

No. 064408	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To	Due No Later Than November 1, 1987		JIM BARTLESON P.O. BOX 79 LOWMAN, IDAHO 83637																									
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct 064408																											
RECEIVED SEC. OF STATE NOV 10 1987	MILLER MOUNTAIN CLAIMHOLDERS ASS JIM BARTLESON BOX 79 LOWMAN, IDAHO 83637		3. Incorporated Under the Laws of ENTERED NOV 13 1987 STATE OF IDAHO																									
	4. Names and Addresses of Officers and Directors																											
<table border="1"> <thead> <tr> <th data-bbox="34 402 165 425"></th> <th data-bbox="165 402 743 425"><u>Name</u></th> <th data-bbox="743 402 1073 425"><u>Street or P.O. Address</u></th> <th data-bbox="1073 402 1321 425"><u>City</u></th> <th data-bbox="1321 402 1486 425"><u>State</u></th> <th data-bbox="1486 402 1609 425"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="34 425 165 468">President:</td> <td data-bbox="165 425 743 468">Jim Bartleson</td> <td data-bbox="743 425 1073 468">Box 79</td> <td data-bbox="1073 425 1321 468">Lowman Id</td> <td data-bbox="1321 425 1486 468"></td> <td data-bbox="1486 425 1609 468">83637</td> </tr> <tr> <td data-bbox="34 468 165 510">Secretary:</td> <td data-bbox="165 468 743 510">Sharon Bartleson</td> <td data-bbox="743 468 1073 510">Box 79</td> <td data-bbox="1073 468 1321 510">Lowman,</td> <td data-bbox="1321 468 1486 510">Id</td> <td data-bbox="1486 468 1609 510">83637</td> </tr> <tr> <td data-bbox="34 510 165 553">Directors:</td> <td data-bbox="165 510 743 553"></td> <td data-bbox="743 510 1073 553"></td> <td data-bbox="1073 510 1321 553"></td> <td data-bbox="1321 510 1486 553"></td> <td data-bbox="1486 510 1609 553"></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Jim Bartleson	Box 79	Lowman Id		83637	Secretary:	Sharon Bartleson	Box 79	Lowman,	Id	83637	Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
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Secretary:	Sharon Bartleson	Box 79	Lowman,	Id	83637																							
Directors:																												
5. Nature of Business <i>Mining</i>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <i>Sharon Bartleson</i> Date <i>10-16-87</i> Name (Typed or Printed) <i>SHARON BARTLESON</i> Title <i>Secretary</i>																										

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