



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 MAR 23 AM 11:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CAPITAL ADVENTURES, LLC

2. The street address of the initial registered office is:

1415 HERVEY STREET, BOISE, IDAHO 83705

and the name of the initial registered agent at the above address is:

LORETTA POMPEII FLICK

3. The mailing address for future correspondence is:

1415 HERVEY STREET, BOISE, IDAHO 83705

4. Management of the limited liability company will be vested in:

Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>LORETTA POMPEII FLICK</u>	<u>1415 Hervey Street, Boise, Idaho 83705</u>
<u>STEPHEN R. FLICK</u>	<u>1415 Hervey Street, Boise, Idaho 83705</u>
<u>ELIZABETH BERMAN</u>	<u>510 57th Street, Port Townsend, WA 98368</u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Loretta Pompeii Flick

Typed Name: LORETTA POMPEII FLICK

Capacity: MANAGER

Secretary of State use only

Signature: _____

Typed Name: _____

Capacity: _____

IDAHO SECRETARY OF STATE
03/23/2006 05:00
CK: 1000 CT: 147627 BH: 945069
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