

HI - SUB-SERVICING AND MASTER SERVICING INFORMATION

Licensee Name: _____

Date: _____

1. If your company utilizes a sub-servicer, please complete the "Sub-Servicer" section.
2. If your company sub-services for master servicers, please complete the "Master Servicer" section.

*Hawaii information only.

If none, please indicate so.

<i>Sub-Servicer Section</i>	
Name of Sub-Servicer	NMLS ID #

<i>Master Servicer Section</i>	
Name of Master Servicer	NMLS ID #