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Colorado Secretary of State

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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Premier Operations Consultants, LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address	625 Snow Peak Ct	•			
<u></u>	(Street number and name)				
	Loveland	CO	CO 80538		
	(City)	United S	States (ZIP/Postal Code)		
	(Province – if applicable)	(Count	ry)		
Mailing address					
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	(City)	(State)	(ZIP/Postal Code)		
			•		
The registered agent name and register	(Province – if applicable) red agent address of the lin	(Countr nited liability cor		ed	
agent are Name				ed	
agent are	red agent address of the lin	nited liability cor	mpany's initial register		
Name (if an individual)	Krings (Last)	nited liability cor	mpany's initial register	red Suffix	
agent are Name (if an individual) OR (if an entity)	Krings (Last)	Michael (First)	mpany's initial register		
agent are Name (if an individual) OR (if an entity) (Caution: Do not provide both an individual)	Krings (Last) idual and an entity name.) 625 Snow Peak Ct	Michael (First)	mpany's initial register W (Middle) (S		
agent are Name (if an individual) OR (if an entity) (Caution: Do not provide both an individual)	Krings (Last) idual and an entity name.) 625 Snow Peak Ct	nited liability cor	mpany's initial register W (Middle) (S		

Mailing address (leave blank if same as street address)	(Street number and name or Post Office Box information)					
	(City)	CO (State)	(ZIP Code)			
(The following statement is adopted by marking The person appointed as registered		o being so appointed	d.			
4. The true name and mailing address of	the person forming the	limited liability com	npany are			
Name (if an individual)	Krings	Michael	W			
OR	(Last)	(First)	(Middle)	(Suffix)		
(if an entity) (Caution: Do not provide both an indiv	idual and an entity name.)					
· · · · · · · · · · · · · · · · · · ·	625 Snow Peak	Ct.				
Mailing address	(Street number and name or Post Office Box information)					
	Loveland	CO	80538			
	(City)	 United S	tates (ZIP/Postal C	Code)		
	(Province – if applicat	ble) (Country	y)			
The limited liability company company and the name and mass. 5. The management of the limited liability (Mark the applicable box.) ✓ one or more managers. OR ☐ the members.	ailing address of each su					
6. (The following statement is adopted by marking the There is at least one member of the	· · · · · · · · · · · · · · · · · · ·	any.				
7. (If the following statement applies, adopt the state This document contains additiona						
8. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instru			ed effective date has			
(If the following statement applies, adopt the state.) The delayed effective date and, if app		ument is/are	e required format.)	 am/pm)		
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	Krings	Michael	W	
	625 Snow Peak Ct.	(First)	(Middle)	(Suffix)
	(Street number o	and name or Post Office	Box information)	
	Loveland	CO	80538	
	(City)	United Sta	(ZIP/Postal Co	ode)
	(Province – if applicable)	(Country)	 ,	
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