



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.

FILED EFFECTIVE
2006 MAR 21 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

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

PRO-MEX LANDSCAPE + SPRINKLERS

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>JOSE ALBERTO FRAIRE-MEZA</u>	<u>6509 EVERETT, BOISE, ID 83704</u>
<u>HELGA WILCOX FRAIRE</u>	<u>6509 EVERETT, BOISE, ID 83704</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 checked="" 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:

HELGA WILCOX FRAIRE
6509 EVERETT
BOISE, ID 83704

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):

322-5328

Signature:
(signature required)

Printed Name: JOSE ALBERTO FAIRE-MEZA

Capacity/Title: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

DR7807

IDAHO SECRETARY OF STATE
03/21/2006 05:00
CK: 7084 CT: 150010 BH: 944537
1 @ 25.00 = 25.00 ASSUM NAME # 2