

FILED EFFECTIVE

251

11 SEP 9 PM 4:22



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Aspen Endeavors LLC

2. The complete street and mailing addresses of the initial designated/principal office:

223 N. 6th Street, #425, Boise, Idaho 83702

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Michael J. Swope

(Name)

223 N. 6th Street, #425, Boise, Idaho 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Michael J. Swope

223 N. 6th Street, #425, Boise, Idaho 83702

5. Mailing address for future correspondence (annual report notices):

223 N. 6th Street, #425, Boise, Idaho 83702

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Michael J. Swope, Manager

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/09/2011 05:00
CK: 64944 CT: 67242 BH: 1289670
1 @ 100.00 = 100.00 ORGAN LLC # 2

cert_org_llc Rev. 07/2010

W106580