

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2018 JAN 31 AM 8: 44

SECRETARY OF STATE STATE OF IDAHO

| 1. | The assumed business name which the undersigned use(s) in the transaction of business is: Armor Pest Defense | | | | |
|------------------------------|---|---|--|---|--|
| | | | | | |
| 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): | | | | |
| | Peterson APD LLC | 1265 Parkway Dr Ste B, Blackfoot ID 83221 | | | |
| | (Name) W 19 U DI | (Address) | | | |
| | (Name) | (Address) | | 7 | |
| | (Name) | (Address) | | | ************************************** |
| | (Name) | (Address) | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| 3. | The general type of business transacted under the assumed business name is: | | | | |
| | ☐ Retail Trade☐ Wholesale Trade☒ Services | Construction Agriculture Manufacturing | Mining | oortation and Public Ut) e, Insurance, and Rea | |
| 4. | Mailing address for future correspondence: | | Name and address for this acknowledgment copy is (# other than # 4): | | |
| | Peterson APD LLC (Name) | · | | | |
| | 1265 Parkway Dr Ste B | | (Name) | | |
| | (Address) Blackfoot ID 83: | 221 | (Address) | | |
| | (City) | (State) (Zipcode) | (City) | (State) | (Zipcode) |
| Printed Name: Shon Gregersen | | | 8 | ocrotary of State use only | <u> </u> |
| Sig | gnature: Sar | | | | |
| Printed Name: | | | IDAHO SECRETARY OF STATE 01/31/2018 05:00 | | |
| Signature: | | | CM:1916 CT:352056 BH:1624436 1G 25.00 = 25.00 ASSUM NAME #2 | | |
| Printed Name: | | | | D200011 | |
| Sig | nature: | | | | |

Rev. 06/2015