## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

4 04 PH '00 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 wayse.			
1.	The assumed business name which the unbusiness is:	dersigned us	e(s) in the tran	saction of
	Yvonne D. Lyons I	nternation	al Impor	+ Merchant
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Vvonnt D. Yons	Cor 712 N.	nplete Address Of Chard 5	<del>2</del> 4.
		Suite	201	
		Boise	IO	83706
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade	Fin	•	nd Public Utilities ce, and Real Estate
4.	The name and address to which future Phone number (optional):correspondence should be addressed:			
	SAME AS About (SAA)	,	Submit Certifi Assumed Bus Name and <b>\$2</b>	siness
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	ıt	Secretary of S 700 West Jeff Basement We PO Box 8372 Boise ID 8372 208 334-2301	ferson est 0 20-0080
		12/99	Secretary of St IDAHO SECRETARY	•
natı	ure: Uronne D. Lyons	Revision 12/99	<b>06/21/200</b> X: 3391 CT: 13265	0 09:00 5 BH: 328025

Sigr Printed Name: Yvonne D. Lyons

Capacity: Cuner

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM NAME # 2

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