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State of Indiana
Office of the Secretary of State

CERTIFICATE OF ASSUMED BUSINESS NAME

of

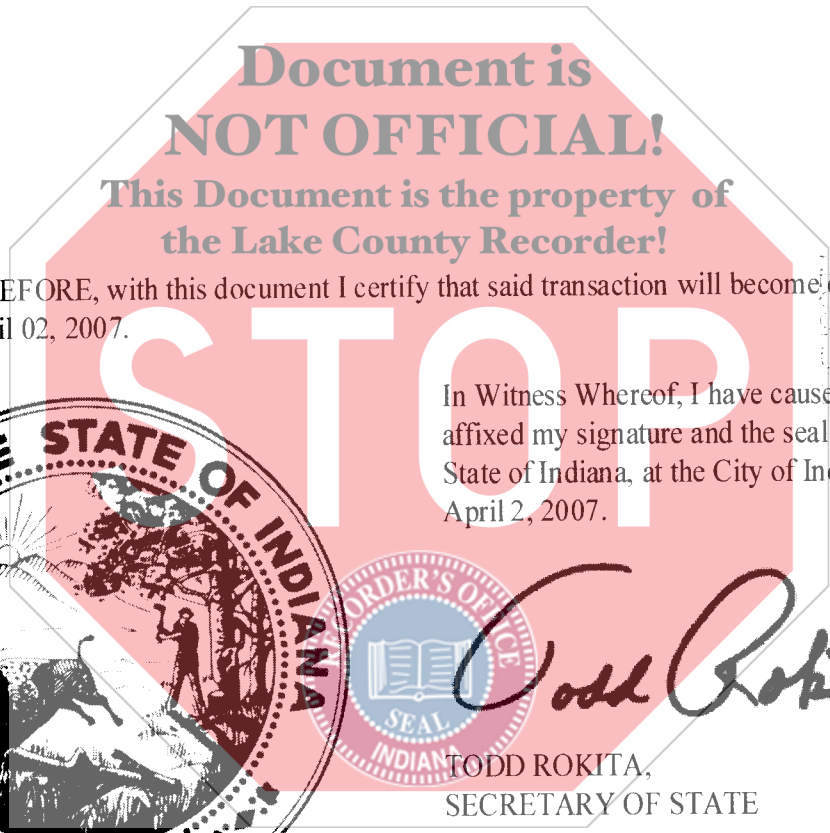
SPRING STREET HOME LOANS LLC

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above Delaware Foreign Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

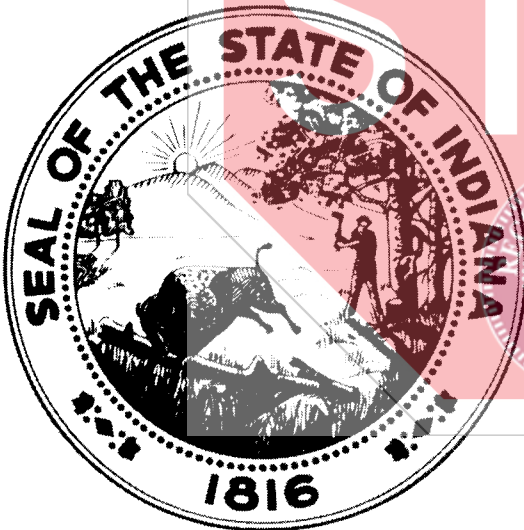
SPRING STREET HOME LOANS

2007 027867



NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, April 02, 2007.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 2, 2007.



Todd Rokita

TODD ROKITA,
SECRETARY OF STATE

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

35316
16⁰⁰
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**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Entities)**

State Form 30353 (R11 / 1-03)
State Board of Accounts Approved 2002

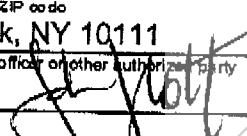
TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

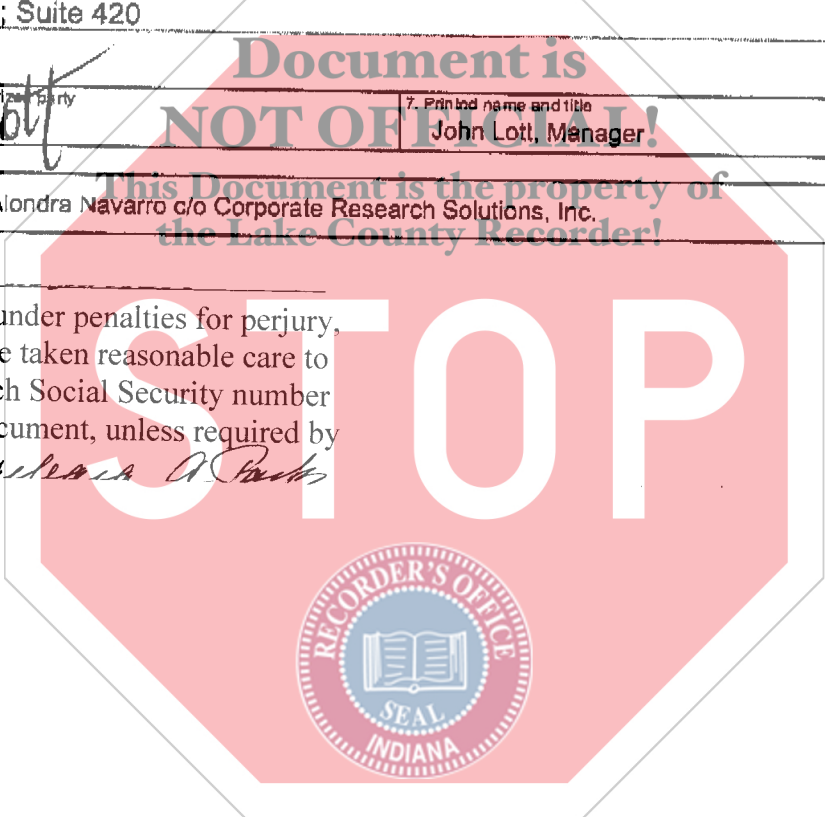
INSTRUCTIONS:

Use an 8 1/2" x 11" sheet of white paper for attachments.
Present original and one (1) copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership \$30.00
Not-For-Profit Corporation \$26.00

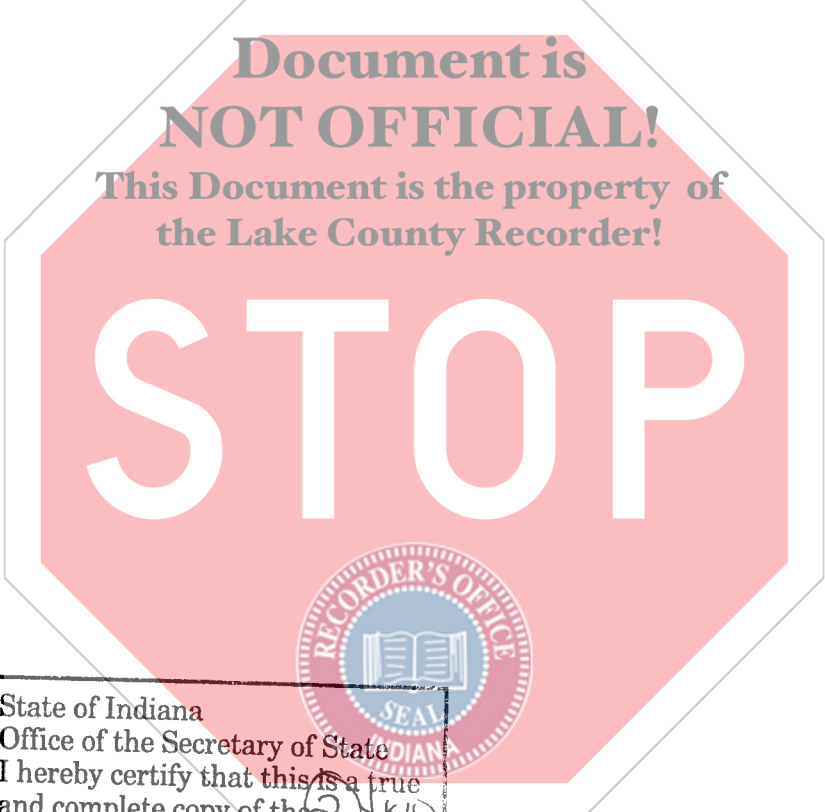
1. Name of entity Spring Street Home Loans LLC		2. Date of incorporation / admission / organization 1/30/07	
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) 756 N MAIN ST; STE K			
City, state and ZIP code CROWN POINT, IN 46307			
4. Assumed business name(s) Spring Street Home Loans			
5. Principal office address of the entity (street address) 45 Rockefeller Plaza; Suite 420			
City, state and ZIP code New York, NY 10111			
6. Signature of officer or other authorized party 		7. Printed name and title John Lott, Manager	
This instrument was prepared by: Alondra Navarro c/o Corporate Research Solutions, Inc.			



I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. *Barbara A. Parks*



2007 APR -2 2PM:29
RECORDING DIVISION




State of Indiana
Office of the Secretary of State
I hereby certify that this is a true
and complete copy of the 2140
page document filed in this office.
Dated April 2, 2007
By: [Signature]
This stamp replaces our previous
certification stamp.

Gene Robert
Secretary of State