

No. W 84589	Due no later than Jun 30, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EMPOWER WHOLENESS LLC ELAINE J LEMON PO BOX 1072 EAGLE ID 83616 USA		ELAINE J LEMON 208 S ACADEMY AVE #160 EAGLE ID 83616			
			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
MANAGER	ELAINE J LEMON	3102 W CHAMPAGNE COURT	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 84589	6. Annual Report must be signed.* Signature: Elaine Lemon Name (type or print): Elaine Lemon		Date: 05/16/2013 Title: Founder			
Processed 05/16/2013		* Electronically provided signatures are accepted as original signatures.				