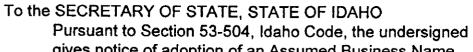
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





	gives notice of adoption of an Assume	ed Business Na	ame.
1.	business is:	undersigned us	€ <b>98</b>
	Fantasy		OEG .
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address  Sample Sam		
44195	Lake Coeur d'Alene Cruises, Inc.	P.O. Box 6200	
	Coeur d'Ale		ne. ID 83816-1937
3.	. The general type of business transacted under the assumed business name is: (mark only those that apply)		
4	Retail Trade	Fin.	ansportation and Public Utilities ance, Insurance, and Real Estate hing
7.	correspondence should be addressed:	Phone number	r (optional): (208) 667-3431
	John R. Barlow		
	P.O. Box 6200		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	Coeur d'Alene, ID 83816-1937		(
	Name and address for this acknowledgme copy is (if other than # 4 above):  Janet D. Robnett  P.O. Box E	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	re: 83816-0328	Revision 2/97	12/31/1998 Ø9:00 CK: 114334 CT: 3788 BH: 174779 1 8 28.08 = 28.08 ASSUN NAME # 27
Capacit		pformslæbr, pm6	021576
•	(see instruction # 8 on back of form)	- Jogde	0 2 1 3 / ()