



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2014 MAR 31 AM 9:43

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

HEALTHY HAVEN MENTAL HEALTH, LLC

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

3522 BRIAR CREEK LANE AMMON, IDAHO 83406

(Street Address)

P.O. BOX 3858 IDAHO FALLS, IDAHO 83403

(Mailing Address, if different than street address)

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

MICHELLE HAVENS

(Name)

9671 NORTH 5TH EAST IDAHO FALLS, ID 83401

(Street Address)

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

**Name**

**Address**

HOLLIS MURRI

6283 SHARPTAIL RD IDAHO FALLS, ID 83401

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

P.O. BOX 3858 IDAHO FALLS, ID 83403

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Michelle Havens  
Typed Name: MICHELLE HAVENS

Signature Hollis Murri  
Typed Name: HOLLIS MURRI

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/31/2014 05:00  
CK: 2328 CT: 294982 BH: 1417788  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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