

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

River Quest Excursions

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
Alan W. Odegaard	1523 Powers Avenue, Lewiston, ID 83501
Debra L. Odegaard	1523 Powers Avenue, Lewiston, ID 83501

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

River Quest Excursions
c/o Alan W. Odegaard
1523 Powers Avenue
Lewiston, ID 83501

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

FIRSTBANK NORTHWEST
PO Box 996

LEWISTON ID 83501

Signature: Alan W. Odegaard

Printed Name: Alan W. Odegaard

Capacity: _____

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Revision 201
8/10/03

IDAHO SECRETARY OF STATE
03/21/2000 09:00
CK: none CT: 7881 BH: 301249

1 @ 20.00 = 20.00 ASSUM NAME # 2

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