

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 13 AM 10: 52

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability compa	any is: STATE OF IDAHO
Aspen	Ground Crews LLC
2. The complete street and mailing addre	sses of the initial designated/principal office:
	reek Way Eagle ID. 83616
(Street Address) PO Box 2381 Eagle ID. 83616	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Mike Anderson	8240 Crestwood Dr. Boise ID. 83704
(Name)	Street Address)
The name and address of at least one member or manager of the limited liability company:	
Name	<u>Address</u>
Mike Anderson	8240 Crestwood Dr. Boise ID. 83704
Robert Saxton	1486 N Eagle Creek Way Eagle ID. 83616
5. Mailing address for future correspondence (annual report notices): PO Box 2381 Eagle ID. 83616	
6. Future effective date of filing (optional)	:01/13/2010
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only	
Signature	Control of State use only
Typed Name: Signature Typed Name: Robert Saxton	IDAHO SECRETARY OF STATE 10/13/2009 05:00 CK: 1178 CT: 241365 BH: 1196728 1 8 168.66 = 188.66 ORGAN LLC # 2
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