## STATE OF COLORADO BOARD OF LAND COMMISSIONERS AFFIDAVIT / LEASEHOLD RIDER FOR ADDITION/DELETION OF FAMILY MEMBERS/ENTITIES Lease No.

| Lease NoCounty  |
|---|
| The State Board of Land Commissioners authorizes the addition or deletion of a family member (spouse, child (children), grandchild (grandchildren) or family-owned entity (Limited Liability Corporation, Partnership, Trust) at any time during the term of an Agricultural lease at no cost to the lessee. This must be accomplished through this affidavit, which becomes a rider to the lease. A copy of the Brand wallet card(s) or proof of livestock ownership that matches the requested leasehold must accompany this affidavit. |
| This RIDER exhibits the change in leasehold interest and is made a part of the lease.   |
| We, the undersigned, wish to change the leasehold of the above referenced lease   |

| We, the undersigned, wish to change the leasehold of the above referenced lease  from: Individual Joint Tenants Corporation or Company Partnership Trust Tenants in Common Other |  |  |  |
|--|--|--|--|
|  | Lessee #2  |  |  |
| Signature<br>Printed Name  |  |  |  |
|  | Lessee #4  |  |  |
| Signature<br>Printed Name  |  |  |  |
| Partners.  | one tenant is a non-natural person, e.g. a corporation or a limited it a current "Certificate of Good Standing" issued by the the ability to bind the entity.  |  |  |
| least twenty-one (21) ye   | Lessee #2  |  |  |
| Printed Name Relationship Address City, State, Zip Telephone   | Lessee #4  |  |  |
| Printed Name   |  |  |  |
|  | Signature Printed Name  Signature Printed Name  Signature Printed Name  Or Company  Other  Or Company  Ints are natural persons. If there are to be multiple tenants and any Ints or not of State. Applicant must submutors/stockholders, demonstrating who has Parmers.  Signature Printed Name Relationship Address City, State, Zip Telephone Email  Signature Printed Name Relationship Address City, State, Zip Telephone Email  Signature Printed Name Relationship Address City, State, Zip Telephone Email |  |  |

| OFFICE USE ONLY |   |  |
|-----------------|---|--|
| Date Recorded:  | County Assessor Notified of Name Change:              |  |
| Recorded By:    | Collateral Interest Holder Notified of Name Change:   |  |
|                 | Death Certificate Viewed by SLB Authorized Signatory: |  |