CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 JUL 28 AM 9: 50

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:	ersigned use(s) in the transaction of
His Living Truth	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name Name Robert A. Havens Barbara A. Havens	: Complete Address
Wholesale Trade Construction	er the assumed business name is: and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: P.O. Box 283 North Fork, FD 83466	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: South men	Secretary of State use only
Printed Name: Robert A. Havens Capacity/Title:	IDAHO SECRETARY OF STATE 07/28/2014 05:00 CK:1342 CT:299450 BH:143498
Signature: <u>Barbara Havens</u> Printed Name: Barbara A. Havens	16 25.00 = 25.00 ASSUM NAME

ev. 07/2010

D172818

Capacity/Title: