



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

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Michael G. Adams Kentucky Secretary of State	
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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**

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: Terminix
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
Rentokil North America, Inc.

Name must be identical to the name on record with the Secretary of State.)

- The "real name" is (you must check one):

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input checked="" type="checkbox"/> a Foreign Corporation
<input type="checkbox"/> a Domestic Limited Liability Company	<input type="checkbox"/> a Foreign Limited Liability Company
<input type="checkbox"/> a Domestic Statutory Trust	<input type="checkbox"/> a Foreign Statutory Trust
<input type="checkbox"/> a Domestic Limited Cooperative Association	<input type="checkbox"/> a Foreign Limited Cooperative Association
<input type="checkbox"/> a Domestic Unincorporated Non-profit Association	<input type="checkbox"/> a Foreign Unincorporated Non-profit Association

4. The business is organized and existing in the state or country of Pennsylvania

5. The mailing address is:

<u>1125 Berkshire Blvd., Suite 150</u>	<u>Wyomissing</u>	<u>PA</u>	<u>19610</u>
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

<u>/s/WILLIAM MCALLISTER</u>	<u>WILLIAM MCALLISTER</u>	<u>SECRETARY</u>	<u>11/15/2023</u>
Authorized Party Signature	Printed Name	Title	Date