

INDIANA SECRETARY OF STATE

2007.JUN 21 PM 12: 26.



## **CERTIFICATE OF ASSUMED BUSINESS NAME** (All Entities)

State Form 30353 (R12 / 10-06) Approved by State Board of Accounts 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

**Not-For-Profit Corporation** 

\$26.00

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1. Name of entity New State Mortgage, LLC	2. Date of incorporation / admission / 01/23/1998	မ	
3. Address at which the entitiy will do business or have an office in Indiana. If no office in Indiana, then state cure 8401 Virginia Street	rrent registered address (street addres	် (၁)	
City, state and ZIP code  Merrillville, IN 46410		-5-	
4. Assumed business name(s)  Home Equity Credit Company Documenti	S		
NOT OFFICE	. —	N	
5. Principal office address of the entity (street address) 8401 Virginia Street his Document is the pro-	operty of	ST/	
City, state and ZIP code  Mer/rillwille, IN 46410  the Lake County Reco	order!		
6. Signature of officer or other authorized party 7. Printed name and		<b>ပ်</b> ္ဘင္က g_Member	
		T AZG	
This instrument was prepared by:  Bill Jenkins, 8401 Virginia St	reet, Merrillv#1	ω S A 1e, IN 464	10



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