CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME OF STATE OF JOAHO

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

Home Ownership Resources of North Idaho	
2. The true name(s) and business address business under the assumed business Name Real Estate Resources, LLC	s(es) of the entity or individual(s) doing name: Complete Address 1710 N 4th St, Suite 105 Coeur d'Alene, ID 83814
Retail Trade Transport Wholesale Trade Construc Services Agricultu Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Es 4. The name and address to which future correspondence should be addressed: Real Estate Resources, LLC 1710 N 4th St, Suite 105 Coeur d'Alene, ID 83814	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above).	gment Phone number (optional): 208-651-4173
MM-MR ID	Secretary of State use only
Signature: (signature required) Printed Name: Michael B Sawicki Capacity/Title: Manager Response (see instruction # 8 on back of form)	

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