E	RTIFICATE OF ASSUMED E (Please type or print legi		S NAME	
To	the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Coo gives notice of adoption of an Assume	IDAHO de, the unders d Business N	signed 28 12 09 PN STATE	
1.	The assumed business name which the unbusiness is:	ndersigned us	se(s) in the transaction of	
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	<u>Name</u>	<u>Co</u>	mplete Address	
	William H Lemon Duane Lemon	737050 RFD An	Meridian Rd-83642 and Tim FD	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☒ Agriculture ☐ Services ☐ Construction	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning	÷
4.	The name and address to which future correspondence should be addressed:		Submit Certificate of	
	Mendian Fd. 83642		Assumed Business Name and \$20.00 fee to:	
	Mondiantd, 93642		Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 02/28/1997 0900 68425 CK #: 746 CLIST# 77388 ASSUM NAME 18 20.00= 20.00

Signature William Hemon Printed Name: William # Le M ON Capacity: 8 Wire 4-(see instruction # 8 on back of form)

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