CERTIFICATE OF ASSUMED E (Please type or print leg	BUSINESS NAME
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume	ode, the undersigned 4/1 p.
 The assumed business name which the usiness is: 	undersigned use(s) in the free saction of
Gator Intermodal	
The true name(s) and business address(business under the assumed business name	ame is/are:
Name Name	Complete Address
3B's Transportation Co.	P.O. Box 897
	Lewiston, ID 83501
3. The general type of business transacted (mark only those that apply) Retail Trade Manufactu Wholesale Trade Agriculture X Services Construction 4. The name and address to which future correspondence should be addressed: Charles A. Brown, Attorney at P.O. Box 1225, Lewiston, ID	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
and the Author of	10/02/1998 69:90 2
3B's/fransforthtion Co. Signature: By Well AV	10/02/1998 09:00 CX: 1286 CT: 25571 BH: 158497
Printed Name: Arthur T. Carll	1 9 28.88 = 29.88 ASSUN NAME # 2
Capacity: President	- DIETICT
(see instruction # 8 on back of form)	