

ARTICLES OF ORGANIZATION Form 7.80.204.1 revised 11/29/2000

Filing fee: \$50.00 This document must be typed or machine printed.

If more space is required, continue on attached 8 1/2" x 11" sheet(s).

Deliver 2 copies to: Colorado Secretary of State, Business Division,
1560 Broadway, Suite 200, Denver, CO 80202-5169

Please include a typed or machine printed, self-addressed, envelope.

For filing requirements, see §§ 7-90-301 and 7-80-204, Colorado Revised Statutes.

For more information, see the *Citizen's Guide to the Business Division* on our

Web site, www.sos.state.co.us Questions? Contact the Business Division:

voice 303 894 2251, fax 303 894 2242 or e-mail sos.business@state.co.us ABOVE SPACE FOR OFFICE USE ONLY

FILED
DONETTA DAVIDSON
COLORADO SECRETARY OF STATE

20011245012 M

\$ 50.00

SECRETARY OF STATE

12-27-2001 10:30:44

The undersigned, a natural person eighteen years of age or older, intending to organize a limited liability company pursuant to § 7-80-203, Colorado Revised Statutes (C.R.S.), delivers these Articles of Organization to the Colorado Secretary of State for filing, and states as follows:

1. The name of the limited liability company is: NORSKII INVESTMENTS, LLC

The name of a limited liability company must contain the term "limited liability company", "ltd. liability company", "limited liability co.", or "ltd. liability co." or the abbreviation "LLC" or "L.L.C." §7-90-601(3)(c), C.R.S.

2. If known, The principal place of business of the limited liability company is: _____

18033 CR 1 FLORISSANT CO 80816

3. The name, and the business address, of the registered agent for service of process on the limited liability company are: Name BARBARA A. ROBBINS; Business Address (must be a street or other physical address in Colorado) 18033 CR 1 FLORISSANT CO 80816

include a post office box address: PO BOX 987 FLORISSANT CO 80816

If mail is undeliverable to this address, ALSO

4. a. If the management of the limited liability company is vested in managers, mark the box

☐ "The management of the limited liability company is vest in managers rather than members."

The name(s) and business address(es) of the initial manager(s) is(are):

Name(s) _____ Business Address(es) _____

OR

- b. If management of the limited liability company is not vested in managers rather than members,

The name(s) and business address(es) of the initial member(s) is(are):

Name(s) BARBARA A. ROBBINS Business Address(es) PO BOX 987 FLORISSANT CO 80816

5. The address to which the Secretary of State may send a copy of this document upon completion of filing (or to which the Secretary of State may return this document if filing is refused) is: NORSKII INVESTMENTS, LLC

Organizer *Barbara A. Robbins* Signer's Name-printed BARBARA A. ROBBINS
(individual's signature)

OPTIONAL. The electronic mail and/or Internet address for this entity is/are: e-mail BAROBBS@MSN.COM

Web site _____

The Colorado Secretary of State may contact the following authorized person regarding this document: name _____

BARBARA A. ROBBINS address PO BOX 987 FLORISSANT CO 80816

voice 719-339-2219 fax 719-748-0190 e-mail BAROBBS@MSN.COM

Disclaimer: This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. The user of this form is responsible for obtaining the necessary legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

ENTER UPDATE COMPLETE

Attachment 4



Colorado Secretary of State
Date and Time: 12/19/2004 09:50 PM
Entity Id: 20011245012
Document number: 20041440708

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Business Division
1560 Broadway, Suite 200
Denver, CO 80202-5169

Paper documents must be typed or machine printed.

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Annual Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:

20011245012

Entity name:

NORSKII INVESTMENTS, LLC

Jurisdiction under the law of which the
entity was formed or registered:

Colorado

You must complete lines 1 and 2.

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.

1. Name(s) of individual(s) responsible
for the accuracy of report:

ROBBINS BARBARA
(Last) (First) (Middle) (Suffix)

2. Address(es) of individual(s)
responsible for the accuracy of report:

6660 DELMONICO DR
(Street name and number or Post Office Box information)
SUITE D-261
COLORADO SPRINGS CO 80919
(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

(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.)

☐ **Mark the box if** information requested below is current in the records of the Secretary of State
OR complete Questions 3 through 8.

3. Principal office street address:

6660 DELMONICO DR D-261

(Street name and number)

COLORADO SPRINGS CO 80919

(City)

(State)

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

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

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

5. Registered agent name: (if an individual)

ROBBINS BARBARA A.

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization)

6. The person identified above as registered agent has consented to being so appointed.

7. Registered agent street address:

6660 DELMONICO DR STE D-261

(Street name and number)

COLORADO SPRINGS CO 80919

(City)

(State)

(Postal/Zip Code)

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

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

NOTICE:

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No such paper document was filed. Consequently, no copy of a paper document is available regarding this document.

Questions? Contact the Business Division. For contact information, please visit the Secretary of State's web site.