

**Form must be filed electronically.**

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

**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

\_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name

\_\_\_\_\_

Jurisdiction where formed

\_\_\_\_\_

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)

\_\_\_\_\_

*(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

\_\_\_\_\_

*(Street number and name)*

\_\_\_\_\_

*(City)*

CO

*(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

\_\_\_\_\_

*(Street number and name)*

\_\_\_\_\_

*(City)*

*(State)*

\_\_\_\_\_

*(Postal/Zip Code)*

\_\_\_\_\_

*(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)

\_\_\_\_\_  
(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)

Notice:

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

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) (State) (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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