



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.

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

Advanced Glassblowing Group Co.

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: PATRICIA GARIBAY

Complete Address

1227 S. Reynolds Rd.

COEUR D'ALENE, ID. 83814

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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) (208) 765-0901

~~1227 S. Reynolds Rd. PATRICIA GARIBAY~~
1227 S. Reynolds Rd.
COEUR D'ALENE, ID 83814

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:
25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: [Signature]

Printed Name: PATRICIA GARIBAY

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/99

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IDAHO SECRETARY OF STATE
09/08/2003 05:00
CK: 1985 CT: 158018 BH: 708565
1 @ 25.00 = 25.00 ASSUM NAME # 2

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