


No. C 2335	Annual Report Form <i>Due No Later Than November 30, 1996</i>		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin: 5px;"> INDEPENDENCE PLACER MINING C H. F. MAGNUSON BOX 469 </div>		<div style="border: 1px solid black; padding: 5px; margin: 5px;"> H. F. MAGNUSON 413 CEDAR STREET WALLACE ID 83873 </div>																		
	3. Organized Under the Laws of:		ID C 2335																		
	* FIRST NOTICE *																				
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>H. F. Magnuson</td> <td>P.O. Box 469</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> <tr> <td>Director</td> <td>H. F. Magnuson</td> <td>P.O. Box 469</td> <td>Wallace</td> <td>ID</td> <td>83873</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	H. F. Magnuson	P.O. Box 469	Wallace	ID	83873	Director	H. F. Magnuson	P.O. Box 469	Wallace	ID	83873
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
President	H. F. Magnuson	P.O. Box 469	Wallace	ID	83873																
Director	H. F. Magnuson	P.O. Box 469	Wallace	ID	83873																
5. NATURE OF BUSINESS NONPRODUCTIVE MINE	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  Date <u>8-1-96</u> Name <small>(Typed or Printed)</small> <u>R. M. MacPhee</u> Title <u>Asst. Secretary</u>																				

ISSUED: 07-06-1996

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