

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.



The assumed business name which the und business is: THE RIVERS		
The true name(s) and business address(es) business under the assumed business name Name MICHAEL R. CHAPMAN	of the er	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: MICHAEL R. CHAPMAN PO BOX 1600 COEUR D'ALENE, ID 83816	and Pub	
5. Name and address for this acknowledgment copy is (if other than # 4 above):		Phone number (optional): Secretary of State use only
Printed Name: MICHAEL R. CHAPMAN Capacity/Title: AUTHORIZED AGENT (see instruction # 8 on back of form)	g-conpitormetabn formstabn.p65 Ravised 04/2003	IDAHO SECRETARY OF STATE 12/11/2006 05:00 CK: 1333 CT: 185746 BH: 1818919 1 0 25.00 = 25.00 ASSUM NAME 8: