



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

06 MAY 17 PM 1:31

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Action lawn and tree care

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

Name

Action Pest LLC

W 50792

Complete Address

10 S. Honey dr. Nampa ID 83687

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 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:

Kristi De Pold

10 S. Honey dr.

Nampa, ID 83687

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

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

Phone number (optional):

Secretary of State use only

099973

IDaho SECRETARY OF STATE
05/17/2006 05:00
CK: 807156 CT: 172099 BH: 955249
1 P 25.00 = 25.00 ASSUM NAME # 3

Signature: Kristi De Pold
(signature required)

Printed Name: Kristi De Pold

Capacity/Title: Owner

(see instruction # 8 on back of form)