



CERTIFICATE OF ASSUMED BUSINESS 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 business is:

LYONS FEATHERED NEST

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	Complete Address
<u>CHARLES T. LYONS</u>	<u>4001 STATE Hwy 3, P.O. Box 303, Troy, ID 833</u>
<u>SHIRLEY A JOHNSON LYONS</u>	<u>4001 STATE Hwy 8, P.O. Box 303, Troy, ID 83371</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-835-8944

CHARLES T. LYONS / SHIRLEY A JOHNSON LYONS
P.O. Box 303
TROY, ID 83371

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Shirley A Johnson Lyons

Printed Name: SHIRLEY A JOHNSON LYONS

Capacity: Proprietor

(see instruction # 8 on back of form)

Revision 1/88
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Secretary of State use only
IDAHO SECRETARY OF STATE

06/22/1998 09:00
CX: 3984 CT: 188546 BH: 121018

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