E A G L NA N C	Address - Please C	Fhan November 30, Correct, If Not Correct					
NANC NANC		N MINICO TH		NANCY LEWIS 1215 BIRCH HAVEN			
	EAGLE AMERICAN MINES, INC. NANCY LEWIS			SAGLE	ID	83850	
F 0 3	30X 608			3. Organized Under the Laws of:			
						3345	
				check one)			
Name	Street o	or P.O. Address		City	State	<u>Zip</u>	
David M. Lew	is P.O.	Box 608	San	dpoint,	ID	83864	
Nancy J. Lew	is P.O.	Box 608	San	dpoint,	ID	83864	
	6. I certify that	t this Annual Report	has been e	kemined by me a	ınd is to the b	est of my	
NATURE OF BUSINESS		l I Properties	polete.	Date _	July 16,	1996	
	Name (Typed or Wancy J. Lewis			TitleSecretary		гу	
7-06-1996				2	8336		
	Names and Addresses panies: Enter Names an Name Name David M. Lew Nancy J. Lew Nancy J. Lew	Names and Addresses of President, Sepanies: Enter Names and Addresses of Name Street of Name Street of Name Street of Name Property (Typed of Name Printed)	Names and Addresses of President, Secretary and Director panies: Enter Names and Addresses of Managers or Name Street or P.O. Address David M. Lewis P.O. Box 608 Nancy J. Lewis P.O. Box 608 SINESS 6. I certify that this Annual Report knowledge true, correct and corn Signature Name (Typed or Printed) Name (Typed or Printed)	Names and Addresses of President, Secretary and Directors Danies: Enter Names and Addresses of Managers or Members (or Name Street or P.O. Address David M. Lewis P.O. Box 608 San Nancy J. Lewis P.O. Box 608 San Nancy J. Lewis P.O. Box 608 San Nancy J. Lewis P.O. Box 608 San Signature Name (Typed or Printed) Name (Typed or Printed)	Names and Addresses of President, Secretary and Directors panies: Enter Names and Addresses of Managers or Members (check one) Name Street or P.O. Address City David M. Lewis P.O. Box 608 Sandpoint, Nancy J. Lewis P.O. Box 608 Sandpoint, Nancy J. Lewis P.O. Box 608 Sandpoint, Signature Name (Typed or Printed) Name (Typed or Printed) Name (Typed or Printed) Name (Typed or Printed)	Names and Addresses of President, Secretary and Directors panies: Enter Names and Addresses of Managers or Members (check one) Name Street or P.O. Address City State David M. Lewis P.O. Box 608 Sandpoint, ID Nancy J. Lewis P.O. Box 608 Sandpoint, ID Signature Names and Addresses of Members (check one) 6. I certify that this Annual Report has been exemined by me and is to the been knowledge true, correct and complete. Signature Name (Typed or Nancy J. Lewis Title Secretary and Directors (check one) Members (check one) State City State Oavid M. Lewis P.O. Box 608 Sandpoint, ID Signature Names and Addresses of Members (check one) Name (Typed or Nancy J. Lewis Title	