

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Central Community Housing Trust of Minneapolis		09/28/2007	Non-Profit Corporation: MINNESOTA
RECEIVING PARTY DATA			
Name:	Aeon Homes		
Street Address:	1625 Park Avenue		
City:	Minneapolis		
State/Country:	MINNESOTA		
Postal Code:	55404		
Entity Type:	Non-Profit Corporation: MINNESOTA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	77017430	AEON	
CORRESPONDENCE DATA			
Fax Number:	(612)766-1600		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	6127667000		
Email:	trademarkmpls@faegre.com		
Correspondent Name:	Patricia I. Reding/Sarah M. House		
Address Line 1:	90 South Seventh Street		
Address Line 2:	2200 Wells Fargo Center		
Address Line 4:	Minneapolis, MINNESOTA 55402		
ATTORNEY DOCKET NUMBER:	56125-343355		
NAME OF SUBMITTER:	Sarah M. House		
Signature:	/Sarah M House/		

OP \$40.00 77017430

Date:

01/16/2008

Total Attachments: 2

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State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF NAME CHANGE

I, Mark Ritchie, Secretary of State of Minnesota, keeper of the Great Seal of the State and custodian of the documents pertaining to businesses governed by the laws of this State, do hereby certify that: The entity listed below has filed a name change with this office changing the name on the date listed below and that the entity has complied with the relevant laws of Minnesota with respect to that filing.

Old Name: Central Community Housing Trust of Minneapolis

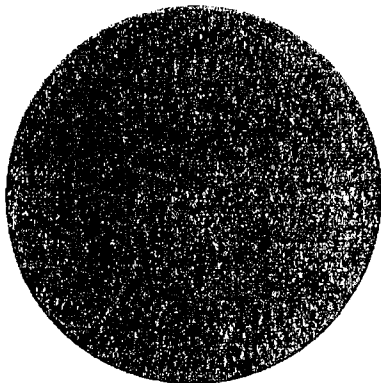
New Name: Aeon Homes

Date Name Change was filed: 09/28/2007

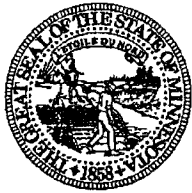
Chapter Governed By: 317A

Formed Under the Laws of: Minnesota

This Certificate was issued on: September 28, 2007



Mark Ritchie
Secretary of State.



**STATE OF MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF INCORPORATION**

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **Type or print in black ink.**
2. **There is a \$35.00 fee** payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

CENTRAL COMMUNITY HOUSING TRUST OF MINNEAPOLIS

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days **after** filing with the Secretary of State.

10/3/2007
Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE I

Article I of the Articles of Incorporation is hereby amended as follows:

The name of this corporation shall be Aeon Homes.

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

SEP 28 2007 ^{OK}

Marie Kitchie
Secretary of State

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.


(Signature of Authorized Person)

Name and telephone number of contact person: Joanne Kosciolk (612) 341-3148, ext. 207
Please print legibly Phone Number

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us , or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

bus4DCandNPAmemd,emt Rev.05-07