| No. W 86231 | Due no later than Aug 31, 2012 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | ISTENSEN | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. POWER UP YOUR HEALTH ENERGETICALLY LLC PENNIE CHRISTENSEN 4488 E GLENDALE RD PRESTON ID 83263 | | | 4488 E GLENDALE RD PRESTON ID 83263 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | PRESTON IL | | | | |
| | | | 3. New Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Limited Liability Companies: Enter N | ames and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER SHANE CHRISTENSEN 4488 E GLENDALE ROAD | | PRESTON | ID | USA | 83263 | | |
| 5. Organized Under the Laws of: | 6. Annual Repor | | | | | | |
| ID | Signature: Pe | | Date: 06/15/2012 | | | | |
| W 86231 | Name (type o | | Title: Owner | | | | |
| Processed 06/15/2012 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |