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Colorado Secretary of State

Date and Time: 07/28/2010 03:22 PM

ID Number: 20101422201

\$50.00 Document number: 20101422201

Amount Paid: \$50.00

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1. The domestic entity name for the nonp					
	Lemon Lateral Pipeli	ne Co			
(Caution: The use of certain terms or abbre	viations are restricted by law. Red	ad instructions for	more information.)		
2. The principal office address of the nor	profit corporation's initial pr	rincipal office is	S		
Street address	3451 Stearman Lane				
	(Street	t number and name)			
	Crawford	СО	81415		
	colorado (City)	United S	(ZIP/Postal Code) tates		
	(Province – if applicable)	(Country))		
Mailing address	3451 stearman lane				
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	crawford	СО	81415		
	colorado (City)	United S	tates (ZIP/Postal Code)		
	(Province – if applicable)	(Country	·)		
3. The registered agent name and registe are	red agent address of the nonp	orofit corporatio	n's initial registered a	agent	
Name (if an individual)	hipp k	karl			
(if an individual)	hipp (Last)	(First)	(Middle) (S	Suffix)	
			(Middle) (S	Suffix)	
(if an individual)	(Last)		(Middle) (S	Suffix)	
(if an individual) OR (if an entity)	(Last)		(Middle) (S	Suffix)	
(if an individual) OR (if an entity) (Caution: Do not provide both an individual)	(Last) idual and an entity name.) 3451 stearman lane		(Middle) (S	Suffix)	
(if an individual) OR (if an entity) (Caution: Do not provide both an individual)	(Last) idual and an entity name.) 3451 stearman lane	(First)	(Middle) (S	Suffix)	

Mailing address	3451 stearman lane				
(leave blank if same as street address)	(Street number and name or Post Office Box information)				
	crawford	CO	81415		
	(City)	(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 above has consent	ted to being so app	pointed.		
4. The true name and mailing address of t	ne incorporator are				
Name (if an individual)	hipp	karl			
OR	(Last)	(First)	(Middle) (Suffix,		
(if an entity) (Caution: Do not provide both an individ	dual and an entity name.)				
Mailing address	3451 stearman la	ne			
rialing address	(Street number	er and name or Post Off	ice Box information)		
	crawford	CO	81415		
	colorado (City)	United S	tates (ZIP/Postal Code)		
	(Province – if applicabl	e) (Country	·		
(If the following statement applies, adopt to The corporation has one or more additional incorporator are states.) 5. (If the following statement applies, adopt the statement applies, adopt the statement applies).	e additional incorporator ed in an attachment. nent by marking the box.)				
The nonprofit corporation will have	e voting members.				
$6.\ (ext{The following statement is adopted by marking the}$	e box.)				
Provisions regarding the distribution	on of assets on dissolutio	n are included in a	n attachment.		
7. (If the following statement applies, adopt the staten	nent by marking the box and inc	lude an attachment.)			
☐ This document contains additional	information as provided	by law.			
8. (Caution: <u>Leave blank</u> if the document does s significant legal consequences. Read instruct			ed effective date has		
(If the following statement applies, adopt the states. The delayed effective date and, if applies.)			e required format.)		

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hipp	hipp			
3451 9	(Last) stearman lane	e (First)	(Middle)	(Suffix)
	(Street number	and name or Post Off	ice Box information)	
crawfo	ord	СО	81415	
colora	do ^(City)	United S	(ZIP/Postal C	Code)
(Pro	vince – if applicable)) (Country	y)	
(If the following statement applies, adopt the statement b	y marking the box an	d include an attachme	nt.)	
☐ This document contains the true name and a causing the document to be delivered for fi	_	of one or more ac	dditional individu	ıals

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Attachment 1 lemon lateral assets