

No. 075030	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 88 JUL 12 AM 9 38	Due No Later Than November 1, 1988		PAT FITZGERALD 1/2 CHURCH STREET SALMON, IDAHO 83467																									
	1. Mailing Address — Please Correct 075030																											
	RIVER ADVENTURE FLOAT TRIPS, INC MELVIN L. NORRICK P. O. BOX 841 GRANTS PASS, OREGON 97526		3. Incorporated Under The Laws of STATE OF OREGON																									
	4. Names and Addresses of Officers and Directors																											
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Melvin L. Norrick</td> <td>P.O. Box 841</td> <td>Grants Pass</td> <td>Oregon</td> <td>97526</td> </tr> <tr> <td>Secretary:</td> <td>Diane Norrick</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Melvin L. Norrick	P.O. Box 841	Grants Pass	Oregon	97526	Secretary:	Diane Norrick	"	"	"	"	Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
President:	Melvin L. Norrick	P.O. Box 841	Grants Pass	Oregon	97526																							
Secretary:	Diane Norrick	"	"	"	"																							
Directors:																												
5. Nature of Business River outfitting		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Diane Norrick</u> Date <u>7-8-88</u> Name (Typed or Printed) _____ Title <u>Secretary</u>																										