CERTIFICATE OF ASSUMED BUSINESS NAME 13 in 62 in 5 / 5. 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: Showcase Glass 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: <u>Name</u> Mikel D. Sharon 393 Forest Glen Joanne B. Sharon 393 Forest Glen Postfalls 3. The general type of business transacted under the assumed business name is: 4, 6,7 Glassblowing (Lampworking 4. The name and address to which correspondence should be addressed: Showcase Glass 393 Forest <u>- 773-24</u>49) Post Falls, Id 8385 Signed Z D. Sharon Mikel Bv Capacity (Kunen Submit Certificate of Assumed Customer # Business Name and \$20.00 fee to: Secretary of State use only IDAHD SECRETARY OF STATE Secretary of State DATE 03/13/1997 700 West Jefferson 0900 72735 2 PO Box 83720 CUST# 78153 CK #: 3922 Boise ID 83720-0080 ASSUM NAME 18 20.00= 20.00 D