

No. C112015	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 HALF-BREED, INCORPORATED TIMOTHY A. BUCHO PO BOX 1591		R D WATSON 408 SHERMAN AVE STE 202 COEUR D'ALENE ID 83814 3. Organized Under the Laws of: ID C112015													
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="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>TIMOTHY BUCHO</td> <td>PO BOX 1591</td> <td>COEUR D'ALENE ID</td> <td></td> <td>83816</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	TIMOTHY BUCHO	PO BOX 1591	COEUR D'ALENE ID		83816
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
PRESIDENT	TIMOTHY BUCHO	PO BOX 1591	COEUR D'ALENE ID		83816											
5. CONSTRUCTION (CONSULTATION, NATURE OF BUSINESS Reclamation Reclamation, AND ANY LAWFUL TRANSPORTATION)		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>Timothy A. Bucho</u> Date <u>July 19, 1996</u> Name (Typed or Printed) <u>Timothy A. Bucho</u> Title <u>President</u>														

ISSUED: 07-06-1996

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