

Capacity/Title:___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

1256324 8:34

1)153586

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Royal Pest Extermination 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 100 Hale Road Space B Kamiah, ID 83536 Moriah Hale 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities ✓ Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Moriah Hale Boise ID 83720-0080 100 Hale Road Space B 208 334-2301 Kamiah, ID 83536 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: Motiah Hale Printed Name: Moriah Hale Capacity/Title: Owner Signature: _____ Printed Name: