



Business Program
Colorado Secretary of State
1700 Broadway, Ste. 550 Denver, CO 80290
Phone: 303-894-2200
Email: Business@coloradosos.gov

Fax: 303-869-4864
Website: www.coloradosos.gov

Statement of Correction Correcting the True Name

Filed pursuant to §7-90-305 of the Colorado Revised Statutes (C.R.S.)

Section 1 – Entity information

For the entity, its ID number and entity name are
ID Number (Colorado Secretary of State ID number):

Assumed Entity Name:

Section 2 – True Name

The true name is:

Section 3 – Corrected document information

The document number of the filed document being corrected is:

Section 4 – Incorrect true name confirmation

The true name is incorrect.

Section 5 – Corrected true name

The true name, as corrected, is:

Section 6 – Assumed entity name (if applicable)

The assumed entity name (if applicable) is:

Section 7 – Additional information

The document contains additional information as provided by law.

Section 8 – Notice of perjury

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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 identified in this document as one who has caused it to be delivered.

Section 9 – Filer information

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

Last name	First name	Middle	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1

Address 2

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province (if applicable)	Country
<input type="text"/>	<input type="text"/>

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.

Section 10 – Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).