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Business Division
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Articles of Incorporation for a Nonprofit Corporation
filed pursuant to §7-90-301, et seq. and §7-122-101 of the Colorado Revised Statutes (C.R.S.)

1. Entity name:

CLUB COTTAGES AT SKYLAND ASSOCIATION

(The name of a nonprofit corporation may, but need not, contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "Ltd." §7-90-601, C.R.S.)

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, make the applicable selection):*

- "bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

350 COUNTRY CLUB DRIVE

(Street name and number)

CRESTED BUTTE

(City)

CO

(State)

81224

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

4. Principal office mailing address:
(if different from above)

P. O. BOX 879

(Street name and number or Post Office Box information)

CRESTED BUTTE

(City)

CO

(State)

81224

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

5. Registered agent: (if an individual):

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization):

WILDERSON, O'HAYRE, DAWSON & FRAZIER, P.C.

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

120 NORTH TAYLOR STREET

(Street name and number)

GUNNISON

CO

81230

8. Registered agent mailing address:
(if different from above)

(City) (State) (Postal/Zip Code)
P. O. BOX 179
(Street name and number or Post Office Box information)

GUNNISON CO 81230
(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

10. (Optional) Delayed effective date:

(mm/dd/yyyy)

11. Name(s) and address(es) of incorporator(s): (if an individual):

DAWSON MICHAEL C.
(Last) (First) (Middle) (Suffix)

OR (if a business organization):

120 NORTH TAYLOR STREET
(Street name and number or Post Office Box information)

GUNNISON CO 81230
(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

(if an individual)

(Last) (First) (Middle) (Suffix)

OR (if a business organization)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

(if an individual)

(Last) (First) (Middle) (Suffix)

OR (if a business organization)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

(If more than three incorporators, mark this box and include an attachment stating the names and addresses of all incorporators.)

12. The nonprofit corporation is formed under the Colorado Revised Nonprofit Corporation Act.

13. The corporation will OR will not have voting members.

14. A description of the distribution of assets upon dissolution is attached.

15. Additional information may be included pursuant to §7-122-102, C.R.S. and other organic statutes. If applicable, mark this box and include an attachment stating the additional information.

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16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

DAWSON	MICHAEL	C.	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
120 NORTH TAYLOR STREET			
<i>(Street name and number or Post Office Box information)</i>			
<hr/>			
GUNNISON	CO	81230	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
<hr/>		<hr/>	
<i>(Province - if applicable)</i>		<i>(Country - if not US)</i>	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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