

DOC # 0223909

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Official Record

Recording requested By  
LAW OFFICE OF DAVID G STOLFA

Eureka County - NV  
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Fee: \$44.00 Page 1 of 6  
RPTT: Recorded By: LLH  
Book- 548 Page- 0177



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Recording Requested By:

Name David G. Stolfa

Address 3300 South Columbine Circle

City / State / Zip Englewood, CO 80113

STATEMENT OF MERGER

(Print Name Of Document On The Line Above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I the undersigned hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statue (NRS), public program or grant referenced is:

\_\_\_\_\_  
(Insert The NRS, public program or grant referenced on the line above.)

Signature

Name Typed or Printed

This page is added to provide additional information required by NRS 111.312 Sections 1-2.  
This cover page must be typed or printed. Additional recording fee applies.



**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**

20051360507  
*(Colorado Secretary of State ID number)*

**Entity name or true name**

Grant Canyon Oil & Gas, LLC



Form of entity Limited Liability Company

Jurisdiction Colorado

Street address 717 Seventeenth Street, Suite 1400  
*(Street number and name)*

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 and/pm)*



**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 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.

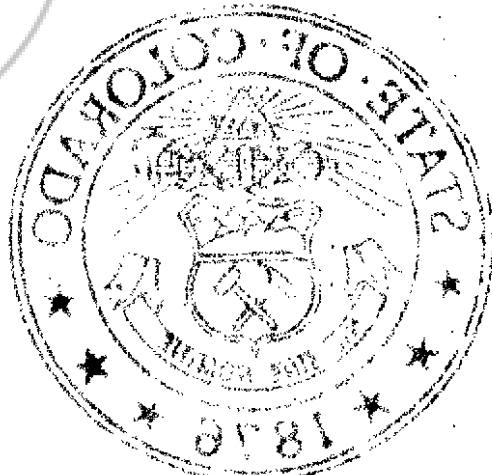
8. The true name and mailing address of the individual causing this document to be delivered for filing are

Stoffa	David	G.	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
3300 South Columbine Circle			
<i>(Street number and name or Post Office Box information)</i>			
Englewood	CO	80113	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
	USA		
<i>(Province - if applicable)</i>	<i>(Country)</i>		

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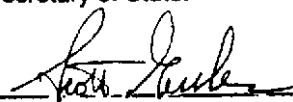


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DEPARTMENT OF STATE

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Secretary of State

Carely Snook 03/26/2013  
By Date



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