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Statement of Reservation of Name

filed pursuant to §7-90-301, et seq. and §7-90-602 of the Colorado Revised Statutes (C.R.S)

1. The person stated as the applicant below is applying to reserve, for a 120 day period, the name stated below for use as an entity name.

2. Name to reserve: WXYZ Services, Inc.

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box)*:
   - ☐ "bank" or "trust" or any derivative thereof
   - ☐ "credit union" ☐ "savings and loan"
   - ☐ "insurance", "casualty", "mutual", or "surety"

4. Name of applicant (if an individual): _____ _____ _____ _____
   (Last) *(First)* *(Middle)* *(Suffix)*

   OR (if a business organization): WXYZ, LLC

5. Mailing address of applicant: 1234 Main Street
   (Street name and number or Post Office Box information)

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

   _____ United States
   (Province – if applicable) *(Country – if not US)*

Notice:

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 the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the 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 named in the document as one who has caused it to be delivered.

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6. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

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

1234 Main Street

(Street name and number or Post Office Box information)

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

	United States
(Province – if applicable)	*(Country – if not US)*

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ *and include an attachment stating the name and address of such individuals.)*

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