



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 NOV -6 AM 10: 15

SECRETARY OF STATE
STATE OF IDAHO

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

HALSTEAD UPHOLSTERY

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

JOSIAH MARC HALSTEAD 1064 MAURICE ST, TWIN FALLS, ID 83301

(Name) _____ (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

(Name) _____ (Address) _____

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

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

4. Mailing address for future correspondence:

JOSIAH MARC HALSTEAD

(Name) _____

1064 MAURICE ST

(Address) _____

TWIN FALLS, ID 83301

(City) _____

(State) _____

(Zipcode) _____

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

(Name) _____

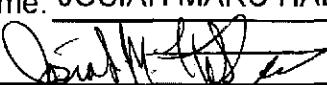
(Address) _____

(City) _____

(State) _____

(Zipcode) _____

Printed Name: JOSIAH MARC HALSTEAD

Signature: 

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAGO SECRETARY OF STATE

11/06/2017 05:00

CK:58793 CT:348062 BH:1610825
10 25.00 = 25.00 ASSUM NAME #2

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