

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

AQUATIC RESOURCES EDUCATION ASSOCIATION

is a **Nonprofit Corporation** formed or registered on 05/03/1994 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19941050749.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/13/2010 that have been posted, and by documents delivered to this office electronically through 01/19/2010 @ 10:20:57.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/19/2010 @ 10:20:57 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7551019.

Tax EI 45-0438164

EIN#
45-0438164



Bernie Buescher

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."



Colorado Secretary of State
 Date and Time: 04/23/2015 08:42 AM
 ID Number: 19941050749
 Document number: 20151270214
 Amount Paid: \$10.00

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Periodic Report

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

ID number: 19941050749

Entity name: AQUATIC RESOURCES EDUCATION ASSOCIATION

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

1. Principal office street address: 23 Joe Hogan Lane
(Street name and number)

Lonoke AR 72086
(City) (State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

2. Principal office mailing address:
 (if different from above) 23 Joe Hogan
(Street name and number or Post Office Box information)

Lonoke AR 72086
(City) (State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

3. Registered agent name: (if an individual) Knox Robin
(Last) (First) (Middle) (Suffix)
 or (if a business organization) _____

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

5. Registered agent street address: 31664 Snowshoo Rd
(Street name and number)

Evergreen CO 80439
(City) (State) (Postal/Zip Code)

6. 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)

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.

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

Gray	Lea	Ellen	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
23 Joe Hogan			
<small>(Street name and number or Post Office Box information)</small>			
Lonoke	AR	72086	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
	United States		
<small>(Province – if applicable)</small>	<small>(Country – if not US)</small>		

(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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