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CERTIFICATE OF ASSUMED BUSINESS NAME ⁰⁸ FEB - 4 AM 9: 26 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name CRETARY OF STATE STATE OF IDAHO NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
Desperate House	sekeepers
 The true name(s) and business address(es) of business under the assumed business name: Name Sandy Fields 	the entity or individual(s) doing Complete Address 2807 N Sharon Dr Post Falls, ID 83854
3. The general type of business transacted under Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Sandy Fields 2807 N Sharon Dr Post Falls, ID 83854	
5. Name and address for this acknowledgment COPY is (if other than # 4 above): Signature: Jacky Fields (signature required) Printed Name: Shady Fields Capacity/Title: Owner	Becretary of State use only IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	D118772