Form must be filed electronically.

Paper forms are not accepted.

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

Statement of Conversion Limited Cooperative Association

Filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (jurisdiction under the law of which it is for			m of entity,
ID number		_	Olh,
Entity name or true name			
Form of entity			<u> </u>
Jurisdiction			
Street address	(Street number and name)		
_	(Sireer nu.	mber una name)	
_	(City)	(State)	(ZIP/Postal Code)
_	(Province – if applicable)	(Country)	
Mailing address			
(leave blank if same as street address)	(Street number and name or Post Office Box information)		
_			
	(City)	(State)	(ZIP/Postal Code)
_	(Province – if applicable)	(Country)	·
2. The entity name of the resulting entity is			
3. The converting entity has been converted	into the resulting entity pur	suant to section	7-90-201.7, C.R.S.
4. This document contains additional in	formation as provided by lav	W.	

Notice:

5. (Optional) Delayed effective date:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

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

(First)	(Middle)	(Suffix
ame or Post Office B	ox information)	
(State)	(ZIP/Postal Co	ode)
(Country)	—·	
	ame or Post Office B	ame or Post Office Box information) (State) (ZIP/Postal Co

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 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).

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 limit	ed cooperative association's	s initial principal o	office is	
Street address	(Street number and name)			
	·	/		
	(City)	(State)	(ZIP/Postal Co	ode)
	(Province – if applicable)	(Country)		
Mailing address (leave blank if same as street address)	(Street number and na	ume or Post Office Box i	information)	
	(City)	(State)	(ZIP/Postal Co	ode)
	(Province – if applicable)	(Country)	·	
4. The registered agent name and registere registered agent are	ed agent address of the limite	ed cooperative ass	ociation's initi	ial
Name (if an individual)				
or	(Last)	(First)	(Middle)	(Suffix
(if an entity)				
Street address				
	(Street number and name)			
	(City)	<u>CO</u> (State)	(ZIP Code)	

Mailing address (leave blank if same as above)	(Street number and name or Post Office Box information)			
	(City)	(State)	(ZIP Code)	
☐ The person appointed as registered	agent has consented to being	g so appointed.		
5. The purposes for which the limited coop	erative association is formed	l are		
6. The true names and addresses of the pers	sons organizing the limited o	cooperative assoc	riation 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)	(Count	ry)	
Mailing address (leave blank if same as above)	(Street number and na	ume or Post Office Roy	cinformation)	
(total o claim it suite as accive)	(57/00/11/11/10/11/11/11/11/11/11/11/11/11/			
	(City)	(State)	(ZIP/Postal Code)	
	(Province – if applicable)	(Count	ry)	
The limited cooperative association cooperative association and the nattachment.				
6. This document contains additional in	nformation as provided by la	w.		
7. (Caution: <u>Leave blank</u> if the document does not had consequences. Read instructions before entering a		delayed effective date	has significant legal	
(If the following statement applies, adopt the states	nent by entering a date and, if applic	able, time using the re	quired format.)	
The delayed effective date and, if appl	icable, time of this documen		yyyy hour:minute am/pm)	
		(mm/uu/	,,,, unipin)	

Notice:

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

(Last)	(First)	(Middle)	(Suffix)
(Street number	r and name or Post Office	Box information)	
(City)	(State)	(ZIP/Postal C	Code)
(Province – if applicab	le) (Cour	ntry)	

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

Disclaimer:

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