

4583

No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																																											
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1992		H. F. MAGNUSON																																											
	1. Mailing Address - Please Correct, If Not Correct		413 CEDAR STREET																																											
	VINDICATOR SILVER-LEAD MINING C H. F. MAGNUSON BOX 469		WALLACE ID 83873																																											
	WALLACE ID 83873 0000		3. Incorporated Under The Laws of ID NO: 4583																																											
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>Directors:</td> <td>Wray Featherstone</td> <td>10281 Gibson Road</td> <td>Hayden Lake</td> <td>ID</td> <td>83835</td> </tr> <tr> <td></td> <td>H. F. Magnuson</td> <td>Box 469</td> <td>Wallace</td> <td>ID</td> <td>83873</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>H. James Magnuson</td> <td>Box 2288</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</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:	Wray Featherstone	10281 Gibson Road	Hayden Lake	ID	83835		H. F. Magnuson	Box 469	Wallace	ID	83873		Dale Lavigne	Box A	Osburn	ID	83849		H. James Magnuson	Box 2288	Coeur d'Alene	ID	83814
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5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																																												
Nonproductive Mine		Signature  Name (Typed or Printed) R. M. MacPhee Date 9-29-92 Title Secretary																																												