Articles of Organization for a Limited Cooperative Association
Filed pursuant to §7-58-302, §7-58-303 and §7-101-503 of the Colorado Revised Statutes (C.R.S.)

1. This is a Public Benefit Corporation.

2. The domestic entity name of the limited cooperative association is:

_______________________________________

3. The principal office address of the limited cooperative association’s initial principal office is

Street address
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Mailing address
(leave blank if same as street address)
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

4. The registered agent name and registered agent address of the limited cooperative association’s initial registered agent are

Name
(if an individual)
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
...
Mailing address  
(leave blank if same as above)  
______________________________________________________  
______________________________________________________  
_________  
(City)  
(State)  
(ZIP Code)  
.  

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

5. The purposes for which the limited cooperative association is formed are

6. The true names and addresses of the persons organizing the limited cooperative association are

<table>
<thead>
<tr>
<th>True Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>(Suffix)</th>
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<td>or</td>
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<td>(if an entity)</td>
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</tbody>
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Street address  
(Street number and name)  
______________________________________________________  
______________________________________________________  
_________  
(City)  
(State)  
(ZIP Code)  
.  

Mailing address  
(leave blank if same as above)  
______________________________________________________  
______________________________________________________  
_________  
(City)  
(State)  
(ZIP/Postal Code)  
.  

☐ The limited cooperative association has one or more additional persons forming the limited cooperative association and the name and mailing address of each such person are stated in an attachment.

6. ☐ This document contains additional information as provided by law.

7. (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)
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.

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

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<table>
<thead>
<tr>
<th>(Street number and name or Post Office Box information)</th>
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<table>
<thead>
<tr>
<th>(City)</th>
<th>(State)</th>
<th>(ZIP/Postal Code)</th>
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<th>(Province – if applicable)</th>
<th>(Country)</th>
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☐ 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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