

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: The Haven on Lake Pend Oreille	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Vitelen Van Orman Solution Solution Name Solution Solution Name N	
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Helen Van Orman 9090 Meadow Drive Provo Canyon, UT 84604	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above): The Haven on Lake Pend Oreille	Phone number (optional): 801-234-7441
445 Spades Road Sagle, 1D 83860 Signature: <u>Helen Van aman</u> (signature required)	Secretary of State use only
Printed Name: Helen Van Orman	

IDAHO SECRETARY OF STATE 67/28/2005 05:00 CK: 1886 CT: 158810 BH: 823682 1 8 25.88 ASSUM MARE # 2

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