

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2008 MAR -3 AM 11:25

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

PC Woods TRAVEL

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Caren L Woods

5137 Citruswood Dr, Post Falls, ID 83854

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Caren L Woods
5137 Citruswood Dr
Post Falls, ID 83854

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080
(208) 334-2301

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

Signature:

Caren L Woods
(signature required)

Printed Name:

Caren L Woods

Capacity/Title:

Owner

(see instruction # 8 on back of form)

g:\comp\state\ba\form\idba.pdf
Revised 06/2005

Secretary of State use only

IDAHO SECRETARY OF STATE
03/03/2008 05:00
CK: 1483343 CT: 172899 BH: 1182458
1 @ 25.00 = 25.00 ASSUM NAME # 2

D119627