Signature:\_\_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 SEP 11 AN 10: 20

Timig (65. \$25.	<b>00</b> .	EV( ) OLI		
The assumed business na	ame which the undersign	d use(s) in the transaction	RY OF STATE	
Havens Development		•		
	<del></del>			
		dress(es) of those doing busine	ess under	
the assumed business na	me (do <u>not</u> include the name	you listed in #1):		
Havens Consulting LLC	105 Grace Drive, Ha	105 Grace Drive, Hailey, Idaho 83333		
(Name)	(Address)			
Kimberly A Havens		105 Grace Drive, Hailey, Idaho 83333		
(Name)	(Address)			
William W Heidel (Name)		105 Grace Drive, Hailey, Idaho 83333		
(Name)	(Address)			
(Name)	(Address)			
	,,			
3. The general type of busine	ess transacted under the	assumed business name is:		
Retail Trade	Construction	Transportation and Popular	ublic Utilities	
Wholesale Trade	Agriculture	Mining		
Services	Manufacturing	🔀 Finance, Insurance, a	nd Real Estate	
4 Mailing addraga for futura	correspondence:	Nome and address for this s	akaawladamant	
4. Mailing address for future	correspondence.	<ol> <li>Name and address for this a copy is (if other than # 4):</li> </ol>	cknowledgment	
Kim Hawana Hawana Can	naultina I t O	COPY IS (II Other than # 4).		
Kim Havens, Havens Cor	isulting LLC	(Name)		
105 Grace Dr		(Harris)		
(Address)		(Address)		
Hailey, Idaho 83333				
(City)	(State) (Zipcode)	(City) (St	ate) (Zipcode)	
Printed Name: Kimberly A Ha	vens	Secretary of State use	only	
King Lelword 4	-1 2410-			
Signature: 1//// Out State of the State of t		IDAHO SECRETARY OF STATE		
Printed Name: William W Heidel		09/11/2017 05:00 CK:1266 CT:345420 BH:1602256		
$()^{\epsilon}$ M $()^{\epsilon}$		10 25.00 = 25.00 2		
Signature: Will / Nuell	<u></u>		n ==	
Printed Name:		D 196999		
Printed Name:		<u> </u>		

Rev. 08/2015