



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 OCT -3 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

1ST SHOT PEST CONTROL

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>NICK KUNZ</u>	<u>235B E YELLOWSTONE HWY ST. ANTHONY ID</u>
<u>JUBE KUNZ</u>	<u>235B E YELLOWSTONE HWY ST. ANTHONY ID</u>

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

BEN CLARK
235B E YELLOWSTONE HWY ST. ANTHONY

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

BEN CLARK
235B E YELLOWSTONE HWY ST. ANTHONY

Signature: [Handwritten Signature]

Printed Name: BEN CLARK

Capacity/Title: UPPER VALLEY CPA

Signature: _____

Printed Name: BEN CLARK

Capacity/Title: TREASURER -1ST SHOT

Secretary of State use only

IDAHO SECRETARY OF STATE
10/03/2011 05:00
CX: 24104914 CT: 150010 BH: 1292004
1 @ 25.00 = 25.00 ASSUM NAME # 2

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