CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

1.	The assumed business name which the un business is:	dersigned use(s) in the transaction of
	America's Servicing	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	<u>Name</u>	Complete Address
		MAC X2406-011, 1 Home Campus, Des Moines
	<u>C 98370</u>	Iowa, 50328-0001
	(mark only those that apply) Retail Trade Manufacturir	
	☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real E
	☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real E
٠.	Wholesale Trade Agriculture Services Construction The name and address to which future	Finance, Insurance, and Real E Mining Phone number (optional): 515/221-4762 Submit Certificate of
٠.	Wholesale Trade Agriculture Services Construction The name and address to which future correspondence should be addressed:	Finance, Insurance, and Real E Mining Phone number (optional): 515/221-4762
٠.	Wholesale Trade Agriculture Services Construction The name and address to which future correspondence should be addressed: Norwest Mortgage, Inc.	Finance, Insurance, and Real E Mining Phone number (optional): 515/221-4762 Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Wholesale Trade Agriculture Services Construction The name and address to which future correspondence should be addressed: Norwest Mortgage, Inc. MAC X2406-011, 1 Home Campus	Finance, Insurance, and Real E Mining Phone number (optional): 515/221-4762 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
	Wholesale Trade Agriculture Services Construction The name and address to which future correspondence should be addressed: Norwest Mortgage, Inc. MAC X2406-011, 1 Home Campus Des Moines, IA 50328-0001 Name and address for this acknowledgmen copy is (if other than # 4 above):	Finance, Insurance, and Real E Mining Phone number (optional): 515/221-4762 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080

1 8 20.00 = 20.00 ASSUM NAME # 2

D31733

Printed Name: Greg L. Schwager

Capacity: Assistant Vice President

(see instruction # 8 on back of form)