

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page)

FILED

99 JUN 30 AM 8:39

STATE OF IDAHO

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 uses in the transaction of  
Business is:

Swing Scene

2. The true name(s) and business address(es) of the entity or individual(s) doing  
Business is/are:

Name  
Dr. Chris A. Satchwell

April Satchwell

Complete Address

2373 Haw Creek Blvd., Emmett, Idaho 83617

2373 Haw Creek Blvd., Emmett, Idaho 83617

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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Retail Trade  
Wholesale Trade  
Services

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Manufacturing  
Agriculture  
Construction

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Transportation and Public Utilities  
Finance, Insurance and Real Estate  
Mining

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

Dr. Chris A. Satchwell and April Satchwell  
2373 Haw Creek Blvd.  
Emmett, Idaho 83617

Phone number (optional): \_\_\_\_\_

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

FIRST SECURITY BANK N.A.  
COMMERCIAL LOAN DOCUMENTATION CENTER  
P.O. BOX 8203  
BOISE, IDAHO 83787

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: \_\_\_\_\_

Printed Name: Dr. Chris A. Satchwell

Signature: \_\_\_\_\_

Printed Name: April Satchwell

(see instruction #8 on other sheet)

Secretary of State Use Only

IDAHO SECRETARY OF STATE

06/30/1998 09:00  
CK: 548 CT: 100065 BH: 124046

1 @ 20.00 = 20.00 ASSUM NAME

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