Form must be filed electronically. Paper forms are not accepted. This copy is a sample and cannot be submitted for filing.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Inc filed pursuant to § 7-102-101, § 7-102	corporation for a Profit -102, and § 7-101-503 of th		ed Statutes (C.	R.S.)	
This is a Public Benefit Corporation.					
The domestic entity name for the corpor	ration is		0		
Caution: The use of certain terms or abbrevia	tions are restricted by law. Read	l instructions for mo	re information.)		
The principal office address of the corpo	oration's initial principal off	ice is			
Street address	(Street	(Street number and name)			
Mailing address (leave blank if same as street address)					
	(City)	(State)	(ZIP/Postal Co	ode)	
	(Province – if applicable)	(Country)			
	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP/Postal Code)		
	(Province – if applicable)	(Country)	·		
The registered agent name and registere	d agent address of the corpo	oration's initial reg	istered agent a	are	
Name (if an individual)					
or	(Last)	(First)	(Middle)	(Suffix	
(if an entity) (Caution: Do not provide both an individu	ual and an entity name.)				
Street address					
	(Street number and name)				
		<u></u>			
	(City)	(State)	(ZIP/Postal Co	ode)	

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City) $(City)$		(ZID/Destal Code)		
	(City)	(State)	(ZIP/Postal Code)		
(The following statement is adopted by marking the b The person appointed as registered a		to being so appoin	ted.		
5. The purposes for which the corporation	was formed are		1		
			0		
6. The true name and mailing address of th	e incorporator are				
Name (if an individual)) *		
or	(Last)	(First)	(Middle) (Suffix		
(if an entity) (Caution: Do not provide both an individu	al and an entity name.)				
Mailing address	(Street number and ne	ame or Post Office Box	information)		
	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP/Postal Code)		
	(Province – if applicable)	(Country)			
 (If the following statement applies, adopt the The corporation has one or more additional incorporator are stated 	additional incorporators an				
7. The classes of shares and number of shar follows.	res of each class that the co	prporation is autho	rized to issue are as		
O The corporation is authorized to issurights and are entitled to receive the			ve unlimited voting on.		
 Information regarding shares as requattachment. 	uired by section 7-106-101,	C.R.S., is include	ed in an		
8. (If the following statement applies, adopt the stateme	nt by marking the box and include a	an attachment)			
This document contains additional in					
9. (Caution: Leave blank if the document does no significant legal consequences. Read instruction		Stating a delayed ef	fective date has		
(If the following statement applies, adopt the stateme The delayed effective date and, if applic			uired format.)		
• 11			vvvv hour minute am/pm)		

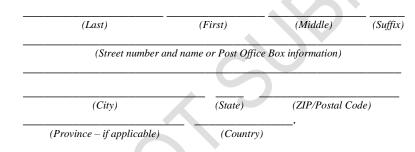
(mm/dd/yyyy hour:minute am/pm)

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10. The true name and mailing address of the individual causing the document to be delivered for filing are



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ARTINC_PCPBC