



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 JUN 12 PM 3:39

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Hometown Pest Management

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(W203563) Smith & Sons LLC 1343 W Cobblefield Ct. Meridian, Idaho 83646
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

April Smith

(Name)

P.O. Box 11

(Address)

Kooskia, Idaho 83539

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

April Smith

(Name)

1343 W Cobblefield Ct.

(Address)

Meridian, Idaho 83646

(City)

(State)

(Zipcode)

Printed Name: April Smith

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/12/2018 05:00

CK:19222840 CT:172099 BH:1648519

10 25.00 = 25.00 ASSUM NAME #3

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