

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.

(see instruction # 8 on back of form)

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OV OF CTATE

Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the undersigned business is: FCO PEST The true name(s) and business address(es) of the end business under the assumed business name: Name 	ntity or individual(s) doing Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature Printed Name: Jepopa Popular Canacity/Title: Ounce Operator	Secretary of State use only
Canacity/Title: Quinc Description	TRAUD SECRETARY OF STATE