



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 3-04, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2006 JUL 10 AM 9:33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Taxi by HALL Airport Express

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
<u>Cynthia Olson</u>	<u>1714 N. 8th Coeur d'Alene</u> <u>IDAHO</u>

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 | |

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

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

TAXI BY HALL Airport Express
1714 N. 8th
Coeur d'Alene Idaho 83814

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

Taxi BY HALL Airport Express
1714 N. 8th
Coeur d'Alene ID 83814

Phone number (optional):

208-664-2424
208 755-5774

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
07/10/2006 05:00
CK: 2784 CT: 158018 BH: 963990
1 @ 25.00 = 25.00 ASSUM NAME # 2