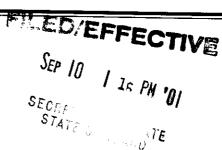


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



TWINKLE GIFTS GALO		
2. The true name(s) and <u>business</u> address(es business under the assumed business nam Name SHERLY WIRAWATI	e: <u>1446</u> 6	tity or individual(s) doing Complete Address W. COMISKY DR. J.D 83-713
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub	
4. The name and address to which future correspondence should be addressed: SHERLY WIRAWATI 14466 W- COMISKY DR. BOISE, ID \$3713		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above); 	ent	Phone number (optional):
signature:Suluw	5001	Secretary of State use only
Printed Name: SHERLY WIRAWATI Capacity: OWNER (see instruction # 8 on back of form)	g-toorpiformslabn formslabn p65 Revised 01:2001	IDAHO SECRETARY OF STATE 19/10/2001 05:0 CK: 1034 CT: 151100 BH: 416 1 0 20.00 = 20.00 ASSUM NAM

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