



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

09 AUG 17 AM 8:07

**FILED**

1. The name of the limited liability company is:

## Power Up Your Health Energetically

SECRETARY OF STATE  
STATE OF IDAHO  
d/principal office

2. The complete street and mailing addresses of the initial designated/principal office.

4488 E. Glendale Rd. Preston, ID 83263

(Street Address)

(Mailing Address, if different than street address)

- 3. The name and complete street address of the registered agent:**

Pennie Christensen

(Name)

4488 E. Glendale Rd. Peoria, ID

**(Street Address)**

83263

4. The name and address of at least one member or manager of the limited liability company:

Name \_\_\_\_\_

**Address**

Name  
Pennie Christensen

above

Shane

11

- 5. Mailing address for future correspondence (annual report notices):**

4488 E. Glendale Rd. Preston, ID 83263

6. Future effective date of filing (optional): August 25, 2009

**Signature of organizer(s).** (An organizer is a member, or is acting in behalf of a member or members).

Signature Pennie Christensen

Typed Name: Pennie Christensen

Signature Shane Christensen

Typed Name: Shane Christensen

**Secretary of State use only**

Revised 07/2008  
\\corp\forms\LLC forms\cert\_org\_llc.PAMD

IDAHO SECRETARY OF STATE  
 08/17/2009 05:00  
 CK: 3897 CT: 239735 BH: 1103208  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W86231