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## **Articles of Organization**

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

## easy travel co

(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

3910 Ammons Street

(Street r	number and name	)
WHEAT RIDGE	СО	80033-4438
(City)	(State) (ZIP/Postal Code) United States	
(Province – if applicable)	(Count	ry)

Mailing address (leave blank if same as street address) 3910 AMMONS ST (Street number and name or Post Office Box information)

(Sireei number	ana name	or Fost	Office Bo.	(injormation)	

WHEAT RIDGE	CO	80033
(City)	United S	
(Province – if applicable)	(Countr	

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

Name (if an individual)	Amidon	James	W	
(II all lifervicual)	(Last)	(First)	(Middle)	(Suffix)
or	(1437)	(1 1/31)	(maac)	(Suffix)
(if an entity)				
(Caution: Do not provide both an indi	vidual and an entity name.)			
Street address	3910 AMMONS ST	Г		
	(	Street number and name	)	
	WHEAT RIDGE	СО	80033-4438	
	(City)	(State)	(ZIP Code)	
Mailing address				
(leave blank if same as street address)	(Street number and name or Post Office Box information)			

	CO		
(City)	(State)	(ZIP Code)	

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

**X** 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	Amidon	James	W	
(if an individual)				(Suffin
or	(Last)	(First)	(Middle)	(Suffix)
(if an entity)				
(Caution: Do not provide both an in	idividual and an entity name.)			
Mailing address	3910 AMMONS ST			
C	(Street number of	and name or Post Off	fice Box information)	
	WHEAT RIDGE	CO	80033-4438	
	(City)	United S	(ZIP/Postal Co States .	de)
	(Province – if applicable)	(Countr		
(If the following statement applies, a	dopt the statement by marking the box a	nd include an attachr	nent.)	
	ny has one or more additional p	persons forming		у

one or more managers.

or

 $\mathbf{X}$  the members.

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

**X** 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

Amidon	James	W	
(Last) 3910 AMMONS ST	(First)	(Middle)	(Suffix)
(Street number of	and name or Post Off	fice Box information)	
WHEAT RIDGE	СО	80033	
(City)	United S	(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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