CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned JUN 22 AM 9: 48	
1. The assumed business name which the ubusiness is: ST CHOICE MORTGAGE	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Jack Lawson	Complete Address 4714 KOOTEWAI ST BOISE, IO 83705
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional): 336-3435
1110 NORTH Five Mile Rd Boise, ID 83713	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Printed Name: Jack 1. Lawson Capacity: Owner / Broken	100 SECRETARY OF STATE 96/22/1998 99:00 CX: none CT: 100523 M: 121726 1 2 20.00 = 20.00 ASSUM MANE
(see instruction # 8 on back of form)	D14085