

ARTICLES OF ORGANIZATION

2005 MAY 12 A11 9:01

LIMITED LIABILITY COMPANY (Instructions on back of application) 1. The name of the limited liability company is: **BLACK ROSE LLC** 2. The street address of the initial registered office is: St Maries ID 83861 13389 ROSEWOOD RD and the name of the initial registered agent at the above address is: DEBRA KRAACK 3. The mailing address for future correspondence is: PO BOX 49 HARRISON, ID 83833 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** DEBRA KRAACK PO BOX 49 HARRISON, ID 83833 WILMA CHRISTENSEN PO BOX 49 HARRISON, ID 83833 6. Signature of at least one person responsible for forming the limited liability company: Signature: Weller Secretary of State use only Typed Name: DEBRA KRAACK Capacity: MEMBER

Signature ____ Typed Name: WILMA CHRISTENSEN

Capacity: MEMBER

IDAHO SECRETARY OF STATE 05/12/2005 05:00 CK: 3790 CT: 188718 BH: 889972 1 0 100.00 = 100.00 ORGAN LLC # 8