

State of Idaho

Office of the Secretary of State

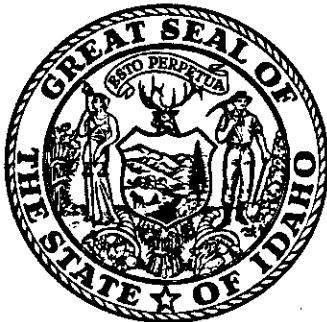
**CERTIFICATE OF AUTHORITY
OF
EASTLAKE MORTGAGE, INC.**

File Number C 170368

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 13, 2006



Ben Yursa

SECRETARY OF STATE

By

Sally Lloyd



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

FILED EFFECTIVE

2006 DEC 13 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is:
EASTLAKE MORTGAGE, INC.
- The name which it shall use in Idaho is: EASTLAKE MORTGAGE, INC.
- It is incorporated under the laws of: THE STATE OF WASHINGTON
- Its date of incorporation is: 12/8/2003
- The address of its principal office is:
1633 E. LAKE SAMMAMISH PL. SE SAMMAMISH, WA 98075
- The address to which correspondence should be addressed, if different from item 5, is:

- The street address of its registered office in Idaho is: 607 E. LAKESIDE AVE. COEUR D'ALENE, ID
and its registered agent in Idaho at that address is: JEFF ANDREWS **83814**
- The names and respective business addresses of its directors and officers are:

Name	Office Held	Business Address
<u>DAVE EDEN</u>	<u>PRESIDENT</u>	<u>1633 E. LAKE SAMMAMISH PL. SE</u>
_____	_____	<u>SAMMAMISH, WA 98075</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 12/6/2006

Signature: _____

Typed Name: DAVE EDEN

Capacity: PRESIDENT

[The signer must be a director or an officer of the corporation.]

Customer Acct # : _____

(If using pre-paid account)

Secretary of State use only

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forms\app\certificate_of_authority_for_profit.pmd
Revised 06/2005

Web Form

IDAHO SECRETARY OF STATE
12/13/2006 05:00
CK: 1730 CT: 207433 BH: 1019380
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C / 70368

UNITED STATES OF AMERICA

The State of Washington

Secretary of State



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
EASTLAKE MORTGAGE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/8/2003.

I FURTHER CERTIFY that as of the date of this certificate, EASTLAKE MORTGAGE, INC. remains active and has complied with the filing requirements of this office.

Date: December 6, 2006

UBI: 602-349-954



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State