



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 AUG -6 AM 9:18

SECRETARY OF STATE  
STATE OF IDAHO

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

Lindgren Labrie Architecture

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):

<u>Walter Lindgren</u>	<u>139 N. 2nd Street</u>	<u>Eagle</u>	<u>ID</u>	<u>83616</u>
(Name)	(Address)	(City)	(State)	(Zipcode)

_____ (Name)	_____ (Address)	_____ (City)	_____ (State)	_____ (Zipcode)
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_____ (Name)	_____ (Address)	_____ (City)	_____ (State)	_____ (Zipcode)
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_____ (Name)	_____ (Address)	_____ (City)	_____ (State)	_____ (Zipcode)
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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:

Lindgren Labrie Architecture

(Name) \_\_\_\_\_

139 N. 2nd St.

(Address) \_\_\_\_\_

Eagle ID 83616

(City) (State) (Zipcode)

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

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) (State) (Zipcode)

Printed Name: Walter Lindgren

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/06/2015 05:00

CK:11276 CT:153260 BH:1486851  
1@ 25.00 = 25.00 ASSUM NAME #2

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