227



Signature:

Printed Name: Robert

Capacity: Manager - 0W~ & V

(see instruction # 8 on back of form)

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.

Volpert

IDAHO RIVER JOU	JRNEYS
	Complete Address Coadway, 1. ID 83467
The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: Idaho & Oregon River Journeys, LLC 306 Broadway Salmon, ID 83467	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Phone number (optional):
. Name and address for this acknowledgment copy is (fother than # 4 above): Glen G. Utzman, Attorney	208-882-5534

IDAHO SECRETARY OF STATE
11/29/2001 05:00
CK: 17499 CT: 152834 BH: 431798
1 8 20.00 = 20.00 ASSUM NAME # 2

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