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 15 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: INTERMOUNTAIN GLASS REPAIR The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address MARK E. KIRKLAND 3413 NORTH COLE ROAD SHITE 197 6601 MORTON BUISE The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing ceiail Trade 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: F KIPKLAND Submit Certificate of 3413 NORTH COUE ROAD SMITE 197 Assumed Business Name and \$20.00 fee to: 83704 Secretary of State 700 West Jefferson

Name and address for this acknowledgment CODY IS (if other than # 4 above).

Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

Signature: Wan Printed Name: MA Capacity: (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE DATE 04/15/1997 0900 83104 CK #: cash CLIST# 79902 ASSUM NAME 10 20.00= 20.00