

No. **W 16890**

**Due no later than October 31, 2004
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IDAHO & OREGON RIVER JOURNEYS, LLC
PO BOX 1415
SALMON, ID 83467

~~BOB VOLPERT~~ **M. Chace Slavin**
~~44 WAGON WHEEL~~ **116 N. Center St.**
~~SALMON, ID 83467~~
Salmon, ID 83467

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

M. Chace Slavin

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Bob Volpert	116 N. Center St. P.O. Box 1415	Salmon	ID	83467

5. Organized Under the Laws of:

IDAHO
W 16890

6.

Signature **M. Chace Slavin** Date **10/8/04**

Name (Type or Printed) **M. Chace Slavin** Title **Agent**