<b>FORM</b>	TR	(Rev	7-06)
TOM	11/	1110	/ -UU /

File No:		

COLORADO DIVISION OF SECURITIES 1560 Broadway Street, Suite 900 Denver, CO 80202

Fee Enclosed:\$
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## **NOTICE OF REGISTRATION FOR**

## **Local Government Investment Pool Trust Funds**

1.	Initial	Annual	Amendment
2.	Name and Address of the Trust Fund		
	Contact Person		
	Telephone Number		
3.	Name and Address of		
	Administrator of the Trust Fund		
	Contact Person		
	Telephone Number		
4.	Name and Address of		
	the Custodian of the Trust Fund (please		
	identify all custodians, if		
	more than one)		
	Contact Person		
	Telephone Number		

5.	Name and Address of the Investment Adviser, Broker- Dealer, or Financial Institution acting in an advisory capacity (please identify all, if more than one)  Contact Person  Telephone Number		
6.	Total Assets of the Trust Fund as of the Date of Filing		
7.	Amount of Filing Fee Enclosed (if applicable)		
701(10) In addit well as	o, C.R.S., in the Trust Fund is identification to the foregoing, we have attack	ched a listing identifying each board member of the Trust Fund bers. Also, a current copy of the board resolution adopted pursua	as
	dersigned hereby attest that the inforist date. (more than one responsible p	rmation contained in this Notice of Registration is true and accura party may sign, if desired.)	te
Date:		By:(Signature)	
		(Print or type name)	
		Title:	