

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2004 APR 21 PM 2: 02

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SATE OF IDAHO

The assumed business name which the undersigned business is: LiHLE FOOT PEST COUTROL	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Lionel Tabl " Hawkins 553 /	entity or individual(s) doing Complete Address MKinley M: Tch. 8320/
3. The general type of business transacted under the Retail Trade Transportation and Puttle Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Lionel Todd" Mulkins 553 mckinley parchello Tokho 8320	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): (28)232-9102
	Secretary of State use only
Signature: (signature required) Printed Name: Lichel Tool WWIII Capacity/Title: (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 94/21/2094 95:00 CK: 4356 CT: 158010 BH: 748598 1 0 25.00 = 25.00 ASSUM MANE 0 2