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Colorado Secretary of State
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Statement of Trade Name of an Estate, a Trust, a State or an Other Jurisdiction
filed pursuant to §7-71-103 and §7-71-107 and of the Colorado Revised Statutes (C.R.S)

1. *(Complete the following statement by marking the applicable box. Caution: Mark only one box.)*

The person delivering this statement is

- ☐ an estate.
☒ a trust.
☐ a state.
☐ a jurisdiction other than a state.

2. The true name of such person is CATALANO THOMS JOSEPH.

3. The principal address of such person is

Street address 5120 BROADWAY Apartment 302
(Street number and name)
Address 2
Denver CO 80216-0000
(City) (State) (Postal/Zip Code)
Federal Reserve System District TEN United States
(Province – if applicable) (Country – if not US)

Mailing address 5120 BROADWAY Apartment 302
(leave blank if same as street address) (Street number and name or Post Office Box information)
Address 2
Denver CO 80216-0000
(City) (State) (Postal/Zip Code)
Federal Reserve System District TEN United States
(Province – if applicable) (Country – if not US)

4. The trade name under which such person transacts business or conducts activities or contemplates transacting business or conducting activities in this state is

Catalano.

5. 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

CATALANO THOMAS JOSEPH.5120 BROADWAY APT 302 DENVER, CO 80216.COLORADO identifications Card USA number..17-139-5438.Catalano...

6. *(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.

7. (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.

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

<u>CATALANO</u>	<u>THOMAS</u>	<u>JOSEPH</u>	
(Last)	(First)	(Middle)	(Suffix)
<u>5120 BROADWAY apartment 302</u>			
(Street number and name or Post Office Box information)			
<u>Address 2</u>			
<u>DENVER</u>	<u>CO</u>	<u>80216-0000</u>	
(City)	(State)	(Postal/Zip Code)	
Federal Reserve System District TEN	<u>United States</u>		
(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.

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