To: 12083342080 From: 12086434114 Date: 03/09/15 Time: 1:17 PM Page: 08/12

## FILED EFFECTIVE



9/21/2012

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2015 MAR -9 PM 3: 00

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

## Please type or print legibly.

	Instructions are included on back of app	olication.	•	
1.	The assumed business name which the unbusiness is:	ndersigned	use(s) in the transaction of	
	Armor Pest Defense			
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name  Sellars APD LLC.	ne:	ntity or individual(s) doing <u>Complete Address</u> way Dr. Ste. B Blackfoot ID 83221	
3.	The general type of business transacted use Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub		
4.	The name and address to which future correspondence should be addressed:  Sellars APD LLC.  1265 Parkway Dr. Ste. B Blackfoot ID 83221		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent		
Signa	ature: S		Secretary of State use only	
	ed Name; Shon Gregersen			
	ncity/Title: Member	ļ	IDAHO SECRETARY OF STATE	
Signature:			03/09/2015 05:00 CK:2645120 CT:172099 BH:146526 1@ 25.00 = 25.00 ASSUM NAME #	
Printed Name:				
Capacity/Title:				

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