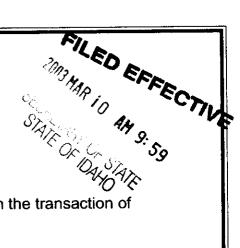
CERTIFICATE OF ASSUMED BUSINESS NAME

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.



The assumed business name which the undersigned use(s) in the transaction of business is: River City Courier Services	
The true name(s) and business address(es) business under the assumed business name Name John L. Ankley	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: John L. Ankley 1980 N. Foxglove Lane Post Falls, ID. 83854 5. Name and address for this acknowledgme copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Ahn L. Antdey	Secretary of State use only 886 ugs subject to the state use only 1DAHO SECRETARY OF STATE 03/10/2003 05:00 CK: 5956 CT: 158010 BH: 667548 1 8 20.00 = 20.00 ASSUM MARE # 2
Printed Name:John L. Ankley // Capacity/Title:Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 03/10/2003 05:00 CK: 5956 CT: 158010 BH: 667548 1 8 20.00 = 20.00 ASSUM MANE \$ 2
	<u> </u>