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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.

3. The principal address of such person is

Street address

St. Croix

*(Street number and name)*

4401 Sion Farm STE1

Christiansted

*(City)*

VI

*(State)*

00820-0000

*(Postal/Zip Code)*

Catalano

*(Province – if applicable)*

Virgin Islands, U.S.

*(Country – if not US)*

Mailing address

*(leave blank if same as street address)*

St. Thomas

*(Street number and name or Post Office Box information)*

2353 Kronprindsens Gade

St. Thomas

*(City)*

VI

*(State)*

00802-0000

*(Postal/Zip Code)*

Catalano

*(Province – if applicable)*

Virgin Islands, U.S.

*(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

U.S. Social Security, social security number 135744812.

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>		
(Last)	(First)	(Middle)	(Suffix)
<u>St. Croix</u>			
(Street number and name or Post Office Box information)			
<u>4401 Sion Farm STE1</u>			
<u>Christiansted</u>	<u>VI</u>	<u>00820-4245</u>	
(City)	(State)	(Postal/Zip Code)	
<u>Catalano</u>	<u>Virgin Islands, U.S.</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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