ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

---- FEE -1 FA 4: 54

(Instructions on back of application) SECRET STATE
STATE OF IDAHO 1. The name of the limited liability company is:

| | | · CI IDAIO |
|----|---|---|
| | Super Capes LLC | |
| 2. | The street address of the initial registered office is: | |
| | 553 Kestrel Ave. M | Middleton, ID 83644 |
| | and the name of the initial registered | agent at the above address is: |
| | <u>Juanita Brook</u> | |
| 3. | The mailing address for future corresp | pondence is: |
| | 553 Kestrel Ave. M | Middleton, ID 83644 |
| 4 | Management of the limited liability cor | mpany will be vested in: |
| •• | Manager(s) or Member(s) | |
| | Manager(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 |
| | Jennifer Merritt | 2025 . D. |
| | | 2815 Dorman Caldwell, ID 83605 |
| | Juanita Brook | 553 Kestrel Ave. Middleton, ID 83644 |
| | | 500 X 500 X 500 X 171 X |
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| | | onsible for forming the limited liability company: |
| | Signature: VIMM WILL ON | onsible for forming the limited liability company: |
| | Signature: | onsible for forming the limited liability company: |
| | Signature: VIMM WILL ON | onsible for forming the limited liability company: |
| | Signature: | onsible for forming the limited liability company: |
| | Signature: | onsible for forming the limited liability company: Secretary of State use only |

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