



Business Program
Colorado Secretary of State
1700 Broadway, Ste. 550 Denver, CO 80290
Phone: 303-894-2200
Email: Business@coloradosos.gov

Fax: 303-869-4864
Website: www.coloradosos.gov

Instructions for Statement of Removal of Personal Identifying Information

Section 1 – Introduction

We highly recommend that you contact our office at 303-894-2200, option 2, if you have any questions about completing the Statement of Removal of Personal Identifying Information form. It is very important that you carefully review the instructions provided.

Information entered in the form/cover sheet may be lost if you select the Internet browser's "Back" button.

WARNING: The Statement of Removal of Personal Identifying Information will be available as a publicly accessible record after it has been accepted for filing by the Secretary of State's Office. The Statement of Removal of Personal Identifying Information will appear online as an event line on the History and Documents page in the record of the affected entity, trade name, or trademark.

DO NOT repeat the personal identifying information to be removed when completing the Statement of Removal of Personal Identifying Information.

DO NOT include personal identifying information in the Statement of Removal of Personal Identifying Information.

Use these instructions when completing a Statement of Removal of Personal Identifying Information pursuant to § 7-90-306 (5) and part 3 of article 90 of title 7 of the Colorado Revised Statutes (C.R.S.). The required form/cover sheet must be used when submitting the document for filing. Information included in the document must be typewritten or machine printed and must be in English. Mistakes may have legal consequences: review the information provided carefully. The Colorado Secretary of State's Office cannot provide legal advice. Questions should be addressed to your legal, business or tax advisor(s). Only provide information that is required or permitted to be included in the document. Do not include personal identifying information, such as a social security number. All information entered in the form/cover sheet or included in an attachment will be made a matter of public record and immediately accessible on the Secretary of State's website. In order to obtain a copy of the filed document or access additional information, including Frequently Asked Questions (FAQs), visit our website, www.coloradosos.gov.

Section 2 – Name of the individual making the request to remove personal identifying information should state his or her full name.

- Example 1: Jane Smith
- Example 2: John Smith, III

Section 3 - Enter the 11-digit number that identifies the entity whose record contains personal identifying information in one of the publicly accessible documents associated with the entity.

Enter the 11-digit number that identifies the entity whose record contains personal identifying information in one of the publicly accessible documents associated with the entity. The Business Division of the Colorado Secretary of State's Office assigns the ID number. The ID number is not a state or federal tax number or a social security number.

A record number can be found by visiting our website, www.coloradosos.gov, and clicking on "Business Search".

Enter the entity name, trade name or trademark description. The ID number will appear to the left of the name on the Business Search Results page. Select the ID number to view the Summary page for the entity, trade name, or trademark to confirm that you have selected the appropriate ID number.

Next, enter the entity name, trade name, or trademark description associated with the document in which the personal identifying information appears. Enter the name or description exactly as it appears in the records of the Colorado Secretary of State.

- Example: A social security number appears in an attachment to the Articles of Amendment, document number 20051000000 for XYZ, Incorporated. XYZ, Incorporated has an ID number of 20011999999.
- 20011999999 should be entered in the first field of the section.
- XYZ, Incorporated should be entered in the second field of the section. (Note: Enter the name exactly as it appears in the records of the Secretary of State. Do not enter "XYZ", "XYZ, Inc." or any other variation of the name.)

Section 4 - Enter the 11-digit number of the document containing personal identifying information.

Enter the 11-digit number of the document containing personal identifying information.

A document number can be found by visiting our website, www.coloradosos.gov, and clicking on “Business Search”. Enter the entity name, trade name or trademark description. The ID number will appear to the left of the name on the Business Search Results page. Select the ID number to view the Summary page for the entity, trade name, or trademark. From the Summary page, select “View History and Documents”. Select the document number to view the document. A PDF image of the document will open. Verify that this is the document containing personal identifying information, and then enter the document number that you selected in the field.

- Example: A social security number appears in an attachment to the Articles of Amendment, document number 20051000000 for XYZ, Incorporated. XYZ, Incorporated has an ID number of 20011999999.
- 20051000000 should be entered in the field for this section.

Section 5 - Describe the information to be removed. Please provide detail so that only the necessary information will be removed.

- Example 1: a nine-digit number that comprises a social security number.
- Example 2: a four-digit personal identification number.
- Example 3: an eight-character sequence that comprises a password.

Section 6 - This section affirms that the information being removed is not required by law to be part of the filed document.

Section 7 - Describe in detail the location of the personal identifying information in the document. Please make specific reference to where it appears in the document identified in Section 3 above.

Example 1: In a document where a social security number has been entered in the “last name” field for the registered agent name, the following would be an acceptable description of the location: “On page three, section 2, in the last name field of the registered agent name, the numbers following “Smith” to the end of the last name field.”

