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Colorado Secretary of State
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Statement Curing Delinquency

filed pursuant to §7-90-904 of the Colorado Revised Statutes (C.R.S)

1. For the delinquent entity, its ID number, entity name and jurisdiction of formation are

ID number 20191710920
(Colorado Secretary of State ID number)

Entity name USA BERRY HEALTH CARE PRODUCTS LIMITED

Jurisdiction where formed Colorado

2. By providing the information required herein, this statement corrects all grounds for delinquency cited by the secretary of state.

3. The registered agent name and registered agent address of the registered agent are

Name
(if an individual) XIAO XUELIN
(Last) (First) (Middle) (Suffix)

OR

(if an entity) _____
(Caution: Do not provide both an individual and an entity name).

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

Street address 1312 17th Street #692
(Street number and name)

Denver CO 80202
(City) (State) (Zip Code)

Mailing address 1312 17th Street #692
(leave blank if same as street address) (Street number and name or Post Office Box information)

Denver CO 80202
(City) (State) (Zip Code)

(If the following statement applies, adopt the statement by marking the box.)

- ☐ The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

4. The principal office address of the entity's principal office is

Street address

1312 17th Street #692

(Street number and name)

Denver

(City)

CO

(State)

80202

(Postal/Zip Code)

United States

(Country – if not US)

Mailing address

(leave blank if same as street address)

1312 17th Street #692

(Street number and name or Post Office Box information)

Denver

(City)

CO

(State)

80202

(Postal/Zip Code)

United States

(Country – if not US)

(If the following statement applies, adopt the statement by marking the box.)

☐

The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

5. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐

This document contains additional information as provided by law.

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(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are

(mm/dd/yyyy hour:minute am/pm)

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XIAO

(Last)

XUELIN

(First)

(Middle)

(Suffix)

1312 17th Street #692

(Street number and name or Post Office Box information)

Denver

(City)

CO

(State)

80202

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

(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.

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