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**Articles of Incorporation for a Nonprofit Corporation**

filed pursuant to § 7-122-101 and § 7-122-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the nonprofit corporation is Delta County Citizen Report, Inc.  
*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the nonprofit corporation's initial principal office is

Street address 36435 Sunshine Mesa Road  
*(Street number and name)*

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Hotchkiss CO 81419  
*(City) (State) (ZIP/Postal Code)*

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United States  
*(Province – if applicable) (Country)*

Mailing address  
*(leave blank if same as street address)*

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*(Street number and name or Post Office Box information)*

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*(City) (State) (ZIP/Postal Code)*

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*(Province – if applicable) (Country)*

3. The registered agent name and registered agent address of the nonprofit corporation's initial registered agent are

Name  
 (if an individual) Kalenak JoAnn Linda  
*(Last) (First) (Middle) (Suffix)*

**OR**

(if an entity)  
*(Caution: Do not provide both an individual and an entity name.)*

---

Street address 36435 Sunshine Mesa Road  
*(Street number and name)*

---

Hotchkiss CO 81419  
*(City) (State) (ZIP Code)*

Mailing address

(leave blank if same as street address)

\_\_\_\_\_

(Street number and name or Post Office Box information)

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\_\_\_\_\_

(City)                      CO                      \_\_\_\_\_

(State)                      (ZIP Code)

(The following statement is adopted by marking the box.)

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

4. The true name and mailing address of the incorporator are

Name

(if an individual)

\_\_\_\_\_

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

**OR**

(if an entity)

Delta County Citizen Report, Inc.

(Caution: Do not provide both an individual and an entity name.)

Mailing address

36435 Sunshine Mesa Road

(Street number and name or Post Office Box information)

\_\_\_\_\_

Hotchkiss                      CO                      81419

(City)                      (State)                      (ZIP/Postal Code)

\_\_\_\_\_

United States

(Province – if applicable)                      (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. (If the following statement applies, adopt the statement by marking the box.)

The nonprofit corporation will have voting members.

6. Provisions regarding the distribution of assets on dissolution:

Purpose clause: A website-based non-profit information center about the interworking of local government in Delta County, Colorado. Posts include, but are not limited too: Reports on County Commissioner meetings, county projects, county development plans, and county policies. The goal of this organization is to help ensure that county government is properly serving all Delta County residents in accordance with county, state and federal law. The vision of this organization is a transparent, responsive and engaged county government. In the event of dissolution, the nonprofit's assets will be distributed to another nonprofit news organization. Distribution of assets clause: In the event that this nonprofit dissolves, all assets will be distributed to another nonprofit news organization.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_.  
(mm/dd/yyyy hour:minute am/pm)

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

Kalenak                      JoAnn                      Linda  
(Last)                              (First)                              (Middle)                              (Suffix)  
36435 Sunshine Mesa Road  
(Street number and name or Post Office Box information)  
Hotchkiss                      CO                      81419  
(City)                              (State)                              (ZIP/Postal Code)  
United States  
(Province – if applicable)                      (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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