

FORM D
Notice of Exempt Offering of Securities

**UNITED STATES SECURITIES
AND EXCHANGE COMMISSION
Washington, D.C.**

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours per response: 4.0

1. Issuer's Identity

CIK (Filer ID Number) 0001487198	Previous Name(s) <input type="checkbox"/> None Elite Nutritional Brands, Inc. Hidden Ladder, Inc.	Entity Type <input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other
Name of Issuer ASPEN GROUP, INC.		
Jurisdiction of Incorporation/Organization DELAWARE		
Year of Incorporation/Organization <input checked="" type="radio"/> Over Five Years Ago <input type="radio"/> Within Last Five Years (Specify Year) <input type="text"/> <input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer ASPEN GROUP, INC.			
Street Address 1 1660 SOUTH ALBION STREET		Street Address 2 SUITE 525	
City DENVER	State/Province/Country COLORADO	ZIP/Postal Code 80222	Phone No. of Issuer 303-333-4224

3. Related Persons

Last Name Mathews	First Name Michael	Middle Name	
Street Address 1 46 E 21st Street		Street Address 2 Third Floor	
City New York	State/Province/Country NEW YORK	ZIP/Postal Code 10010	
Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter

Clarification of Response (if Necessary)

Last Name D'Anton	First Name Michael	Middle Name
Street Address 1 14 Sheep Rock Road		Street Address 2
City Kinnelon	State/Province/Country NEW JERSEY	ZIP/Postal Code 07405

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
<input type="text" value="Dicks"/>	<input type="text" value="Norman"/>	
Street Address 1	Street Address 2	
<input type="text" value="6223 30th Street N.W."/>		
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Washington"/>	<input type="text" value="DISTRICT OF COLUMBIA"/>	<input type="text" value="20015"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
<input type="text" value="Jensen"/>	<input type="text" value="C."/>	<input type="text" value="James"/>
Street Address 1	Street Address 2	
<input type="text" value="650 Bellevue Way N.E."/>		
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Bellevue"/>	<input type="text" value="WASHINGTON"/>	<input type="text" value="98004"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

<input type="text" value="Chief Operating Officer"/>
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Last Name	First Name	Middle Name
<input type="text" value="Kaplan"/>	<input type="text" value="Andrew"/>	
Street Address 1	Street Address 2	
<input type="text" value="82 Druid Hill Road"/>		
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Summit"/>	<input type="text" value="NEW JERSEY"/>	<input type="text" value="07901"/>

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
<input type="text" value="MacLean, IV"/>	<input type="text" value="Malcolm"/>	<input type="text" value="F."/>
Street Address 1	Street Address 2	
<input type="text" value="400 Chautauqua Boulevard"/>		
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="Pacific Palisades"/>	<input type="text" value="CALIFORNIA"/>	<input type="text" value="90272"/>

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

Last Name	First Name	Middle Name	
<input type="text" value="Rich"/>	<input type="text" value="Sanford"/>		
Street Address 1	Street Address 2		
<input type="text" value="26 Beach Drive"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Darien"/>	<input type="text" value="CONNECTICUT"/>	<input type="text" value="06820"/>	
Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter

Clarification of Response (if Necessary)

Last Name	First Name	Middle Name	
<input type="text" value="Scheibelhoffer"/>	<input type="text" value="John"/>		
Street Address 1	Street Address 2		
<input type="text" value="838 Sciota Drive"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Franklin Lakes"/>	<input type="text" value="NEW JERSEY"/>	<input type="text" value="07417"/>	
Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter

Clarification of Response (if Necessary)

Last Name	First Name	Middle Name	
<input type="text" value="Solomon"/>	<input type="text" value="Ricky"/>		
Street Address 1	Street Address 2		
<input type="text" value="16 Old Post Road"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Mt. Kisco"/>	<input type="text" value="NEW YORK"/>	<input type="text" value="10549"/>	
Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter

Clarification of Response (if Necessary)

Last Name	First Name	Middle Name	
<input type="text" value="Gill"/>	<input type="text" value="Janet"/>		
Street Address 1	Street Address 2		
<input type="text" value="175 Sawmill Road"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	
<input type="text" value="Stamford"/>	<input type="text" value="CONNECTICUT"/>	<input type="text" value="06903"/>	
Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> Promoter

Clarification of Response (if Necessary)

Last Name:
 First Name:
 Middle Name:

