



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

## FILED EFFECTIVE

2015 AUG 31 AM 9:46

SECRETARY OF STATE  
STATE OF IDAHO

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

Teton Valley Pest Control

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):

Robert A Loe                      7550 Dry Ridge RD                      Tetonia                      ID                      83452  
(Name)                                      (Address)                                      (City)                                      (State)                      (Zipcode)

\_\_\_\_\_  
(Name)                                      (Address)                                      (City)                                      (State)                      (Zipcode)

\_\_\_\_\_  
(Name)                                      (Address)                                      (City)                                      (State)                      (Zipcode)

\_\_\_\_\_  
(Name)                                      (Address)                                      (City)                                      (State)                      (Zipcode)

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:

Robert A Loe  
(Name)  
7550 Dry Ridge RD  
(Address)  
Tetonia                      ID                      83452  
(City)                                      (State)                      (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City)                                      (State)                      (Zipcode)

Printed Name: Robert A Loe

Signature: *Robert A Loe*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/31/2015 05:00

CK:1228 CT:314008 BH:1490193  
1@ 25.00 = 25.00 ASSUM NAME #2

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