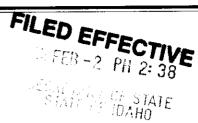


Capacity/Title: Director

(see instruction #8 on back of form)

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.

The assumed business name which the unbusiness is: KINGS OF SWING	dersigned	use(s) in the transaction of
The true name(s) and <u>business</u> address(es business under the assumed business name <u>Name</u>) of the ent e:	Complete Address
Tom HIECPS	10790	W. HICKORY DR., BOISE, ID 83713
The general type of business transacted u		
Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining		Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: Tom Press Kines of Suine		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	837(5	Phone number (optional): (208) 327 0049
	an an	Secretary of State use only
ted Name: Tom PHELPS	rmslabn formslabn.p65 evised 01/2001	tdaho secretary of state

02/02/2004 03:05 CK: CASH CT: 158818 BH: 725113 9 25.96 = 25.98 ASSUM NAME # 2