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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

CLX HOLDING NO. 33, 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	970 MAIN AVE		
	(Str	eet number and name)
	DURANGO	CO	81301
	(City)	United S	(ZIP/Postal Code)
	(Province – if applicable)	(Count	ry)
Mailing address	PO BOX 3389		
(leave blank if same as street address)	(Street number and name or Post Office Box information)		
	DURANGO	CO	81302
	(City)	United S	(ZIP/Postal Code)
	(Province – if applicable)	(Countr	y)
. The registered agent name and registe agent are	red agent address of the lim	ited liability cor	npany's initial registered
Name (if an individual)	PTOLEMY	ROBERT	

(Last) (First) (Middle) (Suffix) or (if an entity) (Caution: Do not provide both an individual and an entity name.) 970 MAIN AVE Street address (Street number and name) **DURANGO** 81301 CO (City) (ZIP Code) (State) PO BOX 3389 Mailing address (leave blank if same as street address) (Street number and name or Post Office Box information)

DURANGO	СО	81302	
(City)	(State)	(ZIP Code)	

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

 \checkmark The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name (if an individual)	PTOLEMY	ROBERT			
(If all individual)	(Last)	(First)	(Middle)	(Suffix)	
or					
(if an entity) (Caution: Do not provide both an	n individual and an entity name.)				
Mailing address	PO BOX 3389				
	(Street number	(Street number and name or Post Office Box information)			
	DURANGO	CO	81302		
	(City)	United State)	(ZIP/Postal C	Code)	
	(Province – if applicable) (Count	ry)		
 5. The management of the limited (Mark the applicable box.) one or more managers. or in the members. 	liability company is vested in				
6. (<i>The following statement is adopted by ma</i> I There is at least one membe	<i>urking the box.)</i> r of the limited liability compan	у.			
7. (If the following statement applies, adopt	the statement by marking the box and inclu litional information as provided				
	ntional mormation as provided	by law.			
8. (Caution: Leave blank if the docume significant legal consequences. Read	r 66	ate. Stating a delay	ved effective date has		

(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)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

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

PTOLEMY	ROBERT		
PO BOX 3389	(First)	(Middle)	(Suffix)
(Street number o	and name or Post Of	fice Box information)	
DURANGO	CO	81302	
(City)	United State)	(ZIP/Postal Co	ode)
(Province – if applicable)	(Countr	y)	

(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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