



Colorado Secretary of State
 Date and Time: 08/30/2006 11:02 PM
 Id Number: 20051300756

Document processing fee
 If document is filed on paper \$100.00
 If document is filed electronically \$ 10.00
 Late fee if entity is in noncompliant status
 If document is filed on paper \$ 50.00
 If document is filed electronically \$ 20.00

Document number: 20061357473

Fees & forms/cover sheets
 are subject to change.

To file electronically, access instructions
 for this form/cover sheet and other
 information or print copies of filed
 documents, visit www.sos.state.co.us
 and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Annual Report

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

ID number: 20051300756

Entity name: International Cystinuria Foundation Incorporated

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

You must complete line 1.

Notice:

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 the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the 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 named in the document as one who has caused it to be delivered.

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

<u>Lewis</u>	<u>Matthew</u>	<u>R</u>	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>712 Great Plains Ct.</u>			
<small>(Street name and number or Post Office Box information)</small>			
<hr/>			
<u>Fort Collins</u>	<u>CO</u>	<u>80526</u>	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
<hr/>		<hr/>	
<small>(Province – if applicable)</small>		<small>(Country – if not US)</small>	

(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.)

Mark the box if information requested below is current in the records of the Secretary of State
OR complete Questions 2 through 7.

2. Principal office street address: 712 Great Plains Ct.
(Street name and number)

Fort Collins CO 80526
(City) *(State)* *(Postal/Zip Code)*
United States
(Province – if applicable) *(Country – if not US)*

3. Principal office mailing address:
(if different from above) P.O. Box 271004
(Street name and number or Post Office Box information)

Fort Collins CO 80527-1004
(City) *(State)* *(Postal/Zip Code)*
United States
(Province – if applicable) *(Country – if not US)*

4. Registered agent name: (if an individual) Lewis Matthew Reese
(Last) *(First)* *(Middle)* *(Suffix)*

OR (if a business organization)

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

6. Registered agent street address: 712 Great Plains Ct.
(Street name and number)

Fort Collins CO 80526
(City) *(State)* *(Postal/Zip Code)*

7. Registered agent 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)*

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form 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. Questions should be addressed to the user's attorney.

NOTICE:

This "image" is merely a display of information that was filed electronically. It is not an image that was created by optically scanning a paper document.

No such paper document was filed. Consequently, no copy of a paper document is available regarding this document.

Questions? Contact the Business Division. For contact information, please visit the Secretary of State's web site.