City)	(State)	(Postal/Zip Code)	
6. Registered agent mailing address: (if different from above)	36 S Grandbay St (Street name and number or Post Office Box information)			
	Aurora		80018	
	Aurora (City)	<u> </u>	(Postal/Zip Code)	
	(Province – if applicable)	(Country – if		

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C	(Last)	(First)	(Middle) (Suffix)		
	5 Inverness Dr East	t			
	(Street name and number or Post Office Box information)				
	Englewood	CO 8011	2		
	(City)	United States	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not US)			
(The document need not state the true name an	nd address of more than one individ	ual. Howev <u>er,</u> if you wish to	state the name and address		

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