Form must be filed electronically.

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

Amended and Restated Articles of Incorporation

filed pursuant to §7-90-301, et seq. and §7-110-107 and §7-90-304.5 of the Colorado Revised Statutes (C.R.S.)

1.	. For the entity, its ID number and entity nan	ne are			
	ID number				
	·	orado Secretary of State ID number)			
	Entity name			\longleftrightarrow	
2.	2. The new entity name (if applicable) is				
3.	3. The amended and restated constituent filed	document is attached.			
4.	If the amendment provides for an exchange attachment states the provisions for implementation of the control of		cellation of issued s	hares, the	
5.	6. (Caution: <u>Leave blank</u> if the document does not have a d consequences. Read instructions before entering a date.)	elayed effective date. Stating a	delayed effective date ha	s significant lega	l
	(If the following statement applies, adopt the statement b	y entering a date and, if applice	able, time using the requi	red format.)	
	The delayed effective date and, if applicable, time of this document is/are (mm/dd/yyyy hour:minute am/pm)				
Nο	Notice:		(mm/dd/yyy	y hour:minute am/p	m)
ind per the sta cor	acknowledgment of each individual causing such and dividual's act and deed, or that such individual in person on whose behalf such individual is causing the requirements of part 3 of article 90 of title 7, C tatutes, and that such individual in good faith believements with the requirements of that Part, the coefficient perjury notice applies to each individual who whether or not such individual is identified in this	n good faith believes such such document to be del LR.S. and, if applicable, t eves the facts stated in su nstituent documents, and causes this document to	n document is the activered for filing, take the constituent document are trule the organic statutes be delivered to the \$\int \text{S}\$	t and deed of en in conform ments and the ie and such do s. Secretary of S	the nity with organic ocumen
6.					
		(Last)	(First)	(Middle)	(Suffix)
		(Street name and number or Post Office Box information)			
		(City)	(State)	(Postal/Zip Cod	'e)
		(Province – if applicable)	(Country – if not US)	_	

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

 \Box This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet 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/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).