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SECRETARY OF STATE

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**Statement of Merger**  
**(Surviving Entity is a Domestic Entity)**  
filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number	20141340611 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	Flight Resources, LLC		
Form of entity	Limited Liability Company		
Jurisdiction	Colorado		
<u>Street</u> address	2352 Main Street <i>(Street number and name)</i> Suite 201 Concord MA 01742 <i>(City) (State) (ZIP/Postal Code)</i> USA <i>(Province - if applicable) (Country)</i>		
<u>Mailing</u> address (leave blank if same as street address)	<i>(Street number and name or Post Office Box information)</i>  <i>(City) (State) (ZIP/Postal Code)</i> <i>(Province - if applicable) (Country)</i>		

ID Number	 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name			
Form of entity			
Jurisdiction			

**Street address**

\_\_\_\_\_  
(Street number and name)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

**Mailing address**

(leave blank if same as street address)

\_\_\_\_\_  
(Street number and name or Post Office Box information)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

**ID Number**

\_\_\_\_\_  
(Colorado Secretary of State ID number)

**Entity name or true name**

\_\_\_\_\_

**Form of entity**

\_\_\_\_\_

**Jurisdiction**

\_\_\_\_\_

**Street address**

\_\_\_\_\_  
(Street number and name)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

**Mailing address**

(leave blank if same as street address)

\_\_\_\_\_  
(Street number and name or Post Office Box information)  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

- ☐ (If the following statement applies, adopt the statement by marking the box and include an attachment.)  
There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

**ID Number**

20101621965  
\_\_\_\_\_  
(Colorado Secretary of State ID number)

**Entity name or true name**

Grizzly Petroleum Company, LLC  
\_\_\_\_\_

Form of entity Limited Liability Company

Jurisdiction Colorado

Street address 1801 Broadway  
(Street number and name)  
Suite 500  
Denver CO 80202  
(City) (State) (ZIP/Postal Code)  
USA  
(Province - if applicable) (Country)

Mailing address  
 (leave blank if same as street address)   
(Street number and name or Post Office Box information)  
  
    
(City) (State) (ZIP/Postal Code)  
   
(Province - if applicable) (Country)

3. Each merging entity has been merged into the surviving entity.

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

- ☐ The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. (If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)

- ☐ One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number

Document number

Document number

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

- ☐ There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

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

- ☐ This document contains additional information as provided by law.

7. (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 are   
(mm/dd/yyyy hour:minute am/pm)

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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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such 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 identified in this document as one who has caused it to be delivered.

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

Crow	Trevor	A.	
(Last)	(First)	(Middle)	(Suffix)
950 Seventeenth Street			
(Street number and name or Post Office Box information)			
Suite 1600			
Denver	CO	80202	
(City)	(State)	(ZIP/Postal Code)	
	USA		
(Province -- if applicable)	(Country)		

(If applicable, adopt the following 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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