

Signature: 100

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

10 SEP -2 PM 1: 10

FILED EFFECTIVE

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

SECRE ARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the unbusiness is: A Pest Cont.	
2. The true name(s) and business address(e business under the assumed business name Name Tose Alberto Avvoyo	s) of the entity or individual(s) doing
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	n and Public Utilities Submit Certificate of
 Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 	Idaho Secretary of State 450 N 4th Street
Jose Alberto Arroyo 2913 E 3600 N #137 Twin Falls, Id. 83301	PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent
	Secretary of State use only

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IDAHO SECRETARY OF STATE
09/02/2010 05:00

CK: 14139531116 CT: 158010 BH: 1237400
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