

Signature _____

Typed Name: Kristin Montgomery

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN 15 PM 2: 43

1.	The name of the limited liability con	npany is: SECRÉTARY OF STATE STATE OF IDAHO
		Wintry Market
2.	The complete street and mailing ad 2029 Columbus St. Boise, ID 83705 (Street Address)	dresses of the initial designated/principal office:
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Amy Pence-Brown	2029 Columbus St. Boise, ID 83705
	(Name)	(Street Address)
4. The name and address of at least one member or manager of the limited liabi company:		ne member or manager of the limited liability
	<u>Name</u>	<u>Address</u>
	Kristin Montgomery	2727 Esquire Cir. Boise, ID 83704
	AmyRence-brown	2029 ColVMbus St. Boise ID 88705
5.	Mailing address for future correspon	ndence (annual report notices):
	2029 Columbus St. Boise, ID 83705	
6.	. Future effective date of filing (optional):	
_	nature of a manager, member or	authorized
per	son. $\int_{A} \int_{A} \int_{B} \int_{B}$	Secretary of State use only
Sig	nature MMN LIVE HOU	
Тур	ped Name: Arny Pence-Brown	
		IDAHO SECRETARY OF STATE

cert_org_lic Rev. 07/2010

06/15/2011 05:00 CK: 2937 CT: 259840 BH: 1278582 1 0 100.00 = 100.00 QRGAN LLC # 2

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