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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 4583</b>                                                                                                                                      |                  | <b>Due no later than Jun 30, 2016</b>                                                                                                               |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>VINDICATOR SILVER-LEAD MINING CO.<br>DENNIS O'BRIEN<br>BOX 469<br>WALLACE ID 83873 |               | DENNIS O'BRIEN<br>413 CEDAR STREET<br>WALLACE ID 83873 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                     |               | 3. <u>New</u> Registered Agent Signature: *            |         |             |  |
| 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 |  |
| DIRECTOR                                                                                                                                               | H JAMES MAGNUSON | PO BOX 2288                                                                                                                                         | COEUR D'ALENE | ID                                                     | USA     | 83816       |  |
| DIRECTOR                                                                                                                                               | DALE B LAVIGNE   | PO BOX 2170                                                                                                                                         | OSBURN        | ID                                                     | USA     | 83849       |  |
| DIRECTOR                                                                                                                                               | DENNIS O'BRIEN   | PO BOX 146                                                                                                                                          | WALLACE       | ID                                                     | USA     | 83873       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 4583</b>                                                                                            |                  | 6. Annual Report must be signed.*<br>Signature: Dennis O'Brien<br>Name (type or print): Dennis O'Brien<br>Date: 04/27/2016<br>Title: Director       |               |                                                        |         |             |  |
| Processed 04/27/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                           |               |                                                        |         |             |  |