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Statement of Trade Name of an Individual

filed pursuant to §7-71-103 of the Colorado Revised Statutes (C.R.S)

1. The true name of the individual delivering this statement is

Doe (Last) John (First) _____ (Middle) _____ (Suffix).

2. The principal address of such individual is

Street address
1234 Main Street
(Street number and name)

[City] (City) [State] (State) [Zip] (Postal/Zip Code)

(Province – if applicable) United States (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).

3. The trade name under which such individual transacts business or contemplates transacting business in this state is

John Doe Services.

4. A brief description of the kind of business transacted or contemplated to be transacted in this state under such trade name is

Retail.

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 are _____.
(mm/dd/yyyy hour:minute am/pm)

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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.

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

Doe John
(Last) *(First)* *(Middle)* *(Suffix)*

1234 Main Street
(Street number and name or Post Office Box information)

[City] [State] [Zip]
(City) *(State)* *(Postal/Zip Code)*

(Province – if applicable) United States *(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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