

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

265 NOV - 2 AN 6:39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Par West Mortgage	
The true name(s) and business addr business under the assumed busines	name:
Name	Complete Address
Michael Joseph Parsons	101 N. Fourth Ave, Suite 201
	Sandpoint, ID 83864
Retail Trade Transport Wholesale Trade Construct Services Agricul	
✓ Manufacturing✓ Finance, Insurance, and Real I	Assumed Business Name and \$25.00 fee to:
The name and address to which futu correspondence should be addresse Des West Madresse	700 West Jefferson Basement West
Par West Mortgage	PO Box 83720 Boise ID 83720-0080
101 N. Fourth Ave, Suite 201	208 334-2301
5. Name and address for this acknowl copy is (if other than # 4 above): Michael J. Parsons	gment Phone number (optional): 208-265-4014
110 Columbia Street, Suite 206	Secretary of State use only
Vancouver, WA 98660	
ignature: (signature required) Printed Name: Michael J Parsons	1000 1000
apacity/Title: Owner	
(see instruction # 8 on back of form)	1 7 7 7