



Document must be filed electronically
Paper documents will not be accepted.

Document processing fee
Fees & forms/cover sheets
are subject to change.

\$20.00

Document number: 20081130657

To access other information or print
copies of filed documents,
visit www.sos.state.co.us and
select Business Center.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Trade Name of a Non-Reporting Entity

filed pursuant to §7-71-103 and §7-71-107 of the Colorado Revised Statutes (C.R.S)

1. The person delivering this statement is an entity other than a reporting entity (“non-reporting entity”).

2. (Adopt the appropriate statement by marking the box and complete the field.)

(Caution: Mark only one box.)

Such non-reporting entity is a general partnership.

The true name of at least one general partner of such general partnership is

(if an individual)

(Last) (First) (Middle) (Suffix)

OR

(if an entity)

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

OR

The non-reporting entity is *not* a general partnership and the true name of such non-reporting entity is

COLORADO CITIZENS' COALITION

3. For such non-reporting entity delivering this statement, its form of entity and the jurisdiction under the law of which it is formed are

Form of entity

Unincorporated Nonprofit Association

Jurisdiction

Colorado

4. The principal address of such non-reporting entity is

Street address

PO BOX 370084
(Street number and name)

DENVER CO 80237
(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)

5. The trade name under which such non-reporting entity transacts business or conducts activities or contemplates transacting business or conducting activities in this state is

COLORADO CITIZENS' COALITION

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

RESEARCH AND EDUCATION

7. (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.

8. (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)

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 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.

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

GRUESKIN MARK G. ESQ.
(Last) (First) (Middle) (Suffix)
C/O ISAACSON ROSENBAUM P.C.
(Street number and name or Post Office Box information)
633 17TH STREET, SUITE 2200
Denver CO 80202
(City) (State) (Postal/Zip Code)
United States
(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.

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).