




No. W 95591	Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOHN WALTER THOMAS 114 N 6TH ST OSBURN ID 83849
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GOLD MINING CLAIMS AND PROJECTS, LLC JOHN W THOMAS PO BOX 842 OSBURN ID 83849		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	John Thomas	P.O. Box 842	Osburn	Id.	Shoshone	83849
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 95591 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>08/23/2017</u> </td> </tr> <tr> <td> Name (type or print): <u>John W. Thomas</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature: 	Date: <u>08/23/2017</u>	Name (type or print): <u>John W. Thomas</u>	Title: <u>Member</u>
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Name (type or print): <u>John W. Thomas</u>	Title: <u>Member</u>				