

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

06 AUG 10 PM 12: 35

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

PLATINUM RESID	ENTIAL MORTGAGE
The true name(s) and business address(es business under the assumed business name Name  TRACY J. GOFF	of the entity or individual(s) doing ne: Complete Address 5700 E. FRANKLIN RD. NAMPA, ID.83687
The general type of business transacted unclass.	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
gnature: 4 9	Secretary of State use only  Solution of State use only  IDAHO SECRETARY OF STATE  OB/10/2006 05:4  CK: CASH CT: 158818 RH. W.
inted Name: RACY J. GOFF	E IDAHO SECRETARY OF STATE
pacity/Title: OWNER/PRESIDENT (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  88/10/2006 05:0  CX: CASH CT: 158918 BH: 969

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