

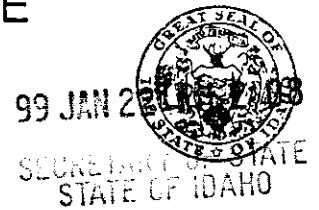
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions **FILED**)

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.

99 JAN 29 AM 10:25



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

Alpine Leather Company

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

<u>Name</u>	<u>Complete Address</u>
<u>Joe Hess</u>	<u>P.O. Box 919</u>
	<u>Twin Falls ID 83303-0919</u>

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

- | | | |
|--|--|--|
| <input checked="" 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 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): _____

Alpine Leather
404 4th Ave West
Twin Falls, ID. 83301

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):

Joe Hess
P.O. Box 919
Twin Falls, ID 83303-0919

Signature: Joe Hess
 Printed Name: JOE HESS
 Capacity: OWNER
 (see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE
01/29/1999 09:00
CK: 652 CT: 110361 BH: 103166
1 @ 20.00 = 20.00 ASSUM NAME # 2
D 22631

Revision 2/97
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