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## Statement of Merger (Surviving Entity is a Foreign Entity)

filed pursuant to § 7-90-203.7 and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For each <u>merging</u> entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

(Caution: At least one merging entity must be an entity formed under the laws of Colorado.)

ID Number	20011022627		
	(Colorado Secretary of State ID number)		
Entity name or true name	East Vail Holding, LL	C	
Form of entity	Limited Liability Comp	any	
Jurisdiction	Colorado	·····	
Street address	4768 Meadow Drive		
•	(Street numbe	r and name,	)
	Vail	co	81657
	(City)	(State)	(ZIP/Postal Code)
	(Province if applicable)	(Country	<del>)</del>
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	·
		·	
ID Number	(Colorado Secretary of State 1D number)		
Entity name or true name		المريد المريد والمراجع والمراج	
Form of entity			-

Jurisdiction		The state of the s	~~~~**********************************
Street address	(Street m	umber and name)	A STATE OF THE PARTY OF THE PAR
•	And the state of t	angle (New Address) with the second s	
-	(City)	(State)	(ZIP/Postal Code)
-	(Province - if applicable)	(Country)	<del></del>
Mailing address (leave blank if same as street address)	(Street number and num	a an Bost Office Bos	in farms of the s
(lense nimik ii same as speci adoless)	(Sireer number with number	e or rosi Opice Box	myormulion)
-	(City)	(State)	(ZIP/Postal Code)
	(Province - if applicable)	(Country)	
ID Number			· · · · · · · · · · · · · · · · · · ·
	Colorado Secretary of State ID numb	er)	
Entity name or true name	- Marie - Mari	an etc. a. artispus de l'emistratic distribute de l'emistratic de l'emistratic de l'emistratic de l'emistratic	
Form of entity	e de la granda de l		•
Jurisdiction			· · · · · · · · · · · · · · · · · · ·
Street address	(Street nu	mber and name)	
-	Andrew St.		ودده ومورد منجود فيرسن سندت ومند فتورد فالأنظ فالمنافية في
- -	(City)	(Swie)	(ZIP/Postal Code)
_	(Province - If applicable)	(Country)	
Mailing address (leave blank if same as street address)	(Street number and name	e or Pasi Office Bax	information)
-	(City)	(State)	(ZIP/Postal Code)
-	(Province - if applicable)	(Country)	*
(If the following statement applies, adopt the There are more than three merging name, form of entity, jurisdiction each additional merging entity is a	g entities and the ID number under the law of which it is f	(if applicable),	entity name or true
or the <u>surviving</u> entity which is a foreig une, form of entity, jurisdiction under t			
aution: The surviving entity cannot be an en	tity formed under the laws of Cold	orado.)	

	Entity name or true name	Central Park R	ealty Ho	lding_(	Corp.	
	Form of entity	Corporation				
	Jurisdiction	New York				
	Street address	250 West 57th	Street			
		Suite 2401	(Street number	and name)		
		New York		NY	10107	
		(City)		(State)	(ZIP/Postal Co	ode)
		(Province - if applical	ole)	(Country)		
	Mailing address (leave blank if same as street address)	(Street number	r and name or I	Post Office Ba	x information)	na paraganta in territori
		And the second s	<del>nd - and pay or a strong of the c</del> or		**************************************	<del></del>
		(City)		(State)	(ZIP/Posial Co	ode)
		(Province - if applicu	ble)	(Country)	<del></del> -	
3. Eacl	h merging entity has been merged i	nto the surviving forei	gn entity.			
5. (Mar	Document number Document number Document number  (If the following statement applies, adopt the stated in an attachment.	demarks and the docur	nent numbe	r of each a		nark is
	The surviving foreign entity main				•	
(	DR .					
M	The surviving foreign entity does may be addressed to the entity and C.R.S.	not maintain a registe I mailed to the princip	red agent in al address p	this state a ursuant to	nd service of pr section 7-90-70	rocess 14 (2),
•	OR					
	The surviving foreign entity has n registered agent to accept service registered agent has consented to	pursuant to section 7-9	90-204.5, C.	R.S. The	person appointe	
1	Name					
	(if an individual)	(Last)		rsi)	(Middle)	(Suffer)
		(LANS)	(Fi	- 615	(morame)	(niller)

Street address			·	
	(Sireet numbe	r and name)		
		СО		****
	(City)	(State)	(ZIP Cod	e)
Mailing address				
(leave blank, if same as street address)	(Street number a	nd name or Post Office	Box information)	
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	(City)	(State)	(ZIP Cod	e)
(If applicable, adopt the following statement by n  This document contains additional  (Caution: Leave blank if the document does legal consequences. Read instructions before	l information as provided  not have a delayed effective d	by law.	ed offective date has	significan
(if the following statement applies, adopt the state	ement by entering a date and, if ap	plicable, time using the	required formal)	
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