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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/21/2023 2:30 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:	365, the undersigned applies to as	sume a name and, for th	nat purpose, submits the
The assumed name is:	ix commercial		·
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 che	eck one):		
a Domestic General Partnership		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 Uninco	rporated Non-profit Association	a Foreign Unincorp	porated Non-profit Association
4. The business is organized and	existing in the state or country of _	ennsylvania	
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