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Colorado Secretary of State
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Statement of Foreign Entity Authority

filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 20171001156
(Colorado Secretary of State ID number)

Entity name High End Network Systems

True name _____
(if different from the entity name)

2. The form of entity and the jurisdiction under the law of which the entity is formed are

Form of entity Foreign Corporation

Jurisdiction New York

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

Street address 35 SPARROW DR
(Street number and name)

WEST HENRIETTA NY 14586
(City) (State) (ZIP/Postal Code)

United States
(Province – if applicable) (Country)

Mailing address P.O. Box 93272
(leave blank if same as street address) (Street number and name or Post Office Box information)

Rochester NY 14692
(City) (State) (ZIP/Postal Code)

United States
(Province – if applicable) (Country)

4. The registered agent name and registered agent address of the entity's registered agent are

Name
(if an individual) Mullaney William Thomas
(Last) (First) (Middle) (Suffix)

or

(if an entity) _____

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

Street address

Unit 333

(Street number and name)

4800 Baseline Rd E104

Boulder

(City)

CO

(State)

80303

(ZIP Code)

Mailing address

(leave blank if same as street address)

35 SPARROW DR

(Street number and name or Post Office Box information)

WEST HENRIETTA

(City)

CO

(State)

14586

(ZIP Code)

(The following statement is adopted by marking the box.)

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

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is 01/15/2017.
(mm/dd/yyyy)

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

☐ This document contains additional information as provided by law.

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

Mullaney

(Last)

William

(First)

Thomas

(Middle)

(Suffix)

35 SPARROW DR

(Street number and name or Post Office Box information)

WEST HENRIETTA

(City)

NY

(State)

14586

(ZIP/Postal Code)

United States

(Province – if applicable)

(Country)

(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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