

CERTIFICATE OF ORGANIZATION 2014 JUL -1 PM 12: 09

| | ILITY COMPANY back of application) | SECRETARY OF STATE STATE OF IDAHO |
|---|------------------------------------|--|
| 1. The name of the limited liability | company is: | |
| 5B Pizza LLC | | |
| 2. The complete street and mailing | g addresses of the initial desi | gnated office: |
| 150 Dollar Drive | | |
| (Street Address) Ketchum ID 83340 | | |
| (Mailing Address, if different than street addr | ess) | |
| 3. The name and complete street | address of the registered age | ent: |
| Mark Nieves | 150 Dollar Dr. Ketchum ID 83340 | |
| (Name) | (Street Address) | |
| Susan Nieves | PO Box 4977 Ketchum ID 8 | 33340 |
| | | A |
| 5. Mailing address for future corre PO Box 4977 Ketchum ID 83340 | espondence (annual report no | tices): |
| 6. Future effective date of filing (o | ptional): | |
| Signature of a manager, member person. | er or authorized | |
| Signature V | | Secretary of State use only 1DAHO SECRETARY OF STATE 07/01/2014 05:0 |
| Typed Name: Mark Niwes | I | 07/01/2014 05:0 020696 CT:172099 BH 00.00 = 100.00 ORGA |
| Signature Sugnal (C) | | |
| Typed Name: Sosan Nieve | cs\) | 1291111 |

9/21/2012