

**Assumed Business Name - New Registration**

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER: 1578057-98**FILED**

JUL 19 2019

OREGON
SECRETARY OF STATE
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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. ASSUMED BUSINESS NAME: (To be registered)KS housekeeping and property cleaning

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2. DESCRIPTION OF BUSINESS: (Primary business activity)Cleaning Company**4. WHO IS AUTHORIZED TO REPRESENT THE OWNERS:**

(Authorized Representative) (One name only)

Kebra Adams**3. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)**38386 Shellburn DR
Scio OR 97374**5. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**38386 Shellburn DR
Scio OR 97374**6. NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES: (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)**

Name	Street Address	City	State	Zip
<u>Kebra Adams</u>	<u>38386 Shellburn</u>	<u>Scio</u>	<u>OR</u>	<u>97374</u>

7. COUNTIES:

<input type="checkbox"/> Baker	<input type="checkbox"/> Crook	<input type="checkbox"/> Harney	<input type="checkbox"/> Lake	<input type="checkbox"/> Morrow	<input type="checkbox"/> Union
<input type="checkbox"/> Benton	<input type="checkbox"/> Curry	<input type="checkbox"/> Hood River	<input type="checkbox"/> Lane	<input type="checkbox"/> Multnomah	<input type="checkbox"/> Wallowa
<input type="checkbox"/> ALL COUNTIES (Statewide)	<input type="checkbox"/> Clackamas	<input type="checkbox"/> Deschutes	<input type="checkbox"/> Jackson	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Polk
	<input type="checkbox"/> Clatsop	<input type="checkbox"/> Douglas	<input type="checkbox"/> Jefferson	<input checked="" type="checkbox"/> Linn	<input type="checkbox"/> Sherman
	<input type="checkbox"/> Columbia	<input type="checkbox"/> Gilliam	<input type="checkbox"/> Josephine	<input type="checkbox"/> Malheur	<input type="checkbox"/> Washington
	<input type="checkbox"/> Coos	<input type="checkbox"/> Grant	<input type="checkbox"/> Klamath	<input type="checkbox"/> Marion	<input type="checkbox"/> Tillamook
					<input type="checkbox"/> Wheeler
					<input type="checkbox"/> Umatilla
					<input type="checkbox"/> Yamhill

8. EXECUTION/SIGNATURE(S): (All owners/registrants must sign)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

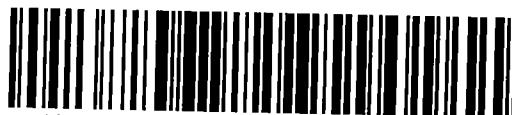
Signature:

Kebra Adams

Printed Name:

Kebra Adams**CONTACT NAME: (To resolve questions with this filing)**Kebra Adams**PHONE NUMBER: (Include area code)**541 974-6911

KS HOUSEKEEPING AND PROPERTY CL



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