



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

MAY 12 PM 4:27

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:

R & M Enterprises

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

Continental Insurance Services, Inc. 12550 W. Muir Ridge Dr.

Boise, ID 83709

C143462

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" 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:

Continental Insurance Services, Inc.

P.O. Box 190029

Boise, ID 83719-0029

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

Phone number (optional):

208-375-9551

Secretary of State use only

Signature:

James N. Richardson
(signature required)

Printed Name:

James N. Richardson

Capacity/Title:

President

(see instruction # 8 on back of form)

g:\corp\forms\abn forms abn p85 Revised 04/2003

IDAHO SECRETARY OF STATE
05/13/2005 05:00
CK: 3930 CT: 158010 RH: 810173
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 87745