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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/21/2023 2:25 PM Fee Receipt: \$20.00



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)  ASN			
following statement:	6 365, the undersigned applies to as	sume a name and, for th	nat purpose, submits the	
The assumed name is:	ud Services			
2. The name of the business enti	ty (and in the case of general partne	ership, the partners) that	is/are adopting the assumed	
name:				
Rentokil North America, Inc.				
Name must be identical to the nam	e on record with the Secretary of Sta	te.)		
3. The "real name" is (you must ch	eck one):			
a Domestic General Partnership		a Foreign General	a Foreign General Partnership	
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership	
a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Business Trust		a Foreign Business Trust		
a Domestic Corporation		X a Foreign Corporation		
a Domestic Limited Liability Company		a Foreign Limited Liability Company		
a Domestic Statutory Trust		a Foreign Statutory Trust		
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association		
a Domestic Unincorporated Non-profit Association a Foreign Unincorporated Non-profit Association			porated Non-profit Association	
4. The business is organized and	d existing in the state or country of $\underline{}^{\mathrm{I}}$	Pennsylvania		
5. The mailing address is:				
1125 Berkshire Blvd., Suite 150	Wyomissing	PA	19610	
Street Address or Post Office Box	Numbers City	Stat	te Zip	
I declare under penalty of perjury	under the laws of Kentucky that the	forgoing is true and cor	rect.	
/s/WILLIAM MCALLISTER	WILLIAM MCALLISTER	SECRETARY	11/15/2023	
Authorized Party Signature	Printed Name	Title	Date	