

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2004 JUN -3 PM 4: 12

STATE OF IDAHO

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

Pest Rx

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Robert V Scovil

Karen T Scovil

Complete Address

PO BOX 551

POCATELLO, ID 83204-0551

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input checked="" type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Pest Rx

PO Box 551

Pocatello, ID 83204-0551

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional): _____

Secretary of State use only

Signature: Robert Scovil (Signature required)

Printed Name: Robert Scovil

Capacity/Title: Owner

(see instruction # 8 on back of form)

D 76995