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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 (Colorado Secretary of State ID number) Entity name or true name Flight Resources, LLC Form of entity Limited Liability Company Jurisdiction Colorado Street address 2352 Main Street Suite 201 Concord MA 01742 (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)

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)*

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

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<i>(Street number and name or Post Office Box information)</i>			
Suite 1600			
Denver	CO	80202	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
	USA		
<i>(Province -- if applicable)</i>	<i>(Country)</i>		

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