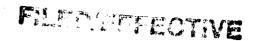


CERTIFICATE OF ASSUMED BUSINESS NAME



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

02 JUN - 3 PM 2: 28

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

STATE OF IDAHO

1. The assumed business name which the under business is: THE GLASS PYRAM	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name MICHAEL DAVID ANDREWS	Complete Address
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: THE GLASS PYRAMED 1160 W. KIMRA ST. MERIDIAN, ID 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
Signature: Mill D. Andrew S Printed Name: MICHAEL D. ANDREWS Capacity/Title: Formulase Control	IDAHO SECRETARY OF STATE 96/03/2002 05:00 CK: 5816 CT: 158818 BH: 469342 1 8 28.88 = 28.88 ASSUM NAME # 2

D55451