

No. W 136036	Due no later than Mar 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEALTHY HAVEN MENTAL HEALTH, LLC MICHELLE HAVENS PO BOX 3858 IDAHO FALLS ID 83403		MICHELLE HAVENS 9671 NORTH 5TH EAST IDAHO FALLS ID 83401			
			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	MICHELLE HAVENS	9671 NORTH 5TH EAST	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 136036	6. Annual Report must be signed.* Signature: Michelle Havens Name (type or print): Michelle Havens		Date: 01/24/2017 Title: Owner			
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.				