



STATE OF CALIFORNIA  
 BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
 DIVISION OF CODES AND STANDARDS  
 MANUFACTURED HOUSING PROGRAM

NUMBER: **8867241**

## MANUFACTURER CERTIFICATE OF ORIGIN

CHECK IF THIS IS A DUPLICATE MCO-ENTER ORIGINAL MCO NO.

<input checked="" type="checkbox"/> SFD (SINGLE FAMILY DWELLING) <input type="checkbox"/> MFMH (MULTIFAMILY MANUFACTURED HOME)	NUMBER OF TRANSPORTABLE SECTIONS <b>1</b>
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COMMERCIAL MODULAR:  
 OCCUPANCY GROUP

MANUFACTURER NAME: <b>CHAMPION HOME BUILDERS, INC.</b>	MANUFACTURER LICENSE NUMBER: <b>1218438</b>
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MANUFACTURER ADDRESS: (Street) <b>P.O. BOX 429</b> (City) <b>LINDSAY CA 93247</b> (State) (Zip)	SUGGESTED RETAIL PRICE: <b>111,637.00</b>
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MANUFACTURER TRADE NAME: <b>Creekside Manor</b>	MODEL NAME AND/OR NUMBER: <b>CM 2562L</b>	DATE OF MANUFACTURE: <b>05/07/2024</b>
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NAME OF DEALER OR TRANSFEREE (OWNERSHIP TRANSFERRED TO): <b>Modwest</b>	CALIFORNIA DEALER NUMBER OR TRANSFEREE DESIGNATION: <b>1574967</b>	DATE OF TRANSFER: <b>05/29/2024</b>
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DEALER OR TRANSFEREE ADDRESS: (Street) <b>864 Bauer Dr</b> (City) <b>San Carlos</b> (State) <b>CA</b> (Zip) <b>94707</b>
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INVENTORY CREDITOR NAME:  
**NORTHPOINT COMMERCIAL FINANCE**

INVENTORY CREDITOR ADDRESS: (Street) <b>11675 RAINWATER DR SUITE 450</b> (City) <b>ALPHARETTA GA 30009</b> (State) (Zip)
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SECTION (1-6)	MANUFACTURER SERIAL NUMBER	HCD INSIGNIA OR HUD LABEL NUMBER	LENGTH (INCHES)	WIDTH (INCHES)	WEIGHT (POUNDS)
1	009-000-H-A007240A	NTA2242718	672	172	26515

TRANSPORTER NAME:  
**CALIFORNIA MOBILE HOME SERVICE**

TRANSPORTER ADDRESS: (Street) <b>25317 RD 84 TULARE CA 93274</b> (City) (State) (Zip)
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DESTINATION FOR UNIT DESCRIBED ABOVE: (NAME) (Street) <b>1280 Wagstaff Rd #56</b> (City) <b>Paradise</b> (State) <b>CA</b> (Zip) <b>95969</b>
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I certify under penalty of perjury under the laws of the State of California that the above facts are true and correct.

Executed on **05/29/2024** at **Lindsay** **Tulare** **CA**  
 (Date) (City) (County) (State)

SIGNATURE OF AUTHORIZED AGENT: *Kim Hodson*

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 COPY 1 (WHITE) FORWARD TO THE DEPARTMENT AT P.O. BOX 276540, SACRAMENTO, CA 95827-6540, WITHIN FIVE (5) DAYS OF RELEASE.  
 COPY 2 (YELLOW) DELIVER TO THE TRANSPORTER TO ACCOMPANY THE UNIT TO ITS DESTINATION.  
 COPY 3 (GOLDENROD) TO BE RETAINED BY THE MANUFACTURER.