

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 10 SEP 27 AM 8: 32

## Please type or print legibly. Instructions are included on back of application.

SECHETARY OF STATE

monday, parameter and a second	STATE OF IDAHO
The assumed business name which the business is:	undersigned use(s) in the transaction of
	rion Home Loans
The true name(s) and <u>business</u> address business under the assumed business in the second control of the	name:
<u>Name</u>	<u>Complete Address</u>
Hyperion Capital Group, LLC	5885 SW Meadows Road Suite 850
(u)52562)	Lake Oswego, OR 97035
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est  4. The name and address to which future correspondence should be addressed:  Tara Pettersen  5885 SW Meadows Road Suite 850	ation and Public Utilities ion  Submit Certificate of Assumed Business Name and \$25.00 fee to:
Lake Oswego OR, 97035  5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
Signature:	_
Printed Name: Brian Carlsen	
Capacity/Title:_Managing Member Signature: Printed Name:	
Capacity/Title:	
abn.pmd	Rev. 07/2010 D 142382