CERTIFICATE OF

ASSUMED BUSINESS NAME THE PURSUANT 2 PM 2: 07

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name ECRETARY OF STATE OF

	Please type or print legibly. NOTE: See instructions on reverse befor	re filing.	STATE OF IDAHO	
1.	ne assumed business name which the undersigned use(s) in the transaction of usiness is:			
	REO SPE	CIALTIE	S	
2.	The true name(s) and business address(es) business under the assumed business nam Name Kelly Keams	e:	entity or individual(s) doing Complete Address 5 Ashlin Ct, Sandpolnt, Idaho. 8388	4
	Ashiey Keams	89	Riser creek rd, Hope, Idaho. 83836	3
	Favio Medina	89	Riser Creek rd, Hope, Idaho 83836	
	The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: REO Specialties 316 Ashiin ct Sandpoint Idaho 83864			
5 .		nt	. :	
			Secretary of State use only	
	ture: My flame (signature required) city/Title: (see instruction # 8 on back of form)	g/couplements to forestable and Revised 0/2/03	IDANO SECRETARY 0 95/12/2009 CK: 239111 CT: 172099 1 8 25.00 = 25.00 A	95:90