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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

KMM Real Estate Holdings, 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	1890 Loggers Lane, Unit 6 (Street number and name)				
	Steamboat Springs	СО	80487		
	(City)	United S	United States (ZIP/Postal Code)		
	(Province – if applicable)	(Count	try)		
Mailing address	P.O. Box 774077				
(leave blank if same as street address)	(Street number and na	(Street number and name or Post Office Box information)			
	Steamboat Springs	СО	80477		
	(City)	United States (ZIP/Postal Code)		ode)	
	(,	Offica	Jiaioo		
The registered agent name and regist agent are	(Province – if applicable)	(Countr	ry)		
agent are Name	(Province – if applicable) sered agent address of the limite	(Countr	ry)		
agent are Name (if an individual)	(Province – if applicable) sered agent address of the limite	(Count)	ry) mpany's initial reg	istered	
agent are Name	(Province – if applicable) ered agent address of the limite	(Count) ed liability con	mpany's initial reg	istered	
agent are Name (if an individual)	(Province – if applicable) ered agent address of the limite	(Count) ed liability con	mpany's initial reg	istered	
agent are Name (if an individual) OR	(Province – if applicable) sered agent address of the limite More (Last)	(Count) ed liability con	mpany's initial reg		
agent are Name (if an individual) OR (if an entity)	(Province – if applicable) sered agent address of the limite More (Last)	(Countried liability con	mpany's initial reg	istered	
agent are Name (if an individual) OR (if an entity) (Caution: Do not provide both an indi	(Province – if applicable) There agent address of the limited agent agent address of the limited agent age	(Countried liability con	mpany's initial reg M. (Middle)	istered	
agent are Name (if an individual) OR (if an entity) (Caution: Do not provide both an indi	(Province – if applicable) There agent address of the limited agent agent address of the limited agent age	(Countried liability con (atina (First) Jnit 6	mpany's initial reg M. (Middle)	istered	

Mailing address	P.O. Box 774077				
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	Steamboat Springs	6 CO	80477		
	(City)	(State)	(ZIP Code)		
(The following statement is adopted by marking The person appointed as register		peing so appoint	ed.		
4. The true name and mailing address o	f the person forming the lin	nited liability co	mpany are		
Name (if an individual)	More	Katina	<u>M.</u>		
OR	(Last)	(First)	(Middle)	(Suffix)	
(if an entity) (Caution: Do not provide both an indi	vidual and an entity name.)				
Mailing address	P.O. Box 774077				
	(Street number	and name or Post O	ffice Box information)		
	Steamboat Springs	s CO	80477		
	(City)	United S	States (ZIP/Postal Code)		
	(Province – if applicable) (Count	try)		
(If the following statement applies, adop The limited liability company company and the name and m 5. The management of the limited liabil (Mark the applicable box.) □ one or more managers. OR ✓ the members.	has one or more additional nailing address of each such	persons forming	g the limited liability		
 6. (The following statement is adopted by marking There is at least one member of t 7. (If the following statement applies, adopt the statement contains additions) 	he limited liability company	ude an attachment.)			
8. (Caution: <u>Leave blank</u> if the document does significant legal consequences. Read instr	es not have a delayed effective d	•	yed effective date has		
(If the following statement applies, adopt the sta The delayed effective date and, if ap		nent is/are	he required format.) m/dd/yyyy hour:minute am/pi	 m)	
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	Cantafio	Ralph	A.	
	P.O. Box 774567	(First)	(Middle)	(Suffix)
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	(City)	United St	ates (ZIP/Postal Co	ode)
	(Province – if applicable)	(Country)	
(If the following statement applies, adop This document contains the true causing the document to be de	ue name and mailing address of			als

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