

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUL -8 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Aspire Dance Company, LLC

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

P.O. Box 495, Ucon, ID 83454

(Street Address)

(Mailing Address, if different than street address)

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

Karli Love

(Name)

440 E 129 N, Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Justin Love440 E 129 N, Idaho Falls, ID 83401Karli Love440 E 129 N, Idaho Falls, ID 83401

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

P.O. Box 495, Ucon, ID 83454

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Karli LoveTyped Name: Karli Love

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
07/08/2009 05:00
CK: 1867 CT: 238636 SH: 1177989
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