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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:

**2534 MASTER 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:

**2725 Rocky Mountain Ave.**  
*(Street name and number)*  
**Suite 440**  
**Loveland CO 80538**  
*(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: *(if an individual):*

**Christensen Nicholas M.**  
*(Last) (First) (Middle) (Suffix)*

**OR** *(if a business organization):*

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

7. Registered agent street address:

**2725 Rocky Mountain Ave.**  
*(Street name and number)*

Suite 440

Loveland CO 80538  
(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)

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):

Boehner Dale L.  
(Last) (First) (Middle) (Suffix)

OR (if a business organization):

735 Beaver Cove Court  
(Street name and number or Post Office Box information)

Loveland CO 80537  
(City) (State) (Postal/Zip Code)  
United States  
(Province - if applicable) (Country - if not US)

(if an individual)

Wyatt Steven H.  
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

2590 Brittany Drive  
(Street name and number or Post Office Box information)

Loveland CO 80537  
(City) (State) (Postal/Zip Code)  
United States  
(Province - if applicable) (Country - if not US)

(if an individual)

Gerrard Gary M.  
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

1739 South County Road 13C  
(Street name and number or Post Office Box information)

Loveland CO 80537  
(City) (State) (Postal/Zip Code)

United States

(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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Cuypers Charles J.  
(Last) (First) (Middle) (Suffix)  
 1008 Centre Ave.  
(Street name and number or Post Office Box information)

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Fort Collins CO 80526  
(City) (State) (Postal/Zip Code)  
 United States  
(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.)

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