



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2005 MAR -3 PM 2:14

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Mortgage Solutions P/Ls

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Joseph J Burgoyne</u>	<u>200 South Main Street</u>
<u></u>	<u>Suite H</u>
<u></u>	<u>Pocatello IDAHO 83204</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

200 South Main Street
Suite H
Pocatello ID 83204

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Joseph J Burgoyne
(signature required)
Printed Name: Joseph J Burgoyne
Capacity/Title: Owner/Broker

(see instruction # 8 on back of form)

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):

208 232-1837

Secretary of State use only

9/03/cpl/forms/labn forms abn 2/05
Revised 04/2003

IDAHO SECRETARY OF STATE
03/03/2005 05:00
CK: 831 CT: 158818 BH: 796429
1 @ 25.00 = 25.00 ASSUM NAME # 2

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