



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.

FILED EFFECTIVE
NOV 30 11 00 AM '09
BOISE

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

KNOCKOUTS

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>LEE A. RICE II</u>	<u>4935 ALBION SUITE 102 BOISE ID 83705</u>
<u>STEVEN B. BLAIR SR</u>	<u>12598 W. NORRISTOWN ST BOISE ID 83709</u>
<u>STELLA R. BLAIR</u>	<u>" "</u>

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" 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): 208 344 8550

4935 ALBION SUITE 102
BOISE IDAHO 83705

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

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

Signature: Lee A Rice II

Printed Name: LEE A. RICE II

Capacity: _____

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only

IDAHO SECRETARY OF STATE

11/30/2008 09:00
CK: CASH CT: 139054 IN: 363592

1 @ 20.00 = 20.00 ASSUM NAME # 2

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