CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) Pursuant to Section 53-504, Idaho Code, the undersigned 4 py 3: 35 To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) business is: Oasis Stop N Go #4 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Daniel L. Willie 659 Addison Ave. West Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 4. The name and address to which future Phone number (optional): __ correspondence should be addressed: Daniel L. Willie Submit Certificate of Assumed Business 659 Addison Ave. West 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 IDAMO SECRETARY OF STATE 10/14/1997 09:00

Signature: /

Printed Name:

Daniel L. Willie

Capacity:

Owner.

(see instruction # 8 on back of form)

CK: NO CK # CT: 88496 BH: 46764

1 @ 20.00 = 20.00 ASSUM NAME

D8921