



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED/EFFECTIVE**

2002 OCT -4 PM 2:22

CLERK OF THE CLERK  
CLERK OF THE CLERK

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Manufactured Housing Warranty Corporation

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Residential Warranty Corporation

2920 N. Green Valley Parkway, Ste 321

C114742

Henderson, NV 89104

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

4. The name and address to which future correspondence should be addressed:

Manufactured Housing Warranty Corporation

5300 Derry Street

Harrisburg, PA 17111

Submit Certificate of  
Assumed Business  
Name and **\$20.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Manufactured Housing Warranty Corporation

Attn: Ann Wiewall; 5300 Derry Street

Harrisburg, PA 17111

Phone number (optional):

717-561-4480

Secretary of State use only

Signature: Kathleen D. Foley  
(signature required)

Printed Name: Kathleen D. Foley

Capacity/Title: Vice President

(see instruction # 8 on back of form)

9/10/01 forms/labn forms/labn.pdf  
Revised 09/2002

IDaho SECRETARY OF STATE  
10/04/2002 05:00  
CK: 2063 CT: 150010 BH: 525194  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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