

Capacity/Title:

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

2912 MAR 15 AM 10: 16

SECRETARY OF STATE STATE OF IDAHO

D154075

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

 The assumed business name which the ubusiness is: 	andersigned dae(a) in the transaction of
INTERSTATE PEST CON	TROL LAWN AND LANDSCAPE
The true name(s) and <u>business</u> address(e business under the assumed business name <u>Name</u> GEOFFREY HOADLEY	
3. The general type of business transacted	
 □ Retail Trade □ Wholesale Trade □ Construction ☑ Services □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: GEOFFREY HOADLEY PO BOX 441 MARSING, ID 83639	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
	Secretary of State use only
nature: MANN	-
nted Name: GEOFFREY HOADLEY pacity/Title: OWNER	-
nature:	
nted Name:	93/15/2012 05:00 CK: 13928 CT: 268199 BH: 13152

abn.pmd Rev. 07/2010