

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
09 AUG 13 PM 3:35
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Empowerment LLC

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

2110 W. State St.

(Street Address)

Boise, Id. 83702

(Mailing Address, if different than street address)

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

Bobbie Aitchison

3019 N. 35th St. Boise, Id. 83703

(Name)

(Street Address)

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

Name

Address

Bobbie Aitchison

3019 N. 35th St. Boise, Id. 83703

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

3019 N. 35th St. Boise, Id. 83703

6. Future effective date of filing (optional): _____

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

Signature B. Aitchison

Secretary of State use only

Typed Name: Bobbie Aitchison

Signature _____

Typed Name: _____

W 86135
 IDAHO SECRETARY OF STATE
 08/13/2009 05:00
 CK: 296867 CT: 172899 BH: 1182849
 1 @ 100.00 = 100.00 ORGAN LLC W 2