



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be filed by Date Filed: 12/12/2022 1:42:00 PM)

For Office Use Only

-FILED-

File #: 0005028695

Date Filed: 12/12/2022 1:42:00 PM

1. The name of the entity is: Allied Mortgage Group, Inc.
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
4. Jurisdiction of formation: Pennsylvania
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
225 City Avenue, Suite 102, Bala Cynwyd PA 19004
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
225 City Avenue, Suite 102, Bala Cynwyd PA 19004
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:

<u>S. Roy Chowdhury</u>	<u>President</u>	<u>225 City Avenue, Suite 102, Bala Cynwyd PA 19004</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Typed Name: S. Roy Chowdhury

Signature: _____

Capacity: President

Secretary of State use only

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: ALLIED MORTGAGE GROUP, INC.
Request Type: Subsistence Certificate **Issuance Date:** December 09, 2022
Request No.: 006190623 **File No.:** 0002772571
Receipt No.: 000284625
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: August 27, 1997
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

ALLIED MORTGAGE GROUP, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Leigh M. Chapman

Leigh M. Chapman
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

B0758-1326 12/12/2022 1:42 PM Received by Office of the Idaho Secretary of State