



# 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.

Secretary of State  
Business Entities  
www.idsos.state.id.us/

FILED EFFECTIVE  
2016 JUN -3 AM 9:36

SECRETARY OF STATE  
STATE OF IDAHO

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

L.P. Construction Services

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>Laura Pinsonneault</u> | <u>1567 W. Timor Ave</u>  |
|                           | <u>Coeur D Alene I.D.</u> |
|                           | <u>83815</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 checked="" type="checkbox"/> Construction             |
| <input 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:

Laura Pinsonneault  
1567 W. Timor Ave  
Coeur D Alene I.D. 83815

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):

(208) 512-5685

Signature:

Laura Pinsonneault  
(signature required)

Printed Name:

Laura Pinsonneault

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

06/03/2016 05:00

CK:566 CT:325203 BH:1531615

1@ 25.00 = 25.00 ASSUM NAME #2

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