Printed Name:

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of enrice Transport 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate di Manufacturing Minina Assumed Business Finance, Insurance, and Real Estate Name and \$20.00 fee to: 4. The name and address to which future Secretary of State: correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY is (if other than #4 above): Signature: 1) 55752

> IDANG SECRETARY OF STATE 06/13/2002 05:00 CK: 2252 CT: 156810 BH: 471581