Material Advisor Disclosure Statement For Colorado Listed Transaction

1. Material Advisor's Name			Identifying number		
Address		Apt/Suite number	City	State	ZIP
tact person name (last name, first name, middle name) Title			Telephone number		
If you are a party to a designation agreement, identif	y the other pa	arties.			
Name			Identifying number (if known)		
Address		Apt/Suite number	City	State	ZIP
Contact name	Telephone number () –				
2. Owner's Name			Identifying Number		
Address		Apt/Suite number	City	State	ZIP
Contact Person		Title		Telephone number () –	
3. Captive Entity's Name			Identifying Number		
Address		Apt/Suite number	City	State	ZIP
Contact Person		Title		Telephone number	
4. Provide a brief description of the material aid, assistance, or advice you provide.					
I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete. Signature of Material Advisor Date Title					
Signature of Material Advisor	Date				
Print Name					
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