

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 DEC 18 AM 8= 16

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

ine name of the limited liability con	npany is:	STATE OF IDAHO
	Care Haven, LLC	
The complete street and mailing ad-	dresses of the initia	designated/principal office
	ille Road, Moscow, ID 8	
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street addr	ess of the registere	d agent:
Madeleine Burgess	4980 Lenville	Road, Moscow, ID 83843
(Name)	(Street Address)	
<u>Name</u> Madeleine Burgess	Address 4980 Lenville Road, Moscow, ID 83843	
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		·
Mailing address for future correspon 4980 Lenvil	idence (annual repo lle Road, Moscow, ID-8	
Future effective date of filing (optional	al):	
nature of organizer(s). (An organizer is a	member, or is	•
g in behalf of a member or members).	<u></u>	Secretary of State use only
nature Madelier Bus	20 XX 3	Secretary of State use only
ed Name: Madeleine Burgess		USIPAW
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		16/10/6007