

No. W 142565		Due no later than Sep 30, 2016 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		1. Mailing Address: Correct in this box if needed. SPOOKY HAVEN LLC CORRIE CROW-HAMRICK 11368 W CREEKRAPIDS DR STAR ID 83669		CORRIE CROW-HAMRICK 11368 W CREEKRAPIDS DR STAR ID 83669-8366			
NO FILING FEE IF RECEIVED BY DUE DATE				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	CORRIE REXINE CROW-HAMRICK	11368 W. CREEKRAPIDS DR.		STAR	ID	USA	83669
5. Organized Under the Laws of: ID W 142565		6. Annual Report must be signed.* Signature: corrie crow-hamrick Name (type or print): corrie crow-hamrick					
		Date: 09/26/2016 Title: owner					
Processed 09/26/2016 * Electronically provided signatures are accepted as original signatures.							