Capacity:___

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME CTIVE (Please type or print legibly. See instructions in leverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned and set of STATE	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
	ET COURIERS + CARGO
 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>	Complete Address
FLEETSREET INC.	121-E 38#S+#108 Baise Tol 83714
The general type of business transacted under the assumed business name is: (merk only those that apply)	
Retail Trade	
4. The name and address to which future correspondence should be addressed: FleetStreet Inc	
P.O. Box 8415. Box TD 83707	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: W. Dave Jules	IDAHO SECRETARY OF STATE
Printed Name: W. Doug, FullER	95/23/2001 09:00 CK: 2356 CT: 1499% RH: 304450

95/23/2001 09:00 CK: 2356 CT: 140926 BH: 398859

1 0 20.00 = 20.00 ASSUM NAME # 2

P45521