| 227   | ×   |
|---|---|
| CERTIFICATE OF ASSUMED BUSINESS NAME<br>(Please type or print legibly. See instructions on reverse)   |   |
| To the SECRETARY OF STATE, STATE OF IDAHO<br>Pursuant to Section 53-504, Idaho Code, the undersigned<br>gives notice of adoption of an Assumed Business Name. |   |
| <ol> <li>The assumed business name which the undersigned use(s) in the transaction of<br/>business is:</li> </ol>   |   |
| - AKE CITY  | IVIORTGAGE  |
| <ol><li>The true name(s) and business address(es) of the entity or individual(s) doing<br/>business under the assumed business name is/are:</li></ol>         |   |
| Name  | Complete Address  |
| PETER SWEENEY   | 4671 INVERNESS DR.  |
|   | POSTFALLS, ID. 83854  |
| <ol> <li>The general type of business transacted under the assumed business name is:<br/>(mark only those that apply)</li> </ol>                              |   |
| Retail Trade     Manufacturin     Wholesale Trade     Agriculture     Services     Construction 4. The name and address to which future                       | Finance, Insurance, and Real Estate   |
| correspondence should be addressed:   |   |
| P.D. 424  | Submit Certificate of<br>Assumed Business                                   |
| COA, IN. 83816  | Name and <b>\$20.00</b> fee to:<br>Secretary of State<br>700 West Jefferson |
| <ol> <li>Name and address for this acknowledgme<br/>COPY IS (if other than # 4 above).</li> </ol>   |   |
|   | 208 334-2301  |
|   | Secretary of State use only<br>IDAHD SECRETARY OF STATE                     |
| $\overline{\bigcirc}$   | 66/12/1998 09:00<br>CK: 4514 CT: 10002 DH: 119115                           |
| Signature: Juck June  | 1 8 28.00 = 20.00 ASSUM NAME  |
| Printed Name: Peter Sweeney   | 1-275   |
| Capacity: <u>President</u><br>(see instruction # 8 on back of form)   | and rate DISB28   |
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