



Material Advisor Disclosure Statement for Colorado Listed Transaction

1. Material Advisor's Last Name		First Name		Middle Initial	SSN (if known)	FEIN (if known)	
Address			City			State	Zip
Contact Person's Last Name		First Name					Middle Initial
Title						Phone Number ()	
If you are a party to a designation agreement, identify other parties.							
Last Name		First Name		Middle Initial	SSN (if known)	FEIN (if known)	
Address			City			State	Zip
Contact Person's Last Name		First Name			Middle Initial	Phone Number ()	
2. Owner's Last Name		First Name		Middle Initial	SSN (if known)	FEIN (if known)	
Address			City			State	Zip
Contact Person's Last Name		First Name					Middle Initial
Title						Phone Number ()	
3. Captive Entity's Last Name		First Name		Middle Initial	SSN (if known)	FEIN (if known)	
Address			City			State	Zip
Contact Person's Last Name		First Name					Middle Initial
Title						Phone 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 (MM/DD/YY)	
Print Name				Title			