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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

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Document processing fee

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BESS IV, 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.", "ltc", 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 | 1731 Sheehan Drive | | |
|---|---|---------------------------------|--|
| | (Street number and name) | | |
| | Berthoud | CO 80513 | |
| | (City) | United States (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) | |

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

| (if an individual) | Hammen | Ervin | | | |
|--|---------------------------------|--------------------------|--------------------|----------|--|
| (| (Last) | (First) | (Middle) | (Suffix) | |
| OR | | | | | |
| (if an entity) (<i>Caution:</i> Do not provide both an | individual and an entity name.) | | | | |
| Street address | 1731 Sheehan I | Drive | | | |
| <u>biror</u> address | | (Street number and name) | | | |
| | Berthoud (City) | <u>CO</u> (State) | 80513 (ZIP Code |) | |
| | | () | (| | |

| <u>Mailing</u> address (leave blank if same as street address) | (Street number and name or Post Office Box information) | | | |
|---|---|--------------------|---------------------|----------|
| (leave blank if same as street address) | | | | |
| | | CO | | |
| | (City) | (State) | (ZIP Code) | |
| (The following statement is adopted by markin The person appointed as register | | eing so appointe | d. | |
| . The true name and mailing address of | of the person forming the lim | ited liability con | npany are | |
| Name (if an individual) | Hammen | Ervin | | |
| OR | (Last) | (First) | (Middle) | (Suffix) |
| (if an entity) (<i>Caution: Do not provide both an ind.</i> Mailing address | ividual and an entity name.) 1731 Sheehan Driv | /e | | |
| Mailing address | (Street number and name or Post Office Box information) | | | |
| | Berthoud | СО | 80513 | |
| | (City) | United S | tates (ZIP/Postal C | 'ode) |
| | (Province – if applicable) | (Countr | y) | |
| (If the following statement applies, ado The limited liability company company and the name and n | has one or more additional | persons forming | the limited liabili | |
| 5. The management of the limited liabi (Mark the applicable box.) | lity company is vested in | | | |
| | | | | |

OR

 \checkmark the members.

6. (The following statement is adopted by marking the box.)

✓ There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (*Caution: Leave blank* if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.) The delayed effective date and, if applicable, time of this document is/are

(mm/dd/yyyy hour:minute am/pm)

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

| Hammen | Ervin | | |
|----------------------------|---------------------|----------------------|----------|
| 1731 Sheehan Drive | (First) | (Middle) | (Suffix) |
| (Street number a | nd name or Post Off | ice Box information) | |
| Berthoud | СО | 80513 | |
| (City) | United S | (ZIP/Postal C | ode) |
| (Province – if applicable) | (Countr | | |

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

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

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