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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

MENOKEN, 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.)

60998 Jay Jay Road

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

Street address	60998 Jay Jay Road				
	(Street number and name)				
	Montrose	СО	81403-8925		
	(City)	United S	(ZIP/Postal Code)		
	(Province – if applicable)	(Count	ry)		
Mailing address					
(leave blank if same as street address)	(Street number an	nd name or Post Office	Box information)		
	(City)	(State)	(ZIP/Postal Code)		
e registered agent name and register	(Province – if applicable) red agent address of the line				
gent are Name					
Name (if an individual)	ed agent address of the lin	mited liability cor			
gent are Name	Wood (Last)	mited liability cor	npany's initial registere		
Name (if an individual) OR (if an entity)	Wood (Last)	mited liability cor Linda (First)	npany's initial registere		
Name (if an individual) OR (if an entity) (Caution: Do not provide both an individual)	Wood (Last) dual and an entity name.) 60998 Jay Jay Roa	mited liability cor Linda (First)	mpany's initial registere L. (Middle) (Su		
Name (if an individual) OR (if an entity) (Caution: Do not provide both an individual)	Wood (Last) dual and an entity name.) 60998 Jay Jay Roa	mited liability cor Linda (First)	mpany's initial registere L. (Middle) (Su		

<u>Mailing</u> 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 The person appointed as registered The true person and mailing address of the	agent has consented to b			
4. The true name and mailing address of the Name (if an individual) OR	(Last)	- (First)		(Suffix)
(if an entity) (Caution: Do not provide both an individu	The Tisdel Law Fire	m, P.C.		
Mailing address	645 2nd Street			
	PO Box 646	and name or Post Off	fice Box information)	
	Ouray	СО	81427-0646	
	(City)	United S	(ZIP/Postal Code)
	(Province – if applicable)	(Countr	y)	
 (If the following statement applies, adopt the The limited liability company has company and the name and mail 5. The management of the limited liability (Mark the applicable box.) ✓ one or more managers. OR □ the members. 	s one or more additional ing address of each such company is vested in	persons forming	the limited liability	
6. (The following statement is adopted by marking the left) There is at least one member of the	limited liability company			
7. (If the following statement applies, adopt the statement on tains additional i				
8. (Caution: <u>Leave blank</u> if the document does n significant legal consequences. Read instruction		te. Stating a delay	ed effective date has	
(If the following statement applies, adopt the statem The delayed effective date and, if applied		ent is/are	e required format.) n/dd/yyyy hour:minute am/p	 om)

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Mueller	Andrew	A.	
645 2nd Street	(First)	(Middle)	(Suffix)
PO Box 646	ber and name or Post Offi	ice Box information)	
Ouray	CO	81427-0646	
(City)	(State) United Sta	(ZIP/Postal Co	ode)
(Province – if application	ble) (Country	v)	
(If the following statement applies, adopt the statement by marking the box. This document contains the true name and mailing addre causing the document to be delivered for filing.			lls

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