#### 58379390

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

1132389 Michael G. Adams Received and Filed

5/25/2023 5:42:11 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 The assumed name to be withdrawn is:

### RESIDENTIAL BANCORP

2. The assumed name has been discontinued by:

### MISSION LOANS, LLC

3. The date the origional certificate was filed:

Saturday, March 12, 2022

The mailing address is: 4.

#### 5 PARK PLAZA, STE. 900, IRVINE CA 92614

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

wendy cosgrove

5/25/2023