

## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

0926184.09

kdcoleman ASN

Michael G. Adams Kentucky Secretary of State Received and Filed:

2/15/2023 2:06 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 Assumed Name (Domestic or Foreign Business Entity)		ASN	
Pursuant to the provisions of KRS following statement:	365, the undersigned applies	to assume a name and, for	that purpose, submits the	
The assumed name is: Keller I	Home Loans			
2. The name of the business enti	ty (and in the case of general r	partnership, the partners) the	at is/are adopting the assumed	
name:	, (	, , , , , , , , , , , , , , , , , , , ,		
Mutual of Omaha Mortgage, Inc.				
Name must be identical to the name or	record with the Secretary of State.)			
3. The "real name" is (you must ch				
a Domestic General Partnership a Foreign General Partne			al Partnership	
	Liability Partnership		a Foreign Limited Liability Partnership	
a Domestic Limited			a Foreign Limited Partnership	
a Domestic Business Trust				
a Domestic Corporation X a Foreign Corporation				
a Domestic Limited Liability Companya Foreign Limited Liability Company				
a Domestic Statutory Trusta Foreign Statutory Trust			ry Trust	
a Domestic Limited	Cooperative Association	a Foreign Limited	Cooperative Association	
a Domestic Uninco	rporated Non-profit Association	a Foreign Uninco	rporated Non-profit Association	
<ol> <li>This application will be effective the delayed effective cannot be p</li> </ol>				
5. The business is organized and	existing in the state or country	of Delaware	<u> </u>	
6. The mailing address is:				
3131 Camino Del Rio N Suite 1100	San Die	go CA	92108	
Street Address or Post Office Box Num	bers City	State	Zip	
I declare under penalty of perjury	under the laws of Kentucky tha	at the forgoing is true and co	orrect.	
for line	Terrence Connealy	President	7/13/23	
Authorized Party Signature	Printed Name	Title	Date /	