

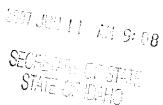
## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



The assumed business name which the under business is:	. ,
Hometown House	Keeping
The true name(s) and business address(es) of business under the assumed business name     Name	of the entity or individual(s) doing
Wholesale Trade Construction	er the assumed business name is:
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Bonita M. De Shields  5319 Ormsby Ave.  Caldwell, ID 83607	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than #4 above):</li> </ol>	t Phone number (optional): (208) 453-1015
	Secretary of State use only
Signature: Smith M. We Shields	Coolbo   C
Printed Name: Bonita M. De Shields	IDANO SECRETARY OF STATE  1040 SECRETARY OF STATE  1040 SECRETARY OF STATE
Capacity/Title: Owner	CK: 837 CT: 158010 BH: 1059038 1 0 25.00 = 25.00 ASSUM MANE # 2