

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

04 APR -2 PM 2:43
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:

SPECIALTY MORTGAGE

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

Name
C. MICHELLE LEE

Complete Address

5983 STATE ST. STE. B
BOISE ID 83703

DENNIS R. LEE

5983 STATE ST. STE. B
BOISE, ID 83703

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

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

SPECIALTY MORTGAGE
5983 STATE ST. STE. B.
BOISE, ID 83703

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):

Signature:

C. Michelle Lee

Printed Name:

C. MICHELLE LEE

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\assumed\assumed.pdf
Revised 04/2003

D 74921

IDAHO SECRETARY OF STATE
04/02/2004 05:00
CK: 1431 CT: 178877 DH: 737182
1 @ 25.00 = 25.00 ASSUM NAME # 3