



Form Revision Date 07/2016

CERTIFICATE OF ASSUMED NAME

For use by DOMESTIC NONPROFIT CORPORATION

Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned execute the following Certificate:

| | |
|---|---|
| 1. The identification number assigned by the Bureau is: | <input type="text" value="802588961"/> |
| 2. The name of the nonprofit corporation is: | <input type="text" value="MYSTERY'S HAVEN INC."/> ▲▼ |

3. The assumed name under which business is to be transacted is:

CAPAC ANIMAL GUARDIANS

This document must be signed by an authorized officer or agent (corporations); a member, manager, or an authorized agent (limited liability companies); or general partner (limited partnerships):

Signed this 10th Day of February, 2021 by:

| Signature | Title | Title if "Other" was selected |
|-----------------|-----------|-------------------------------|
| Jennifer Sawyer | President | |

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF ASSUMED NAME

for

MYSTERY'S HAVEN INC.

ID Number: 802588961

to transact business under the assumed name of
CAPAC ANIMAL GUARDIANS

received by electronic transmission on February 10, 2021 **, is hereby endorsed.**

Filed on February 19, 2021 **, by the Administrator.**

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2026



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 19th day of February, 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau