

Signature: /

Printed Name:

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF	On ED EE
ASSUMED BUSINESS NA	ME (2)
Pursuant to Section 53-504, Idaho Code, the unde	rsigned 9.
submits for filing a certificate of Assumed Business  Please type or print legibly.	Name.
NOTE: See instructions on reverse before filing	ME rsigned Name.
The assumed business name which the undersigr business is:	ned use(s) in the transaction of
The Oasis	
The true name(s) and business address(es) of the business under the assumed business name:  Name  Daniel L. Willie	Complete Address
	Traveler's Oasis
Sonja E. Willie	1017 South 1150 East
	Eden, Idaho 83325
The general type of business transacted under the  Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Daniel L. Willie  1017 S 1150 E	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Eden, Idaho 83325	
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-733-2722
Russell G. Kvanvig	
radoca o. rading	
Stephan Kvanvig Stone & Trainor	Secretary of State use only

Daniel L. Willie

General Partner

(see instruction # 8 on back of form)