FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB 323

Washington, D.C. 20549

OMB Number: 3235-

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(Print or Type Respond 1. Name and Address D'Anton Michael	2. Issuer Name Symbol A SPE N G R O	5. Relati		eporting Pe	le)						
(Last) (First) (Middle) 720 SOUTH COLORA DO BOULE VARD, SUITE 1150N		3. Date of Earlie (Month/Day/Y e 12/11/2014	X Di Of below)	rector ficer (give title		% Owner ner (specify be	elow)				
DENVER, CO 80	4. If A mendmer Filed(Mgnth/Day/	Applicab _X_Form	6. Individual or JointG roup Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person								
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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.