## 64253911

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0640003 Michael G. Adams Received and Filed 9/7/2022 2:58:27 PM

Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# Certificate of Withdrawal of **Assumed Name**

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### MY HOMETOWN MORTGAGE CORP.

2. The assumed name has been discontinued by:

### POLARIS HOME FUNDING CORP.

The date the origional certificate was filed: 3.

Friday, May 3, 2013

4. The mailing address is:

### 0-151 44TH STREET SW, GRANDVILLE MI 49418

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**Duane Vander Ark** 

9/7/2022