



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2006 JAN 12 AM 8:57

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:

Muruhuay Construction

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

Jose A. Fajardo

275 W. Latah Richfield, ID 83349

Jimenez Vilcapoma

521 N. Edith St. Shoshone, ID 83352

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 | |

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:

Jimenez Vilcapoma

521 N. Edith St.

Shoshone, ID 83352

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

Phone number (optional):

(208) 544-7732

Signature: _____

(Signature)
(signature required)

Printed Name: _____

Jimenez Vilcapoma

Capacity/Title: _____

Partner

(see instruction # 8 on back of form)

Secretary of State use only

g:\compform\slain form\slain.p45
Revised 04/2003

IDAHO SECRETARY OF STATE
01/12/2006 05:00
CK: 26 CT: 150010 BH: 931636
1 @ 25.00 = 25.00 ASSUM NAME # 2

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