



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.

10 JAN 13 AM 10:55

SECRETARY OF STATE
STATE OF IDAHO

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

Snake River Pest Specialties

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

Name

J. Michael Penn

Complete Address

P.O. Box 6 Parma, ID 83660

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

- Retail Trade
- Transportation and Public Utilities
- Wholesale Trade
- Construction
- Services
- Agriculture
- Manufacturing
- Mining
- Finance, Insurance, and Real Estate

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

Same

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Same

Secretary of State use only

Signature: J. Michael Penn
(Signature required)

Printed Name: J. Michael Penn

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

1/13/2010 05:00
CK: CASH CT: 158810 BH: 1283258
1 P 25.00 = 25.00 ASSUM NAME # 2

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