

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

97 NOV 17 AM 8:42

SECRETARY OF STATE,
STATE OF IDAHO



1. The assumed business name which the undersigned use(s) in the transaction of business is:

Travelers' Oasis Truck Plaza

FILED

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

1017 S. 1150 E., Eden, ID 83325

Sonja E. Willie

1017 S. 1150 E., Eden, ID 83325

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



Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

Daniel L. Willie

1017 S. 1150 E.

Eden, ID 83325

5. Name and address for this acknowledgment copy is (if other than # 4 above):

D.L. Evans Bank

Attn: Patti Luper

P. O. Box 87

Twin Falls, ID 83303

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

Secretary of State use only
IDAHO SECRETARY OF STATE

11/17/1997 09:00
CK: 1 CT: 89876 BH: 55754

1 @ 20.00 = 20.00 ASSUM NAME

09768

Signature: Daniel L. Willie

Printed Name: Daniel L. Willie

Capacity: Owner

(see instruction # 8 on back of form)