

No. C 36604 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	Annual Report Form Due No Later Than November 30, 1996 1. Mailing Address - Please Correct, if Not Correct BOULDER CREEK MINING COMPANY H. F. MAGNUSON BOX 469	2. Registered Agent and Office NOT A P.O. BOX H. F. MAGNUSON 413 CEDAR STREET WALLACE, ID ID 83873 3. Organized Under the Laws of:																																				
* FIRST NOTICE * WALLACE ID 83873 ID C 36604																																						
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City-</th> <th style="width: 10%;">State</th> <th style="width: 5%;">Zip</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>Director</td> <td>H. F. Magnuson</td> <td>Box 469</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td>Director</td> <td>R. M. MacPhee</td> <td>Box 252</td> <td>Kellogg</td> <td>ID</td> <td>83837</td> </tr> <tr> <td>Director</td> <td>Dale Lavigne</td> <td>Box A</td> <td>Osburn</td> <td>ID</td> <td>83849</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City-	State	Zip	President	H. F. Magnuson	Box 469	Wallace	ID	83873	Secretary	R. M. MacPhee	Box 252	Kellogg	ID	83837	Director	H. F. Magnuson	Box 469	Wallace	ID	83873	Director	R. M. MacPhee	Box 252	Kellogg	ID	83837	Director	Dale Lavigne	Box A	Osburn	ID	83849
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5. NATURE OF BUSINESS <i>None</i> ANY LAWFUL	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>R. M. MacPhee</i></u> Date <u>8-1-96</u> Name (Typed or Printed) <u>R. M. MacPhee</u> Title <u>Secretary</u>																																					

ISSUED: 07-06-1996

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