



Colorado Secretary of State
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Statement of Trade Name Renewal of a Person other than a Reporting Entity, a Domestic Limited Partnership or a Dissolved or Delinquent Reporting Entity, or a Converted Entity
 filed pursuant to §7-71-105 and §7-71-107 of the Colorado Revised Statutes (C.R.S)

1. The ID number of the statement of trade name to be renewed and the true name of the person transacting business in this state under the trade name are

ID number 20221689583
(Colorado Secretary of State ID number)

True name
 (if an individual) _____
(Last) (First) (Middle) (Suffix)

OR

(other) Wild Horse Mesa Neighborhood Watch Association
(Caution: Do not provide both an individual and an entity name.)

2. The trade name under which such person transacts business in this state, as stated in such statement of trade name is

Wild Horse Mesa Neighborhood Watch

3. The principal address of such person is

Street address 4675 Scenic Cir
(Street number and name)

Colorado Springs CO 80917
(City) (State) (Postal/Zip Code)

United States
(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)

(If the following statement applies, adopt the statement by marking the box.)
 The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

4. 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

neighborhood watch, safety, crime prevention

5. (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.

Notice:

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

<u>Lucas</u>	<u>Gerald</u>		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>4675 Scenic Cir</u>			
<small>(Street number and name or Post Office Box information)</small>			
<hr/>			
<u>Colorado Springs</u>	<u>CO</u>	<u>80917</u>	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
<u></u>	<u>United States</u>		
<small>(Province – if applicable)</small>	<small>(Country – if not US)</small>		

(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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