Street Address 1:
 Street Address 2:

City:
 State/Province/Country:
 ZIP/Postal Code:

Relationship: Executive Officer

 Director

 Promoter

Clarification of Response (if Necessary):

Last Name:
 First Name:
 Middle Name:

Street Address 1:
 Street Address 2:

City:
 State/Province/Country:
 ZIP/Postal Code:

Relationship: Executive Officer

 Director

 Promoter

Clarification of Response (if Necessary):

4. Industry Group

- Agriculture
- Banking & Financial Services
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
 - Other Banking & Financial Services
- Business Services
 - Energy
 - Coal Mining
 - Electric Utilities
 - Energy Conservation
 - Environmental Services
 - Oil & Gas
 - Other Energy
- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
- Manufacturing
- Real Estate
 - Commercial
 - Construction
 - REITS & Finance
 - Residential
 - Other Real Estate
- Retailing
- Restaurants
- Technology
 - Computers
 - Telecommunications
 - Other Technology
- Travel
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other

5. Issuer Size

Revenue Range:
 Aggregate Net Asset Value Range:

- | | |
|--|--|
| <input type="radio"/> No Revenues | <input type="radio"/> No Aggregate Net Asset Value |
| <input type="radio"/> \$1 - \$1,000,000 | <input type="radio"/> \$1 - \$5,000,000 |
| <input type="radio"/> \$1,000,001 - \$5,000,000 | <input type="radio"/> \$5,000,001 - \$25,000,000 |
| <input type="radio"/> \$5,000,001 - \$25,000,000 | <input type="radio"/> \$25,000,001 - \$50,000,000 |
| <input type="radio"/> \$25,000,001 - \$100,000,000 | <input type="radio"/> \$50,000,001 - \$100,000,000 |
| <input type="radio"/> Over \$100,000,000 | <input type="radio"/> Over \$100,000,000 |
| <input checked="" type="radio"/> Decline to Disclose | <input type="radio"/> Decline to Disclose |
| <input type="radio"/> Not Applicable | <input type="radio"/> Not Applicable |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<input type="checkbox"/>	Rule 504(b)(1) (not (i), (ii) or (iii))	<input type="checkbox"/>	Rule 505
<input type="checkbox"/>	Rule 504 (b)(1)(i)	<input checked="" type="checkbox"/>	Rule 506(b)
<input type="checkbox"/>	Rule 504 (b)(1)(ii)	<input type="checkbox"/>	Rule 506(c)
<input type="checkbox"/>	Rule 504 (b)(1)(iii)	<input type="checkbox"/>	Securities Act Section 4(a)(5)
<input type="checkbox"/>		<input type="checkbox"/>	Investment Company Act Section 3(c)

7. Type of Filing

- New Notice Date of First Sale First Sale Yet to Occur
- Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pooled Investment Fund Interests | <input checked="" type="checkbox"/> Equity |
| <input type="checkbox"/> Tenant-in-Common Securities | <input type="checkbox"/> Debt |
| <input type="checkbox"/> Mineral Property Securities | <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (describe) |

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

11. Minimum Investment

Minimum investment accepted from any outside investor \$ USD

12. Sales Compensation

Recipient None
Lake Street Capital Markets, LLC None
164447

(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number None

Street Address 1 **225 SOUTH SIXTH STREET** Street Address 2 **SUITE 4750**

City **MINNEAPOLIS** State/Province/Country **MINNESOTA** ZIP/Postal Code **55402**

State(s) of Solicitation All States Foreign/Non-US

CALIFORNIA
 CONNECTICUT
 ILLINOIS
 NEW JERSEY
 NEW YORK

13. Offering and Sales Amounts

Total Offering Amount \$ **750000** USD Indefinite
Total Amount Sold \$ **750000** USD
Total Remaining to be Sold \$ **0** USD Indefinite

Clarification of Response (if Necessary)

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering: **14**

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ **504000** USD Estimate
Finders' Fees \$ **0** USD Estimate

Clarification of Response (if Necessary)

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ USD Estimate

Clarification of Response (if Necessary)

Repayment of principal and interest owed under two outstanding promissory notes held by Mr. Michael Mathews, Aspen's Chairman of the Board and Chief Executive Officer.

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
ASPEN GROUP, INC.	/s/ Michael Mathews	Michael Mathews	Chief Executive Officer	2017-04-20