



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

FILED EFFECTIVE

10 NOV 15 AM 8:24
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

EXIT 3 ANTIQUES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Jim Lyon</u>	<u>1775 SW 1st AVE FRUITLAND</u> <u>IDAHO 83619</u>
<u>PAT LYON</u>	<u>4510 S.E. 3rd AVE NEW PLUMOUTH</u> <u>IDAHO 83655</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

1929 SW 1st AVE
FRUITLAND, IDAHO
83619

5. Name and address for this acknowledgment copy is (if other than # 4 above):

AS ABOVE

Signature: Jim Lyon

Printed Name: Jim Lyon

Capacity/Title: OWNER/OPERATOR

Signature: PAT LYON

Printed Name: PAT LYON

Capacity/Title: CO-OWNER/OPERATOR

Secretary of State use only

IDAHO SECRETARY OF STATE
11/15/2010 05:00
CK: 1159 CT: 252006 BH: 1247238
1 @ 25.00 = 25.00 ASSUM NAME # 2

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