



# 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 FEB 27 PM 2: 26

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

L and E Custom Extermination

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

Name

Complete Address

LARRY JAKE LANGLEY 407 Broad St. Boise ID 83702  
ERIC STOCKTON SHIRA 407 Broad St. Boise ID 83702

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input checked="" type="checkbox"/> Services                 | <input checked="" type="checkbox"/> Agriculture              |
| <input checked="" 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:

407 Broad St.  
Boise ID 83702

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):

208 720 9189

Secretary of State use only

Signature: [Signature]

(signature required)

Printed Name: LARRY LANGLEY

Capacity/Title: CO-Owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE  
02/27/2006 05:00  
CK: CASH CT: 150010 BH: 939053  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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