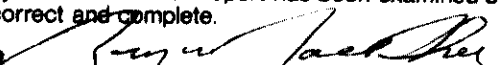
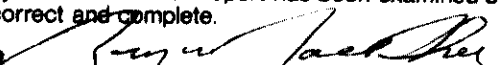
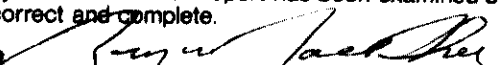


ISSUED: 07-01-1993

| No. 2012 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED | Idaho Corporation Annual Report Form Due No Later Than November 1, 1993 1. Mailing Address: HYPOTHEEK MINING AND MILLING CO R. M. MACPHEE P. O. BOX 469 WALLACE ID 83873 | 2. Registered Agent and Office NOT A P.O. BOX R. M. MACPHEE BOX 469, SCOTT BLDG. WALLACE ID 83873 3. Incorporated Under The Laws of ID NO: 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|-------------------------------|-------------|--------------|------------|------------|----------------|---------|---------|----|-------|------------|---------------|---------|---------|----|-------|------------|----------------|---------|---------|----|-------|--|----------------|--------------|--------|----|-------|--|--------------|-------|--------|----|-------|--|---------------|---------|---------|----|-------|
| 4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 15%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>H. F. Magnuson</td> <td>Box 469</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td>Secretary:</td> <td>R. M. MacPhee</td> <td>Box 252</td> <td>Kellogg</td> <td>ID</td> <td>83837</td> </tr> <tr> <td>Directors:</td> <td>H. F. Magnuson</td> <td>Box 469</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td></td> <td>D. C. Springer</td> <td>116 West Fir</td> <td>Osburn</td> <td>ID</td> <td>83849</td> </tr> <tr> <td></td> <td>Dale Lavigne</td> <td>Box A</td> <td>Osburn</td> <td>ID</td> <td>83849</td> </tr> <tr> <td></td> <td>R. M. MacPhee</td> <td>Box 252</td> <td>Kellogg</td> <td>ID</td> <td>83837</td> </tr> </tbody> </table> | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | H. F. Magnuson | Box 469 | Wallace | ID | 83873 | Secretary: | R. M. MacPhee | Box 252 | Kellogg | ID | 83837 | Directors: | H. F. Magnuson | Box 469 | Wallace | ID | 83873 | | D. C. Springer | 116 West Fir | Osburn | ID | 83849 | | Dale Lavigne | Box A | Osburn | ID | 83849 | | R. M. MacPhee | Box 252 | Kellogg | ID | 83837 |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| President: | H. F. Magnuson | Box 469 | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | R. M. MacPhee | Box 252 | Kellogg | ID | 83837 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | H. F. Magnuson | Box 469 | Wallace | ID | 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | D. C. Springer | 116 West Fir | Osburn | ID | 83849 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dale Lavigne | Box A | Osburn | ID | 83849 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R. M. MacPhee | Box 252 | Kellogg | ID | 83837 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business Nonproductive Mine | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) R. M. MacPhee </td> <td style="width: 40%;"> Date 10/19/93 Title Secretary </td> </tr> </table> | | Signature  Name (Typed or Printed) R. M. MacPhee | Date 10/19/93 Title Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature  Name (Typed or Printed) R. M. MacPhee | Date 10/19/93 Title Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |