	ration Annual Report Form	2. Registered Agent and Office	
Return To  Secretary of State Room 203, Statehouse		CARLYLE H. CASTLE  GANNETT HIGHWAY. PO BOX BELLEVUE, IBAHU 63313	
GANNETT HIGH	HWAY. PO BOX 399	of	
rs and Directors			,
Name	Street or P.O. Address	City	State Zip
the	180x 399	Bellevac	Td \$3313
Me	BN 3713	Ketohum	78 83340
He	<u>-</u>	Vie tohom	Id \$3340
1/2	13-4 399	Bellowic	Td. 830B
6. I certify	that this Annual Report has been ex	amined by me and is to the be	est of my knowledge
true, cor Signature	rect and complete.		-30 - 87
	1. Mailing Address —  WESTERN GOLL CARLYLE H. GOLL CARLYLE H. GOLL BANNETT HIGH BELLEVUE - II BIJI  OF and Directors Name  6. I certify true, cor Signature Name (Types Name (Types)	Pars and Directors  Name  Street or P.O. Address  Alle  Box 37/3  Box 37/3	1. Mailing Address — Please Correct 072567  SANNETT HIGHWISTERN GOLD. INC.  CARLYLE M. CASTLE  GANNETT HIGHWAY. PO BOX 399  BELLEVUE. IDAHO  BELLEVUE. IDAHO  BELLEVUE. IDAHO  STATE OF IDAHO  STATE OF IDAHO  AND STATE OF IDAHO