No. W 99195	Due no later than Dec 31, 2012	2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if needed	731 ABERDE	KIM LEWIS 731 ABERDEEN DR NAMPA ID 83653			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	EMPOWERING WOMEN ASSOCIATION, LLC KIM K LEWIS PO BOX 907					
NO FILING FEE IF RECEIVED BY DUE DATE	NAMPA ID 83653 USA	3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter	Names and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER DAVID V MANAGER KIM K L		nampa Nampa	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Kim Lewis		Date: 10/16/2012			
W 99195	Name (type or print): Kim Lewis		Title: Manager			
Processed 10/16/2012	* Electronically provided signatures are accepted as original signatures.					