(Please type or print legibly. See instructions on reverse.) CERTIFICATE OF ASSUMED BUSINESS NAME 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: Cascade Lasers = 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 10702 W. Dason Ct. Boise ID 837/5 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: Thomas R. Submit Certificate of Assumed Business Vason ct. Name and \$20.00 fee to: 83713 Boise, In Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720/ 1/2 Boise ID 83720-0080 Same 208 334-2301 Secretary of State use only LOAND SECRETARY OF STATE 01/27/2000 09:00 CK: 1653 CT: 125823 BH: 284878 Printed Name: THOMAS R. YOUNG MD 1 8 20.00 = 20.00 ASSUM NAME # 3 Capacity: VMACIPAL N 32518

(see instruction # 8 on back of form)