

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

7010 SEP 25 PM 12: 24

200	(instructions of	n back of application)	
	ne name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
Spook	/ Haven LLC			
	The complete street and mailing addresses of the initial designated office: 11368 W. Creekrapids Dr.			
	ddress) Iaho 83669 Address, if different than street ac	Netrose)		
	The name and complete street address of the registered agent:			
	Crow-Hamrick	11368 W. Cre	ekrapids Dr. Star, Idaho 83669	
(Name)		(Street Address)		
Corrie Crow-Hamrick Morgan Crow			11368 W. Creekrapids Dr. Star, Idaho 83669 11368 W. Creekrapids Dr. Star, Idaho 83669	
_	address for future cor W. Creekrapids Dr. Star, k	•	al report notices):	
6. Future	effective date of filing	(optional):		
Signature erson.	of a manager, meml	per or authorized		
Signature_	Comi Can-d	Comunic	Secretary of State use only IDAHO SECRETARY OF STATE	
Typed Name: Corrie Crow-Hamrick			09/25/2014 05:00 CK:2243406 CT:172099 BH:1 16 100.00 = 100.00 DRGAN	
Signature _/			W142565	
Typed Nam	e: & Morgan Crow	>	·	

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