

Statement of Trade Name of an Estate, a Trust, a State or an Other Jurisdiction

• The document contains an unauthorized character. See FAQs

Fee: \$20.00

Statutory references: [7-71-103](#) et seq. and [7-71-107](#), CRS

Your document will be available to the public.

* Required field.

The person delivering this statement is

☐ An estate ☐ A trust ☒ A state ☐ A jurisdiction other than a state

The true name of such person is

True name: *

The street address of such person's usual place of business and, if different, such person's mailing address are

Street Address

Address 1: *
Address 2:
City: *
State: *
Zip / Postal Code: *
Province:
Country:

Mailing Address

Address 1:
Address 2:
City:
State:
Zip / Postal Code:
Province:
Country:

The trade name under which such person transacts business or contemplates transacting business is

Trade Name: *

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

Brief Description: *

Delayed Effective Date

Do you want this filing to take effect immediately?

☒ Yes.
☐ No. Enter an effective date (up to 90 days from today) below.

Delayed effective date mm/dd/yyyy or
mm/dd/yyyy hour:minute am/pm

Attach Additional Information

Do you need to attach additional information?

☒ Yes, I need to add attachments. (You will upload files on the next page.)
☐ No.

Email Address

Our office can send you email notifications about due dates and other events affecting this business record. [Information about email notifications.](#)

Email address will not be sold or otherwise disclosed by our office, and your email address will not appear on your filed document.

Do you want to sign up for email notifications?*

☒ Yes. Send my notifications to this email address:
☐ No. I don't want to sign up for email notifications.

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., and, if applicable, 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.

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

Last Name	First Name	Middle Name	Suffix
<input type="text" value="Catalano"/>	<input type="text" value="THOMAS"/>	<input type="text" value="j."/>	<input type="text"/>

Address 1:

Address 2:

City:

State:

Zip/Postal Code:

Province:

Country:

(If 'Yes' is selected, include an attachment with the true name and mailing address of additional individuals.) ☐ Yes
☒ No
Additional individuals are causing this 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).

Submit

Back