

STATE OF MICHIGAN  
DEPARTMENT OF ATTORNEY GENERAL

**REGISTRATION #:**  
**61498**



**DANA NESSEL**  
ATTORNEY GENERAL

**EXPIRATION DATE:**  
**7/31/2020**

Parker Harvey PLC  
901 S. Garfield Ave., Ste 200  
Traverse City, MI 49686

This is your current  
**CHARITABLE SOLICITATION REGISTRATION**  
**Bear River Health Foundation**

- **The renewal form for this registration is due 30 days prior to above expiration date.** The Renewal Solicitation Form is available on the Attorney General Charitable Trust's website [www.mi.gov/charity](http://www.mi.gov/charity).
- **Extension** of the registration may be requested if required information will not be available prior to the renewal due date. A written request must be received on or before the above expiration date. If granted, a new expiration date will appear on our searchable database at [www.mi.gov/charity](http://www.mi.gov/charity). Notification will **not** be sent.
- **Throughout the year**, notify us within 30 days of changes in the following:
  - Address, or your name and any other names used
  - Board of directors or resident agent
  - Any information that appears on your organization report on our searchable database at [www.mi.gov/charitysearch](http://www.mi.gov/charitysearch).
  - Ceasing operations or merging with another organization
- Submit any **contracts** you enter into with professional fundraisers within 10 days of execution. Charities must verify the licensure of their professional fundraisers. Licensure can be verified at [www.mi.gov/charitysearch](http://www.mi.gov/charitysearch).
- **The Attorney General Registration number listed above must be referenced on all documents.**

Charitable Trust Section  
P.O. Box 30214  
Lansing, MI 48909

Phone: 517-335-7571  
Fax: 517-241-7074  
Email: [ct\\_email@mi.gov](mailto:ct_email@mi.gov)  
Website: [www.mi.gov/charity](http://www.mi.gov/charity)

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** CERTIFICATE OF ASSUMED NAME

***for***

BEAR RIVER HEALTH FOUNDATION

***ID Number:*** 802354171

to transact business under the assumed name of

BEAR RIVER ALUMNI ASSOCIATION

***received by electronic transmission on*** September 16, 2019, ***is hereby endorsed.***

***Filed on*** September 18, 2019, ***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, 2024



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 18th day of September, 2019.***

*Julia Dale*

***Julia Dale, Director***

***Corporations, Securities & Commercial Licensing Bureau***