CANCELLATION OR AMENDMENT OF AM 11: 50 CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. Instructions are included on the back of the application)

| (Please type or print legibly. Instructions are i | ncluded on the back of the application UF STATE |
|---|--|
| To the SECRETARY OF STATE, STATE OF ID. Pursuant to Section 53-507 and 53-508, lof the action(s) indicated below: | AHO daho Code, the undersigned gives notice |
| 1. The assumed business name is: SPECIALTY | SPRAYS PEST CONTROL |
| 2. The assumed business name was filed with on 02-03-2003 as file number D62122 | the Secretary of State's Office |
| Cancellation. The persons who filed the above assumed business name and | e certificate no longer claim an interest in disconding the certificate in its entirety. |
| 4. The assumed business name is amend | ed to: |
| 5. The true names and business address business under the assumed business | · · · · · · · · · · · · · · · · · · · |
| Add: Delete: Name: | Address: |
| | |
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| O O | |
| 6. The type of business is amended to re | ad: |
| Retail Trade Manufacturir Wholesale Trade Agriculture Services Construction | Finance, Insurance, and Real Estate |
| 7. The name and address to which future is changed to read: | e correspondence should be addressed |
| Name and address for this acknowledgment of FRANK MAIDWELL | copy is: |
| 523 N HAPPY VALLEY RD | |
| NAMPA, ID 836\$7 | Secretary of State use only |
| Signature: Frank Wandwell | Secretary of State use only |
| Printed Name: FRANK MAIDWELL | |
| Capacity: OWNER | |
| Signature: Maidwell | |
| Printed Name: JAN MAIDWELL | |

OWNER

Capacity: