No. W 139574		Due no l	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
		STEARNS LENDING, LLC 555 ANTON BLVD 3RD FLOOR COSTA MESA CA 92626					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companie	es: Enter Nar	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER KATHERINE		T LE	4 HUTTON CENTRE DR 10TH FLOOF	R SANTA ANA	CA	USA	92707
MANAGER BRIAN S HA			4 HUTTON CENTRE DR 10TH FLOOF		CA	USA	92707
MANAGER GLENN B ST		EARNS	4 HUTTON CENTRE DR 10TH FLOOF	R SANTA ANA	CA	USA	92707
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
CA W 139574		Signature: Loriann Ventura		Date: 05/19/2015			
		Name (type or print): Loriann Ventura		Title: Vice President			
Processed 05/19/2015 * Electronically provided signatures are accepted as original signatures.							