



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
FEB -2 PM 2:38

SECRETARY OF STATE
STATE OF IDAHO

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

KINGS OF SWING

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

Tom PHELPS

10790 W. HICKORY DR.
BOISE, ID 83713

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

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

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

Tom PHELPS
KINGS OF SWING
10790 W. HICKORY DR. BOISE ID
83713

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

Signature: Tom Phelps

Printed Name: Tom PHELPS

Capacity/Title: DIRECTOR

(see instruction # 8 on back of form)

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

Phone number (optional):

(208) 327 0049

Secretary of State use only

g:\corp\forms\labn form\labn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
02/02/2004 05:00
CK: CASH CT: 150010 BN: 725113
1 @ 25.00 = 25.00 ASSUM NAME # 2

D72738