REVIEWED

By Jeff D. Jacob at 2:14 pm, Jun 02, 2022

NONDEPOSITORY DIVISION DIRECTOR KENTUCKY DEPARTMENT OF FINANCIAL INSTITUTIONS



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

0516282.12

dwilliams RNA

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/2/2022 2:23 PM Fee Receipt: \$20.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Renewal of Assumed Name (Domestic or Foreign Business Entity)		
Pursuant to the provisions of KR the following statements:	S 365, the undersigned appl	es to renew an assumed nar	ne and, for that purpose, submits
1. This certifies that the assume	d name of the business entit	y is:	
CHAMPION MO	ORTGAGE COMPANY		
	MORTGAGE LLC		
(The "real name" of entity or partne			
3. The "real name" is (you must on a Domestic General Part a Domestic Limited Liab a Domestic Limited Part a Domestic Business Trans a Domestic Corporation a Domestic Limited Liab a Domestic Statutory Trans a Domestic Limited Cool a Domestic Unincorporate A. The business entity is organized. The mailing address of the business of the business entity is organized.	tnership ility Partnership nership ust ility Company ust perative Association ated Non-profit Association zed and existing in the state of	a Foreign Unincorpo	ability Partnership artnership Frust ability Company Frust poperative Association arated Non-profit Association
Street Address or Post Office Box Nu	•		State Zip
I declare under penalty of perjur	y under the laws of Kentucky	nristopher Marshall	June 2, 2022
Signature of Authorized Party	nature of Authorized Party Printed Name		Date