

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED EFFECTIVE

11 OCT 21 PM 4: 29

STATE OF STATE

1. The name of the limited liab	ility company is:	STATE OF IDANU	
	PWR Nutrition, LI	LC	
2. The complete street and main 500 E Shore Drive, Suite 120, Ea	•	e initial designated/principal office:	
(Street Address)			
(Mailing Address, if different than street a	address)		
3. The name and complete stre	et address of the rec	gistered agent:	
Scott Adcock	500 E Shore Drive, Suite 120, Eagle, ID 83616		
(Name)	(Street Address)		
The name and address of at company:	least one member o	r manager of the limited liability	
<u>Name</u>		<u>Address</u>	
Scott Adcock	500 E Shore	500 E Shore Drive, Suite 120, Eagle, ID 83616	
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5. Mailing address for future co	· · · · · · · · · · · · · · · · · · ·	al report notices):	
6. Future effective date of filing	(optional):		
Pianatura of a managar mam	hor or authorized		
Signature of a manager, memperson.	iber of authorized		
Signature	, 	Secretary of State use only	
Typed Name: Scott Adcock			
V		IDAHO SECRETARY OF STATE	
Signature		10/21/2011 05:00 CK: 1396 CT: 249016 BH: 1295259	
Typed Name:	1	1 9 100.00 = 100.00 ORGAN LLC # 2	
		W 107747	