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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.)

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

ANFER, 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.)

600 Vail Valley Road

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

	Vail	CO	81657		
	(City)	United St	(ZIP/Postal Code)	1	
	(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)	(Country	·)		
		(E' 1)	- MCIII)		
or	Stovall Associates P	(First)	(Middle)	(S	
Name (if an individual)	Stovall Associates, P	, ,	(Middle)	(S	
Name (if an individual) or (if an entity)	Stovall Associates, P dual and an entity name.) 175 Main Street	P.C.	(Middle)	(S	
Name (if an individual) or (if an entity) (Caution: Do not provide both an individual)	Stovall Associates, P dual and an entity name.) 175 Main Street	, ,	(Middle)	(5	
Name (if an individual) or (if an entity) (Caution: Do not provide both an individual)	Stovall Associates, P dual and an entity name.) 175 Main Street	P.C.	(Middle) 81632	(S	
Name (if an individual) or (if an entity) (Caution: Do not provide both an individual)	Stovall Associates, Padual and an entity name.) 175 Main Street Suite C-109	P.C.		(S	
Name (if an individual) or (if an entity) (Caution: Do not provide both an individual)	Stovall Associates, Padual and an entity name.) 175 Main Street Suite C-109 Edwards	P.C. t number and name) CO (State)	81632 (ZIP Code)	(S	

	CO				
	(City)	(State)	(ZIP Code)		
(The following statement is adopted by no The person appointed as re	narking the box.) egistered agent has consented to be	eing so appointed			
4. The true name and mailing addr	ress of the person forming the limit	ted liability comp	oany are		
Name (if an individual)	(Last)	(First)	(Middle)	(Suffix)	
or	(Lust)	(First)	(Middle)	(54))1.	
(if an entity)	Stovall Associates,	P.C.			
(Caution: Do not provide both a	n individual and an entity name.)				
Mailing address	175 Main Street				
	Suite C-109	and name or Post Offic	e Box information)		
	Edwards	СО	81632		
	(City)	United State)	(ZIP/Postal Co	ode)	
	(Province – if applicable)	(Country)			
	apany has one or more additional pand mailing address of each such paliability company is vested in			•	
5. (The following statement is adopted by mo	arking the box.) or of the limited liability company.				
	the statement by marking the box and including litional information as provided by				
	ent does not have a delayed effective dat d instructions before entering a date.)	e. Stating a delayed	l effective date has		
	the statement by entering a date and, if applied if applicable, time of this docume	ent is/are			
		(mm/c	dd/yyyy hour:minute a	m/pm)	

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

	Stovall	ovall James				
	175 Main Street	(First)	(Middle)	(Suffix)		
	(Street number and name or Post Office Box information) Suite C-109					
	Edwards	CO	81632			
	(City)	(State) United S	(ZIP/Postal Code)		
	(Province – if applicable) (Co		(y)			
(If the following statement applies, adopt the	e statement by marking the box and	d include an attachme	ent.)			
This document contains the true recausing the document to be delivered.	9	of one or more a	dditional individuals			

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