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Periodic Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

| ID number: | 19991224909 | | | | |
|--|--|-------------------|--|--|--|
| Entity name: | SOUTHEASTERN COLORADO REGIONAL EMERGENCY MEDICAL SERVICES AND TRAUMA COUNCIL | | | | |
| Jurisdiction under the law of which the entity was formed or registered: | Colorado | | | | |
| Principal office street address: | SECRETAC, Inc. | | | | |
| | (Street name and number) 17765 Woodhaven Dr. | | | | |
| | Colorado Springs | CO | 80908 | | |
| Principal office mailing address: (if different from above) | (City) | (State) United | (Postal/Zip Code) | | |
| | (Province – if applicable) | | ntry – if not US) | | |
| | SECRETAC, Inc. | | | | |
| | (Street name and number or Post Office Box information) 17765 Woodhaven Dr. | | | | |
| | Colorado Springs | CO | CO 80908 | | |
| | (City) | (State) United | (State) (Postal/Zip Code) United States | | |
| | (Province – if applicable) | | $\frac{\text{Country} - \text{if not US})}{\text{(Country} - \text{if not US)}}$ | | |
| 3. Registered agent name: (if an individual) | Hartley | Rick | | | |
| | (Last) | (First) | (Middle) (Suffix) | | |
| OR (if a business organization) | | | | | |
| 4. The person identified above as registere | d agent has consented to be | eing so appoi | nted. | | |
| 5. Registered agent street address: | 17765 Woodhaven D | r. | | | |
| | (Street name and number) | | | | |
| | Colorado Springs | СО | CO 80908 | | |
| | (City) | (State) | (Postal/Zip Code) | | |
| | | | | | |

| 6. Registered agent mailing address: (if different from above) | (Street name and number or Post Office Box information) | | | | |
|--|---|---|--|---------------------|--|
| | (City) | (State) | (Postal/Zip C | ode) | |
| | (Province – if applicable) | (Country – if not | US) | | |
| Notice: | | | | | |
| individual's act and deed, or that the individual is person on whose behalf the individual is with the requirements of part 3 of article statutes, and that the individual in good for document complies with the requirement. This perjury notice applies to each indivistate, whether or not such individual is not 7. Name(s) and address(es) of the individual(s) causing the document | causing the document to be 90 of title 7, C.R.S., the coraith believes the facts stated s of that Part, the constituendual who causes this document as on | delivered for filin astituent document in the document at documents, and ment to be delivered | ng, taken in con ats, and the orga are true and the the organic star ed to the secreta | formity inic tutes. | |
| to be delivered for filing: | (Last) | (First) | (Middle) | (Suffix) | |
| | 17765 Woodhaven [| , | (Middle) | (Sujjix) | |
| | (Street name and number or Post Office Box information) | | | | |
| | Colorado Springs | CO 80908 | | | |
| | (City) | United Stat | (Postal/Zip C | 'ode) | |
| | (Province – if applicable) | (Country – if not | US) | | |
| (The document need not state the true name and of any additional individuals causing the documame and address of such individuals.) | | _ | | | |

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