



0004473905

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004473905

Date Filed: 11/1/2021 7:24:04 AM

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)				
1. Limited Liability Company Name					
Type of Limited Liability Company	Limited Liability Company				
Entity name	Empower Wellness LLC				
2. The complete street address of the principal office is:					
Principal Office Address	1022 NORTH HARLEQUIN DRIVE POST FALLS, ID 83854-7573				
3. The mailing address of the principal office is:					
Mailing Address	1022 N HARLEQUIN DR POST FALLS, ID 83854-7573				
4. Registered Agent Name and Address					
Registered Agent	REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Veronica Burke</td><td>1022 N HARLEQUIN DR POST FALLS, ID 83854-7573</td></tr></tbody></table>		Name	Address	Veronica Burke	1022 N HARLEQUIN DR POST FALLS, ID 83854-7573
Name	Address				
Veronica Burke	1022 N HARLEQUIN DR POST FALLS, ID 83854-7573				
Signature of Organizer:					
<u>Veronica Burke</u>	<u>11/01/2021</u>				
Sign Here	Date				

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