FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME SEP 28 AM 9: 51

Pursuant to Section 53-504, Idaho Code, the undersigned RETARY UP STATE submits for filing a certificate of Assumed Business NameSTATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see Instruction # 8 on back of form)

THE MORTGAGE SPECIALISTS	
2. The true name(s) and business address(es) of business under the assumed business name: Name THE MORTGAGE SOLUTION LP	
3. The general type of business transacted under Retail Trade ☐ Transportation at Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: STEVEN NIELSEN 770 E CHUBBUCK ROAD CHUBBUCK, ID 63202 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301
nature: <u>Jamana Melsen</u> nted Name: TAMARA NIELSEN pacity/Title: PARTNER	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE 09/28/2006 05:00 CK: 923519 CT: 172899 BH: 977580 1 25.00 = 25.00 ASSUM NAME # 2