

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY 12 AM 8:35

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Smoky Mountain Twin Falls, 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:

Daniel 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

Typed Name: Daniel B. Todd

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/12/2011 05:00  
CK: 40279 CT: 117874 BH: 1273332  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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