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Street address

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.)

The domestic entity name of the limited liability company is

Sage Canaday, 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.)

(Street number and name)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2301 Pearl Street

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

Apt. 10

	Boulder	CO	CO 80302			
	(City)	United S	(ZIP/Postal Code)			
	(Province – if applicable)	(Country	y)			
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) (Count.		<i>r</i> y)			
3. The registered agent name and registe agent are	red agent address of the lin	nited liability com	npany's initial registered			
Name	Canaday	Sage	Clifton			
(if an individual)	(Last)	(First)	$\frac{Omtorr}{(Middle)} {(Suffix}$			
or						
(if an entity) (Caution: Do not provide both an indivi	dual and an entity name.)					
Street address	2301 Pearl Street					
	(Street number and name) Apt. 10					
	Boulder	CO	80302			
	(City)	(State)	(ZIP Code)			
Mailing address (leave blank if same as street address)	(0)	D . O				
(leave blank it same as street address)	(Street number and name or Post Office Box information)					

4. The true name and mailing ac	ldress of the person forming the l	limited liability con	npany are	
Name	Canaday	Como		
(if an individual)	<u>Canaday</u> (Last)	Sage (First)	(Middle)	— (Suffix
or	(2)	(2 0.50)	(Made)	(219)1
(if an entity) (Caution: Do not provide both	h an individual and an entity name.)			
Mailing address	2301 Pearl Street			
Ü	(Street number 1971) Apt. 10	ber and name or Post Off	ice Box information)	
	Boulder	CO	80302	
	(City)			Toda)
	(Cuy)	(State) United S	(ZIP/Postal C tates .	oue)
The limited liability co	(Province – if applicate of the statement by marking the bottompany has one or more addition e and mailing address of each such	the Dilet South (Country ox and include an attachmal persons forming	tates . nent.) the limited liabili	ty
The limited liability cocompany and the name	(Province – if applicate of the statement by marking the becompany has one or more addition	the Dilet South (Country ox and include an attachmal persons forming	tates . nent.) the limited liabili	ty
The limited liability of company and the nam 5. The management of the limite (Mark the applicable box.) one or more managers. or the members. 6. (The following statement is adopted by	(Province – if applicate of the statement by marking the bottom has one or more addition e and mailing address of each such that is the bottom of the statement	ox and include an attachmal persons forming ch person are stated	tates . nent.) the limited liabili	ty
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(City)

(ZIP Code)

(State)

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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.

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

	Canaday	Sage		
	2301 Pearl Street	(First)	(Middle)	(Suffix
	Apt. 10	and name or Post Of	fice Box information)	
	Boulder	CO	80302	
	(City)	(State) United S	(ZIP/Postal Co	ode)
	$(Province-if\ applicable)$	(Countr	ry)	
(If the following statement applies, adopt to	he statement by marking the box and	d include an attachme	ent.)	
This document contains the true causing the document to be deli-	9	of one or more a	dditional individua	ıls

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