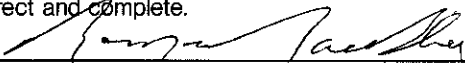




| No. 40386 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1990 | 2. Registered Agent and Office H.F. MAGNUSON SCOTT BLDG. WALLACE ID 83873 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|-------------------------------|-----------------|-------------------------|--------------|------------|---------------|---------|---------|----|-------|------------|--------------|---------|---------|----|-------|------------|---------------|---------|---------|----|-------|--------------|---------|---------|----|-------|--------------|-------|--------|----|-------|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED | | 1. Mailing Address — Please Correct BUCKSKIN GOLD AND SILVER, I R.M. MACPHEE BOX 469 WALLACE ID 83873 | 3. Incorporated Under The Laws of ID NO: 040386 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><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 rowspan="3">Directors:</td> <td>H.F. Magnuson</td> <td>Box 469</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td>R.M. MacPhee</td> <td>Box 252</td> <td>Kellogg</td> <td>ID</td> <td>83837</td> </tr> <tr> <td>Dale Lavigne</td> <td>Box A</td> <td>Osburn</td> <td>ID</td> <td>83849</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 | R.M. MacPhee | Box 252 | Kellogg | ID | 83837 | Dale Lavigne | Box A | Osburn | ID | 83849 |
| | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R.M. MacPhee | Box 252 | Kellogg | ID | 83837 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dale Lavigne | Box A | Osburn | ID | 83849 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>October 5, 1990</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>R.M. MacPhee</td> <td>Title</td> <td>Secretary</td> </tr> </table> | | Signature |  | Date | October 5, 1990 | Name (Typed or Printed) | R.M. MacPhee | Title | Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | Date | October 5, 1990 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Typed or Printed) | R.M. MacPhee | Title | Secretary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |