



**Certificate of Assistance**  
**to**  
**Fundacion Red de Misericordia**

**To: Olga Noboa**

**In recognition of Fundacion Red de Misericordia's excellence in service and ministry to abused children in the Dominican Republic by providing for their basic physical needs, education, spiritual instruction and preparation to become useful and productive citizens, VISION OF HOPE Residential Treatment Center of Lafayette, Indiana, U.S.A. does hereby declare and enter into a Relationship of Assistance with Fundacion Red de Misericordia whereby Vision of Hope will provide advice and guidance in areas of strategic planning, policies and procedures, and will assist with problem resolutions, through on-site visits when possible, and direct communications and materials using available technologies.**

**Dated this 14th day of February, 2014**

**Mark E. Shaw, D.Min, Executive Director**

**STATE OF INDIANA )**

**COUNTY OF TIPPECANOE ) ss.**

On the 14th day of February, 2014, before me, the undersigned, a Notary Public in and for said County and State, personally appeared DR. MARK E. SHAW known or proven to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same.

Witness my hand and official seal.



**Paul D. Refior, Notary Public**

**In and for the State of Indiana, U.S.A.**

**My Commission Expires August 19, 2015**

**VISION OF HOPE 5652 Mercy Way, Lafayette, Indiana 47905**

**Telephone (765) 447-5900**

**Fax (765) 449-3703**