227	PO CONTRACTOR OF THE PARTY OF T
CERTIFICATE OF ASSUMED BUSINESS NAME: (Please type or print legibly) 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.	
The assumed business name which the ur business is: Austvalian Sheepskin Com	ndersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business name Name Stephanie Link	s) of the entity or individual(s) doing me is/are: Complete Address 2300 E 17th 8t Idaho Falls, ID 83404
3. The general type of business transacted under the assumed business name is: Retail Trade	
Rexburg, 15 83440 5. Name and address for this acknowledgmen copy is (if other than # 4 above): Stephanie Link	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
P.O. BOX 4/3 Kettle Falls, WA 99/4/ Signature: Stiphane Sink	Secretary of State use only
Capacity: () Whey (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 98/31/2001 05:00 CK: 1159 CT: 150785 BH: 416865 1 8 20.00 = 20.00 ASSUM HAME \$ 2

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