Section 8 - This statement affirms that the person requesting removal of personal identifying information recognizes that the form/cover sheet will be available in the publicly accessible records of the Secretary of State.

Section 9 - Enter an address where the Secretary of State may contact the person requesting removal. This address will appear in the public records; therefore, do not use an address that you do not wish to be publicly accessible.

Section 10 - Notice: This section describes the legal authority for filing this document. Refer to § 7-90-301.5, C.R.S. for more information.

Individual Causing Delivery: Pursuant to § 7-90-301.5, C.R.S., each individual causing the document to be filed is responsible for complying with the applicable statutes. Provide the last name, first name and address of at least one individual causing the document to be delivered for filing. A middle name or initial and a suffix are optional. The mailing address, including the city, state and ZIP/postal code, must be provided. Any address outside of the United States must include the country and, if applicable, the province.

Example: Smith, John
123 N. Main St., Apt 101
Denver, Colorado 80122

Additional Individuals Causing Delivery: If only one individual is causing this document to be filed, do not mark the box. Mark the box if more than one individual is causing this document to be filed and include an attachment with the names and addresses of additional individuals causing the document to be filed. The attachment must provide the name of each additional individual, including their last name and first name. A middle name or initial and a suffix are optional. Also provide the mailing address, including the city, state and ZIP/postal code. Any address outside of the United States must include the country and, if applicable, the province.

Section 11 - Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).



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Statement of Removal of Personal Identifying Information

Filed pursuant to § 7-90-306 of the Colorado Revised Statutes (C.R.S.)

Form must be typed. Complete this form online, save it, then email or mail it to our office using the contact information above.

Document processing fee: Free

Section 1 – Name

My name is,

, I am 18 or more years of age. Pursuant to § 7-90-306, C.R.S., I am duly authorized to deliver a written request to the Colorado Secretary of State to remove personal identifying information from the publicly accessible documents and other records of the Secretary of State.

Section 2 – The ID number of the record containing a publicly accessible filed document that contains personal identifying information is

ID Number:

The entity name, trade name, or trademark description to which such record relates is:

Entity name, trade name, or trademark description:

Section 3 – The document number of the filed document that contains person identifying information is

Document number:

Section 4 – The type of personal identifying information requested to be removed from such document is:

Caution: Do not restate the personal identifying information requested to be removed.

The personal identifying information to be removed is not required by law to be included in such document or other records of the Secretary of State.

The location of the personal identifying information in the filed document described above is:

I understand that this document may be filed in the publicly accessible records, and I consent to such filing by the Secretary of State.

Section 5 – If the Secretary of State refuses to file this document, notice of such refusal may be delivered to the following mailing address

Address 1

Address 2

City

State

ZIP code

Province (if applicable)

Country

Section 6 – Notice of perjury

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

Section 7 – Filer's information

The true name and mailing address of the individual causing the document to be delivered for filing are:

| Last name | First name | Middle | Suffix |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address 1

Address 2

| City | State | ZIP code |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Province (if applicable) | Country |
|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

If the following statement applies, adopt the statement by marking the box and include an attachment:

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Section 8 – Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).



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Business Information Survey (Optional)

Submit with your form if you want to add, change, or remove survey information.

Survey information can be added, changed, or removed when you file a form with our office. The information on this survey is associated with the entity's record- it does not become a part of the document that you file with us.

This survey is voluntary. Any information that you enter will be available to the public. The information is being gathered as required by law- see House Bill 13-1167 for information.

Entity information:

ID Number:

Entity name:

Choose one:

- ☐ 1. Remove all survey information from this entity's record.
- OR
- ☐ 2. Add or update the survey information on this entity's record as follows:
- a) Gender
- ☐ Male
- ☐ Female
- ☐ Choose not to answer / Remove this information
- b) Veteran?
- ☐ Yes
- ☐ No
- ☐ Choose not to answer / Remove this information

c) Person with a disability?

☐

Yes

☐

No

☐

Choose not to answer / Remove this information

d) Race

☐

African American

☐

Latino

☐

Anglo

☐

Native American

☐

Asian

☐

Other

☐

Choose not to answer / Remove this information

e) NAICS code(s)

Enter up to five. For more information, see the NAICS Association site at <https://www.naics.com/search/>.

NAICS code number 1

NAICS code number 2

NAICS code number 3

NAICS code number 4

NAICS code number 5

Filer's information:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Last name | First name | Middle | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address 1

Address 2

| | | |
|----------------------|----------------------|----------------------|
| City | State | ZIP code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--------------------------|----------------------|
| Province (if applicable) | Country |
| <input type="text"/> | <input type="text"/> |