FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 APR 22 PM 2: 32

•	SECRETARY UP STATE
1. The name of the limited liability con	mpany is: STATE OF IDAHO
	Aspire LLC
•	dresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	ress of the registered agent:
Millie Adams	167 W Bridge Street Blackfoot, ID 83221
(Name)	(Street Address)
company: Name	Address
Millie Adams	379 W. 350 N. Blackfoot, ID 83221
Daniel Adams	379 W. 350 N. Blackfoot, ID 83221
Tara Lee Eppich	487 N. 400 W. Blackfoot, ID 83221
Troy Eppich	487 N. 400 W. Blackfoot, ID 83221
5. Mailing address for future correspondence of the second	ndence (annual report notices): dge Street Blackfoot, ID 83221
6. Future effective date of filing (option	nal):
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 Mille Adams  Signature Malle Eppich	
Typed Name Tara Lee Eppich	CK: 424266 CT: 172899 BH: 121894