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|--|------------------------|--|--|---|-------|---------|-------------|
| No. C 73334 | | Due no later than Jul 31, 2008 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | PHILIP C WOLF 6500 MINERAL DRIVE STE 200 COEUR D'ALENE ID 83815 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | HECLA LIMITED TRISH JIMMERSON 6500 MINERAL DRIVE STE 200 COEUR D'ALENE ID 83815 | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | | City | State | Country | Postal Code |
| TREASURER | JAMES SABALA | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| DIRECTOR | SCOTT HARTMAN | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| DIRECTOR | MICHAEL DEXTER | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| DIRECTOR | MICHAEL H. CALLAHAN | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| DIRECTOR | PHILIP C. WOLF | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| DIRECTOR | PHILLIPS S. BAKER, JR. | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| DIRECTOR | RONALD W. CLAYTON | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| SECRETARY | TAMI D. HANSEN | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| PRESIDENT | RONALD W. CLAYTON | 6500 N. MINERAL DR. SUITE 200 | | COEUR D'ALENE | ID | USA | 83815 |
| 5. Organized Under the Laws of: DE C 73334 | | 6. Annual Report must be signed.* Signature: Trish Jimmerson Name (type or print): Trish Jimmerson | | Date: 06/02/2008 Title: Executive Assistant | | | |
| Processed 06/02/2008 | | * Electronically provided signatures are accepted as original signatures. | | | | | |