



Colorado Secretary of State  
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**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

Aging Resources of Douglas County

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

Nonprofit Corporation

Jurisdiction

Colorado

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

Street address

104 Fourth Street

*(Street number and name)*

Castle Rock

*(City)*

CO

*(State)*

80104

*(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

Neighbor Network

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

Volunteer programs and services for older adults

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)

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

Erickson                      Karie                      Ann  
(Last)                              (First)                              (Middle)                              (Suffix)  
104 Fourth Street  
(Street number and name or Post Office Box information)  
Castle Rock                      CO                      80104  
(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.

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