







STATE OF IDAHO Office of the secretary of state, Phil McGrane **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 #: 0006104693

Date Filed: 2/10/2025 7:33:08 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below) | ervice (see Standard (filing fee \$100) |
|--|---|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | Empower Meals LLC |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | 1015 1/2 N 27TH ST BOISE, ID 83702 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | 1015 1/2 N 27TH ST |
| | BOISE, ID 83702-2230 |
| 4. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Emily M Weeber Physical Address: |
| | 1015 1/2 N 27TH ST |
| | BOISE, ID 83702-2230 |
| | Mailing Address: |
| | 1015 1/2 N 27TH ST |
| | BOISE, ID 83702-2230 |
| I affirm that the registered agent appointed ha | s consented to serve as registered agent for this entity. |
| 5. Governors | |
| Name | Address |
| Emily M Weeber | 1015 1/2 N 27TH ST |
| , | BOISE, ID 83702 |
| Signature of Organizer: | |
| Emily M Weeber | 02/10/2025 |
| Sign Here | Date |