




No. 63345 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address: <i>Please Correct If Not Correct</i> EAGLE AMERICAN MINES, INC. NANCY LEWIS PO BOX 608 SANDPOINT ID 83864	2. Registered Agent and Office NOT A P.O. BOX NANCY LEWIS XXXXXXXXXXXXXXXXXXXXXXXX 1215 Birch Haven XXXXXXXX Sagle ID XXXX 83864 3. Incorporated Under The Laws of ID NO: 063345																								
4. Names and Addresses of Officers and Directors <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>David M. Lewis</td> <td>P.O. Box 608</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Secretary:</td> <td>Nancy J. Lewis</td> <td>P.O. Box 608</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	David M. Lewis	P.O. Box 608	Sandpoint	ID	83864	Secretary:	Nancy J. Lewis	P.O. Box 608	Sandpoint	ID	83864	Directors:					
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Directors:																										
5. Nature of Business Mining	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) Nancy J. Lewis </td> <td style="width: 40%;"> Date 7/15/91 Title Secretary </td> </tr> </table>		Signature  Name (Typed or Printed) Nancy J. Lewis	Date 7/15/91 Title Secretary																						
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