Document processing fee If document is filed on paper If document is filed electronically Fees & forms/cover sheets are subject to change. To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit www.sos.state.co.us and select Business Center.

\$125.00 \$ 25.00 Colorado Secretary of State

Date and Time: 06/05/2008 11:24 AM

Id Number: 20021109918

Document number: 20081304339

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Dissolution

| filed pursuant to §7-90-301, et se | eq. and §7-80-802 of the | Colorado Revised | l Statutes (C.R.S) | |
|---|--|---|---|----------------|
| ID number: | 20021109918 | | | |
| 1. Entity name: | THE PAGOSA LAKES OFFICE AND STORAGE, LLC | | | |
| 2. Principal office mailing address: | P.O. Box 5130 (Street name and number or Post Office Box information) | | | |
| | (Street name and | number or Post Office I | Box information) | |
| | Pagosa Springs | CO | 81147 | |
| | (City) | United S | (Postal/Zip C | Code) |
| | (Province – if applicable | (Country – if | f not US) | |
| 3. The limited liability company is dissolv | ed. | | | |
| 4. (Optional) Delayed effective date: | | | | |
| | (mm/dd/yyyy) | | | |
| Notice: | | | | |
| acknowledgment of each individual causir individual's act and deed, or that the individual person on whose behalf the individual is c with the requirements of part 3 of article 9 statutes, and that the individual in good fair document complies with the requirements | dual in good faith believ ausing the document to be 0 of title 7, C.R.S., the country th believes the facts state | es the document in the delivered for file constituent document and in the document | s the act and deed ling, taken in conf ents, and the organ at are true and the | of the formity |
| This perjury notice applies to each individ state, whether or not such individual is nar | | | | |
| 5. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing: | Vega | Rov | David | |
| to be delivered for filling. | (Last) | (First) | (Middle) | (Suffix) |
| | P.O. Box 5130 | | | |
| | (Street name and number or Post Office Box information) | | | |
| | Pagosa Springs | СО | 81147 | |
| | (City) | United S | (Postal/Zip C | Code) |
| | (Province – if applicable | | | |

| (The document need not state the true name and address of more than one individual. However, if you wish to state the name and address |
|--|
| of any additional individuals causing the document to be delivered for filing, mark this box 🔲 and include an attachment stating the |
| name and address of such individuals.) |

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form 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. Questions should be addressed to the user's attorney.