

# CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

JAN 12 4 54 PM '01

SECRETARY OF STATE

1. The assumed business name is: KNOCKOUT
2. The assumed business name was filed with the Secretary of State's Office on 11-29-00 as file number D40840.
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☐ The assumed business name is amended to: KNOCKOUT \$ SPORTS & EVENT CENTRE
6. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add: Delete:

Name:

Address:

- |                                     |                                     |                         |  |
|-------------------------------------|-------------------------------------|-------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>LEE A. RICE II</u>   | <u>4935 ALBION SUITE 102 BOISE 05</u>  |
|                                     |                                     | <u>STELLA R. BLAIR</u>  |  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>STEVEN B. BLAIR</u>  | <u>12598 W. NARRISTOWN ST BOILE 09</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>KNOCKOUT \$, INC</u> | <u>4935 ALBION SUITE 102 BOISE 05</u>  |

7. ☐ The type of business is amended to read:

- |  |  |  |
|--|--|--|
| <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                              |

8. ☐ The name and address to which future correspondence should be addressed is changed to read:

9. Name and address for this acknowledgment copy is:

Signature: Lee A. Rice II

Printed Name: LEE A. RICE II

Capacity: OWNER/INC. PRES.

(see instruction # 4 on back of form)

g:\corpforms\abnchag.pms Revision 2/99

Secretary of State use only  
IDAHO SECRETARY OF STATE

01/16/2001 09:00  
CK: 2056 CT: 140028 BH: 372634

1 @ 10.00 = 10.00 ASSUM AMEN # 4