TO:12083342080 FROM:5412486244

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Capacity/Title: __

9/21/2012

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2015 JAN 20 PM 2 01

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE STATE OF IDAHD

Please type or print legibly. Instructions are included on back of application.

ECHO River Trips 2. The true name(s) and <u>business</u> address	
business under the assumed business	
Name	Complete Address
Northwest Rafting Company C 204599	913 Hull St, Hood River, OR 97031
☐ Wholesale Trade ☐ Construct	ation and Public Utilities tion
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Zachary Collier 913 Hull St Hood River, OR 97031	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
signature:	Secretary of State use only
Printed Name: Zachary Collier	_
apacity/Title: President	
ignature:	— IDAMO SECRETARY OF STATE 01/20/2015 05:00
Printed Name:	CK:2508296 CT:172099 BH:1

D176143

1@ 25.00 = 25.00 ASSUM NAME #2