



# 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
<u>Continental Insurance Services, Inc.</u>	<u>12550 W. Muir Ridge Dr.</u>
<u>C143442</u>	<u>Boise, ID 83709</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 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.

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P.O. Box 190029

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Boise, ID 83719-0029

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number (optional):

208-375-9551

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

James N. Richardson  
(signature required)

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

James N. Richardson

Capacity/Title: \_\_\_\_\_

President

(see instruction # 8 on back of form)

Secretary of State use only

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

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