No. W 136036		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		MICHELLE HAVENS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTHY HAVEN MENTAL HEALTH, LLC MICHELLE HAVENS PO BOX 3858 IDAHO FALLS ID 83403		_	9671 NORTH 5TH EAST IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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 MICHELLE HA		AVENS	POST OFFICE 3852		IDAHO FALLS	ID	USA	83403
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: MICHELLE HAVENS			Date: 01/23/2018			
W 136036		Name (type or print): MICHELLE HAVENS			Title: OWNER			
Processed 01/23/2018 * Electronically provided signatures are accepted as original signatures.								