



Colorado Secretary of State
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Articles of Incorporation for a Nonprofit Corporation

filed pursuant to §7-90-301, et seq. and §7-122-101 of the Colorado Revised Statutes (C.R.S)

1. Entity name:

International Cystinuria Foundation Incorporated

(The name of a nonprofit corporation may, but need not, contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "ltd." §7-90-601, C.R.S.)

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- "bank" or "trust" or any derivative thereof
- "credit union" "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

1027 W. Vine Dr

(Street name and number)

Fort Collins

(City)

CO

(State)

80521

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

4. 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)

5. Registered agent: (if an individual):

Lewis

(Last)

Matthew

(First)

Reese

(Middle)

(Suffix)

OR (if a business organization):

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

1027 W. Vine Dr.

(Street name and number)

Fort Collins

(City)

CO

(State)

80521

(Postal/Zip Code)

8. 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)

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

10. (Optional) Delayed effective date:

(mm/dd/yyyy)

11. Name(s) and address(es) of incorporator(s): (if an individual):

Lewis **Matthew** **Reese**

(Last) (First) (Middle) (Suffix)

OR (if a business organization):

1027 W. Vine Dr.

(Street name and number or Post Office Box information)

Fort Collins **CO** **80521**

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

United States

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

(if an individual)

Brown **George**

(Last) (First) (Middle) (Suffix)

OR (if a business organization)

1102 Wynnewood Drive

(Street name and number or Post Office Box information)

Northampton **PA** **18067**

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

United States

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

(if an individual)

(Last) (First) (Middle) (Suffix)

OR (if a business organization)

(Street name and number or Post Office Box information)

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

United States

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

(If more than three incorporators, mark this box and include an attachment stating the names and addresses of all incorporators.)

12. The nonprofit corporation is formed under the Colorado Revised Nonprofit Corporation Act.
13. The corporation will **OR** will not have voting members.
14. A description of the distribution of assets upon dissolution is attached.
15. Additional information may be included pursuant to §7-122-102, C.R.S. and other organic statutes. If applicable, mark this box and include an attachment stating the additional information.

Notice:

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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.

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

Lewis	Matthew	Reese
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i> <i>(Suffix)</i>
1027 W. Vine Dr.		
<i>(Street name and number or Post Office Box information)</i>		
Fort Collins		
<i>(City)</i>	CO	80521
	<i>(State)</i>	<i>(Postal/Zip Code)</i>
United States		
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>	

(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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[Attachment 1](#)

Distribution of assets attachment