	Annual Report Form Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct W INN / INC. H. JAMES MAGNUSON 816 SHERMAN AVENUE COEUR D* ALENE ID 838* Business Addresses of President, Secretary and ter Names and Addresses of Managers or	COEUR D 3. Organized Und 14 ID	S MAGNUS RMAN AVE ALEN IS er the Laws of:	SON ENUE
Office held Name	Street or P.O. Address	City	State	Zip
President Thomas R.	Magnuson Box 469	Wallace	ID	83873
Secretary Mark Absec	_	Wallace	ID	83873
Director Thomas R.	Magnuson Box 469	Wallace	ID	83873
Director Mark Absec	Box 469	Wallace	ID	83873
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5.	6. Signature Mach	rale_ Date	8/11/	97
	Name (Typed or Mark W. At	osec Title	Secret	ary
ISSUED: 07-04-1	DO NOT TAPE OR S	TAPLE)	26219	4
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