

EFFECTIVE

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

2007 JUN -6 PM 12:02

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

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SELECT MORTGAGE CONNECTIONS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
MILLER LYNN MCMILLEN	2924 LEEANN DRIVE
	TWIN FALLS, ID 83301

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

MILLER LYNN MCMILLEN  
 2924 LEEANN DRIVE  
 TWIN FALLS, ID 83301

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
 700 West Jefferson  
 Basement West  
 PO Box 83720  
 Boise ID 83720-0080  
 208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):  
 208-280-1447

Signature: *[Signature]*

(signature required)

Printed Name: MILLER LYNN MCMILLEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

0112116

IDAHO SECRETARY OF STATE  
 06/06/2007 05:00  
 CK: 1170170 CT: 172099 BH: 1058200  
 I @ 25.00 = 25.00 ASSUM NAME # 2

Copy to: [unclear] Revised 04/2003