



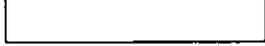
Fictitious Business Name Statement
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAY 11 PM 1:21

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:



1. Entity ID Number: 001700555	2. The name of the Limited Liability Company is: CrossCountry Mortgage, LLC	
3. The fictitious business name to be used is: Valere Financial		
4. The state or country the entity is formed is: Delaware	5. The date of formation is: 06/27/2003	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i>		
Name of Applicant Limited Liability Company CrossCountry Mortgage, LLC		Date 05/05/2023
Signature of Authorized Person <i>Denise Bell</i> DENISE BELL, MANAGER		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAY 11 2023 STAMP
 BY *SL* 53213

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.