450		
	CERTIFICATE OF ASS (Please type or print legibly	SUMED BUSINESS NAME y. See instructions on reverse.)
W.	To the SECRETARY OF STATE, S	STATE OF IDAHO
	Pursuant to Section 53-504,	Idaho Code, the undersigned
1	The assumed business name which the	n Assumed Business Name.
	business is:	s undersigned use(s) in the transaction of
	TRANSPORTATION RESEARCH &	MARKETING
2	The true name(s) and business address	s(es) of the entity or individual(a) d [1] ∞
	business under the assumed business r	name is/are:
	Forrest S. Baker, Dr.	Complete Address 2332 N. Cliffview Way, Boise, ID 83702
	Carol F. Baker	2332 N. Cliffview Way, Boise, ID 83702
3.	The general type of business transacted (mark only those that apply)	I under the assumed business name is:
	Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Esta
4.	The name and address to which future correspondence should be addressed: Forrest S. Baker, Jr.	Phone number (optional): 208-331-9559
	2332 N. Cliffview Way	Submit Certificate of
	Boise, ID 83702	Assumed Business Name and \$20.00 fee to:
, 0	3, 12 33, 02 3,	
5.	Name and address for this acknowledgme	Secretary of State 700 West Jefferson
	copy is (if other than # 4 above):	Basement West PO Box 83720
		Boise ID 83720-0080
		208 334-2301
	- 1	Secretary of State use only IDANO SECRETARY OF STATE
C: t	John H. M. Man	11/18/1998 09:00 (X: 2240) (T: 15% No. 1771)
Signatu	ire: All Malley Carol 1. B	1 0 20.00 = 20.00 ASSUM NAME # 2
Printe _d	Name: Forrest S. Baker, Jr. Carol F. Baker	15 DSC012

(see instruction # 8 on back of form)

Owners

Capacity:_