No. <b>W 16890</b>		Due no later than Oct 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			M CHASE SLAVIN 116 N CENTER ST SALMON ID 83467  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  IDAHO & OREGON RIVER JOURNEYS, LLC  ROBERT J. VOLPERT  PO BOX 1415  SALMON ID 83467		SALMON ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROBERT J \	/OLPERT	306 BROADWAY	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 16890		Signature: Robert Volpert		Date:	Date: 10/08/2012			
		Name (type or print): Robert Volpert		Title:	Title: Managing Partner			
Processed 10/08/2012 * Electronically provided signatures are accepted as original signatures.								