## Form must be filed electronically.

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

## Articles of Organization for a Limited Cooperative Association

Filed pursuant to §7-58-302, §7-58-303 and §7-101-503 of the Colorado Revised Statutes (C.R.S.)

- 1. This is a Public Benefit Corporation.
- 2. The domestic entity name of the limited cooperative association is:
- 3. The principal office address of the limited cooperative association's initial principal office is

Street address				
	(Street number and name)			
	(City)	(State)	(ZIP/Postal Code)	
	(Province – if applicable)	(Country)		
Mailing address				
eave blank if same as street address)	(Street number and name or Post Office Box information)			
	(City)	(State)	(ZIP/Postal Code)	
	( <i>Province – if applicable</i> ) d agent address of the limited	<i>(Country)</i> d cooperative asso	ociation's initial	
stered agent are	d agent address of the limited	d cooperative asso		
stered agent are			Ociation's initial	
stered agent are Name (if an individual)	d agent address of the limited	d cooperative asso		
stered agent are Name (if an individual) or	d agent address of the limited	d cooperative asso		
stered agent are Name (if an individual) or (if an entity)	d agent address of the limited	d cooperative asso (First)		
or	d agent address of the limited	d cooperative asso		
stered agent are Name (if an individual) or (if an entity)	d agent address of the limited	d cooperative asso (First)		

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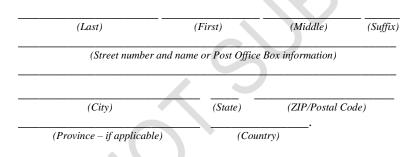
Mailing address	(Street number and name or Post Office Box information)			
		CO		
	(City)	(State)	(ZIP Code)	
The person appointed as registered a	gent has consented to being	so appointed.		
5. The purposes for which the limited coope	erative association is formed	are		
6. The true names and addresses of the personance of the personanc	ons organizing the limited co	operative asso	ciation are	
True Name (if an individual)				
	(Last)	(First)	(Middle) (Suffix)	
or				
(if an entity)				
Street address	(Street number and name)			
-	(City)	(State)	(ZIP Code)	
-	(Province – if applicable)	(Court)		
	(Trovince – ij upplicubie)	Cour	<i></i>	
Mailing address				
(leave blank if same as above)	(Street number and name or Post Office Box information)			
	(City)	(State)	(ZIP/Postal Code)	
	(Province – if applicable)	(Cour	itry)	
The limited cooperative association cooperative association and the na attachment.				
6. This document contains additional in	formation as provided by law	V.		
7. (Caution: Leave blank if the document does not have consequences. Read instructions before entering a c		lelayed effective dat	te has significant legal	
(If the following statement applies, adopt the statem		ble, time using the r	required format.)	
The delayed effective date and, if appli	cable, time of this document	is/are		
The delayed effective date and, if uppin	casto, unic or uno document		l/yyyy hour:minute am/pm)	

## Notice:

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



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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