



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT 20 AM 9:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CAPS LLC

2. The complete street and mailing addresses of the initial designated/principal office:

2444 Bogus Basin Road, Boise, Idaho 83702

(Street Address)

Same

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Susan Sheridan

(Name)

2444 Bogus Basin Road, Boise, Idaho 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Susan Sheridan

2444 Bogus Basin Road, Boise, Idaho 83702

5. Mailing address for future correspondence (annual report notices):

2444 Bogus Basin Road, Boise, Idaho 83702

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Bill Carter, Esq.

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/20/2010 05:00
CK: 1232 CT: 190627 BH: 1243818
1 @ 100.00 = 100.00 ORGAN LLC # 2

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