

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF DOCUMENT FILED**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Report

with Document # 20161397274 of  
American Sports Karate Association

Colorado Nonprofit Corporation

(Entity ID # 20081299084 )

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/11/2016 that have been posted, and by documents delivered to this office electronically through 07/14/2016@ 12:05:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/14/2016 @ 12:05:06 in accordance with applicable law. This certificate is assigned Confirmation Number 9740477



A handwritten signature in blue ink that reads "Wayne W. Williams".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
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Colorado Secretary of State  
 Date and Time: 06/08/2016 06:28 AM  
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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: 20081299084

Entity name: American Sports Karate Association

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

1. Principal office street address: 7294 E. 132nd Ave.  
*(Street name and number)*

Brighton CO 80602  
*(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) Ream Carl  
*(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: 11000 E Yale Ave Ste 202  
*(Street name and number)*

Aurora CO 80014  
*(City) (State) (Postal/Zip Code)*

6. Registered agent mailing address:  
 (if different from above) PO Box 19680  
*(Street name and number or Post Office Box information)*

Denver CO 80219  
*(City) (State) (Postal/Zip Code)*  
United States  
*(Province – if applicable) (Country – if not US)*

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*(Last) (First) (Middle) (Suffix)*  
PO Box 19680  
*(Street name and number or Post Office Box information)*  
Denver CO 80219  
*(City) (State) (Postal/Zip Code)*  
United States  
*(Province – if applicable) (Country – if not US)*

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