

Signature:__

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.



SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: THAT ONE GUY PEST CONTROL							
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):							
	TIM FISCUS	P. 0	P. O. BOX 771 BURLEY, ID 83318					
	(Name)	(Addre	(Address)					
	(Name)	(Addre	ess)					
	(Name)	(Addre	e5 s)					
	(Name)	(Addre	98 5)					
3.	The general type of business transacted under the assumed business name is:							
	☐ Retail Trade ☐ Construction ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Manufacturing			J	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate			
4.	Mailing address for future	ondence:	5.	 Name and address for this acknowledgment copy is (if other than # 4): 				
	THAT ONE GUY PEST CONTROL				781			
	(Name) P. O. BOX 771				(Name)			
	(Address)				(Address)			
		D	83318		G15-17	(State)	(Zipcode)	
	(City)	(State)	(Zipcode)		(City)	(5(8(8)	(Zipcode)	
Printed Name: TIM FISCUS					Secretary of State use only			
Signature: Printed Name: Signature:								
					IDAHO SECRETARY OF STATE 02/03/2017 05:00 CK:44619 CT:158010 BH:1567265 10 25.00 = 25.00 ASSUM NAME #2			
Printed Name:						D19191	1	
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Rev. 08/2015