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	-	e colorado Revise	d Statutes (C.R.S)		
ID number:	19981065550				
Entity name:	LOWRY VILLAG	E I ASSOCIAT	ION, INC.		
Jurisdiction under the law of which the entity was formed or registered:	Colorado				
1. Principal office street address:	15150 E ILIFF A				
	(Street name and number	na number)		
	AURORA	CO	80014		
	(City)	(State) United	(Postal/Zip Cod	e)	
	(Province – if applical				
2. Principal office mailing address: (if different from above)	(Street name and number or Post Office Box information)				
	(City)	(State)	(Postal/Zip Cod	e)	
	(Province – if applicab	ole) (Country –	- if not US)		
3. Registered agent name: (if an individual)	LARSON	TIMOTHY	R.		
5. Registered agent name: (if an individual)	(Last)	(First)	(Middle)	(Suffix)	
OR (if a business organization)					

4. The person identified above as registered agent has consented to being so appointed.

15150 E ILIFF AVE 5. Registered agent street address: (Street name and number) AURORA 80014 CO (City) (State) (Postal/Zip Code) 6. Registered agent mailing address: (if different from above) (Street name and number or Post Office Box information) (Postal/Zip Code) (City) (State) (Province – if applicable) (Country - if not US)

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:	Bobb	Andrea			
	15150 E. Iliff Ave.	(First)	(Middle)	(Suffix)	
	(Street name and number or Post Office Box information)				
	Aurora	CO 80014	CO 80014		
	(City)	United States	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if not US)			

(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.)

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