



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2006 JAN 27 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

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

Woodland Property Management

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 |
|------------------|--|
| Patricia A. Wood | 259 E 2nd N., PO Box 312, Soda Springs, ID 83276 |
| | |
| | |
| | |

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

| | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Patricia A. Wood
P.O. Box 312
Soda Springs, ID 83276

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Signature: Patricia A. Wood

(signature required)

Printed Name: Patricia A. Wood

Capacity/Title: Sole Proprietor

(see instruction # 8 on back of form)

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Reviewed 04/2003

IDAHO SECRETARY OF STATE
01/27/2006 05:00
CK: 2968 CT: 196379 BH: 934586
1 e 25.00 = 25.00 ASSUM NAME # 2

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