(Please type or print legibly. See instructions on reverse.)				
CERTIFICATE OF ASSUMED BUSINES: NAME (Please type or print legibly. See instructions on reverse.)  To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name!  1. The assumed business name which the undersigned use (s) in the transaction of the business is:				
gives notice of adoption of an Assumed Business Name! / / Amount of the description of the second of the description of the des				
	Lyons Farm & Ranch		TOAHO TE	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Debbie McDonald  4423 N 1600 E Buhl, ID 83316				
Ray Mc		11	11	
Kay ite	Donard		· · · · · · · · · · · · · · · · · · ·	
### Comparison of the content of the	3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade			
BOX	. 87		Secretary of State use only	
TWI	N FALLS, IDA. 83303	Revision 2/97	19949 SECRETARY OF STATE	
Signature: Soldie McDonald		Revisk	05/16/2601 09:00 CK: 6426 CT: 24085 BH: 396242	
Printed Name: DEbhie McDonALD		gwd.	1 6 28.80 = 29.86 ASSUM WANE # 5	
Capacity:(see instruction # 8 on back of form)		LoopMormstabn pm6	D45205	