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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: 20081148929

Entity name: New Vision

Jurisdiction under the law of which the
entity was formed or registered: Colorado

1. Principal office street address: 315 e arbecam
(Street name and number)

cortez CO 81321
(City) (State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

2. Principal office mailing address:
(if different from above) _____
(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province – if applicable) (Country – if not US)

3. Registered agent name: (if an individual) HACKETT CLIFFORD RAY
(Last) (First) (Middle) (Suffix)
or (if a business organization) _____

4. The person identified above as registered agent has consented to being so appointed.

5. Registered agent street address: 315 e arbecam
(Street name and number)

cortez CO 81321
(City) (State) (Postal/Zip Code)

6. Registered agent mailing address:
(if different from above) General Delivery
(Street name and number or Post Office Box information)

208
Hilo CO 96720
(City) (State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

<u>HACKETT</u>	<u>Clifford</u>	<u>Ray</u>	
(Last)	(First)	(Middle)	(Suffix)
<u>General delivery</u>			
(Street name and number or Post Office Box information)			
<hr/>			
<u>Barrigada</u>	<u>GU</u>	<u>96913</u>	
(City)	(State)	(Postal/Zip Code)	
<u>United States</u>			
(Province – if applicable)		(Country – if not US)	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

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