

Pursuant to Section 53-504, Idaho Code, the undersigned FILED APR -7 AM 9: 59 submits for filing a certificate of Assumed Business Name. Please type or print legibly TE: Section 1 **CERTIFICATE OF**

NOTE: See instructions on reverse before filing.

SciMax Pest Solutions	
The true name(s) and business address(es) business under the assumed business name Name Colling Corporation	of the entity or individual(s) doing e: Complete Address 463 Hansen Ave #1, Idaho Falls, ID 83402
C159853	
3. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: SciMax Pest Solutions	Secretary of State 700 West Jefferson Basement West PO Box 83720
463 Hansen Ave #1	Boise ID 83720-0080
Idaho Falis, ID 83402	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
	Secretary of State use only
ignature:	Societary of State

CK: 6554 CT: 187633 BH: 803276 1 8 25.00 = 25.00 ASSUM NAME # 3