



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG -9 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Smoky Mountain Pizza Eagle LLC

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

408 E 41st, Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Dan Todd

(Name)

408 E 41st, Boise, ID 83714

(Street Address)

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

Name

Address

Triple T Enterprises, Inc

408 E 41st, Boise, ID 83714

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

408 E 41st, Boise, ID 83714

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature *[Signature]* President

Typed Name: Daniel B Todd - President
Triple T ENT. LLC.

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/09/2011 05:00
CK: 41181 CT: 117874 BH: 1285797
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