CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. The assumed business name which the undersigned use(s) in the transaction business is: WILSTAR 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address DANIEL L. WILLIE 4055 N CANYON RIDGE DR. TWIN FALLS ID 83301 DALE R. WILLIE 8693 W BUCKSKIN RD, POCATELLO, ID 83201 3. The general type of business transacted under the assumed business rame (mark only those that apply) Retail Trade Manufacturing Transportation and bublicutilities Wholesale Trade Finance, Insurance and Real Estate Agriculture Services Construction Mining 4. The name and address to which future Phone number (optional): correspondence should be addressed: DANIEL L. WILLIE Submit Certificate of Assumed Business 4056 N CANYON RIDGE DR Name and \$20.00 fee to: TWIN FALLS ID 83301 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE 10/06/1997 09:00 Signature: CK: NO CK # CT: 88117 BH: 44466 1 8 28.88 * 28.88 ASSUM MAME Printed Name: DANIEL L. WILLIE, DALE R. WILLIE Capacity: PARTNERS (see instruction # 8 on back of form)