



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
APR 14 2000

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

A Twist of the Past

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>John Gabrys</u>	<u>10555 Hawthorne Bend Rd</u>
	<u>PO Box 1593 #166</u>
<u>DE Gabrys</u>	<u> </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): _____

John Gabrys
PO Box 1593
Eagle ID 83616

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

04/14/2000 09:00
CK: 1600 CT: 129017 BH: 309267

1 @ 20.00 = 20.00 ASSUM NAME # 2

D35002

Signature: De Gabrys

Printed Name: De Gabrys

Capacity: Partner

(see instruction # 8 on back of form)