

No. 40446	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																													
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED		1. Mailing Address — <i>Please Correct, If Not Correct</i> SILVER WEST, INC. PIATT HULL P. O. BOX 709 WALLACE ID 83873	HULL, HULL & BRANSTETTER, 415 7TH STREET WALLACE ID 83873 3. Incorporated Under The Laws of ID NO: 040446																												
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>Piatt Hull</td> <td>P.O. Box 709</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Directors:</td> <td>Piatt Hull</td> <td>P.O. Box 709</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td>Michael K. Branstetter</td> <td>P.O. Box 709</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Piatt Hull	P.O. Box 709	Wallace	ID	83873	Secretary:						Directors:	Piatt Hull	P.O. Box 709	Wallace	ID	83873	Michael K. Branstetter	P.O. Box 709	Wallace	ID	83873
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5. Nature of Business Non-Productive 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 border="1"> <tr> <td data-bbox="553 909 685 968">Signature <i>Piatt Hull</i></td> <td data-bbox="1230 909 1610 968">Date <i>8/9/91</i></td> </tr> <tr> <td data-bbox="553 941 685 968">Name <i>(Typed or Printed)</i> Piatt Hull</td> <td data-bbox="1230 941 1610 968">Title President</td> </tr> </table>		Signature <i>Piatt Hull</i>	Date <i>8/9/91</i>	Name <i>(Typed or Printed)</i> Piatt Hull	Title President																									
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