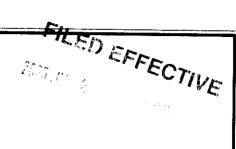


CERTIFICATE OF ASSUMED BUSINESS NAME



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.

The assumed business name which the u business is: SAS Cleaning	indersigned use(s) in the transaction of
	arvice.
2. The true name(s) and business address(e business under the assumed business na Name Lisa M. Laycock	es) of the entity or individual(s) doing me: Complete Address [Lo2] E. 3/d. Ave Post Falls ID 83854
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: LISA Laycock ILOZI E. 3rd Ave Post Falls, ID. 83854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	ent Phone number (optional): (208) 755-2636
	Secretary of State use only
Printed Name: Lisa m. Laycock Capacity/Title: (see instruction # 8 on back of form)	1000 1000