No. <b>W 46866</b>		Due no later than Jan 31, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DANIEL TODD 408 E 41ST STREET BOISE ID 83714  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SMOKY MOUNTAIN PIZZA & PASTA NAMPA, LLC DANIEL TODD  408 E 41ST STREET BOISE ID 83714		BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TRIPLE T EN		TERPRISES INC	408 E 41ST STREET	BOISE	ID		83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Carolyn Rich			Date: 01/11/2018			
W 46866		Name (type or print): Carolyn Rich			Title: Controller			
Processed 01/11/2018 * Electronically provided signatures are accepted as original signatures.								