

# State of Idaho

Office of the Secretary of State

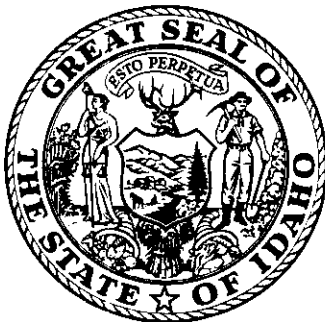
**CERTIFICATE OF AUTHORITY  
OF  
EXPERIENCE MORTGAGE, INC.**

File Number C 166824

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: 12 May 2006



*Ben Yursa*  
SECRETARY OF STATE

By *Shirley Redman*

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# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2006 MAY 12 PM 4:51

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:  
Experience Mortgage, Inc.
2. The name which it shall use in Idaho is: \_\_\_\_\_
3. It is incorporated under the laws of: Washington
4. Its date of incorporation is: 12/28/05
5. The address of its principal office is:  
1205 SE Professional Mall Blvd. Suite 112, Pullman, WA 99163
6. The address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_
7. The street address of its registered office in Idaho is: 206 S Main Street, Moscow, ID 83843  
and its registered agent in Idaho at that address is: Andrea Broenneke
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>Tamara Voshell</u>	<u>President</u>	<u>1205 SE Professional Mall Blvd #112</u> <u>Pullman, WA 99163</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 05/12/06Signature: Tamara VoshellTyped Name: Tamara VoshellCapacity: President

(The signer must be a director or an officer of the corporation.)

Customer Acct # \_\_\_\_\_

(If using pre-qualified account)

Secretary of State use only

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for\app\corporate\history\history\history  
Revised 10/2005  
Web Form

 IDAHO SECRETARY OF STATE  
 05/15/2006 05:00  
 CK: 883786 CT: 172899 BH: 954587  
 1 @ 100.00 = 100.00 AUTH PRO # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

c166824

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**EXPERIENCE MORTGAGE, INC.**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/28/2005.

I FURTHER CERTIFY that as of the date of this certificate, EXPERIENCE MORTGAGE, INC. remains active and has complied with the filing requirements of this office.

Date: March 9, 2006

UBI: 602-570-381



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State