

BACK FORTY
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Wednesday, August 21, 2019

State of Wisconsin
Department of Natural Resources
Waste and Materials Management
PO Box 7921
Madison, WI 53707-7921

To Whom It May Concern:

Enclosed you will find two copies of the Metallic Mineral Exploration License Application, certificates of insurance, and a check for \$300.00 to cover the application fee.

Sincerely,

Marissa Reynolds
Executive Assistant

check "wells Fargo"
#7580

State of Wisconsin
Department of Natural Resources
Waste and Materials Management
PO Box 7921
Madison WI 53707-7921
dnr.wi.gov

Metallic Mineral Exploration License Application

Form 2700-005 (R 12/10)

- ☒ Original Application
☐ Renewal Application

For License Period Expiring June 30, 20 20

Notice: Use of this form is required by the DNR pursuant to Chapter 293, Wis. Stats., and Chapter NR 130, Wis. Adm. Code. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Please submit two completed copies of this application to the above address.

General Information

Applicant Name Aquila Resources, USA			Applicant is: (select one) <input type="radio"/> Applicant <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship <input checked="" type="radio"/> Corporation <input type="radio"/> Other - Explain _____	
Address E807 Gerue Street				
City Stephenson	State MI	ZIP Code 49887		

Is applicant a ☐ Division or ☒ Subsidiary of another corporation? ☒ Yes ☐ No

If yes, Parent Corporation Name
Aquila Resources, Inc.

Address 141 Adelaide St. West, Suite 520	City Toronto	State Ont.	ZIP Code M5H 3L5
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Canada

If applicant is a corporation, is it incorporated under Wisconsin law? ☐ Yes ☒ No

If applicant is incorporated outside Wisconsin, does it hold a valid certificate of authority to do business in Wisconsin issued by the Secretary of State? ☒ Yes ☐ No

Financial Responsibility

1. Attach one copy each of the applicant's and parent company's (where applicable) most recent annual report and most recent Form 10-K as filed with the Securities and Exchange Commission. If these are not available, attach a report of the applicant's current assets and liabilities and other necessary data to establish that the applicant is competent to conduct exploration in a manner consistent with the requirements of Chapter 293, Wis. Stats.
2. Attach a bond payable to the Department of Natural Resources in the amount of \$5,000 or another amount specified by the Department conditioned on faithful performance of the provisions of Chapter NR 130, Wis. Adm. Code and Chapter 293, Wis. Stats. The bond shall comply with all provisions enumerated in s. NR 130.05(2)(b), Wis. Adm. Code.
3. Attach a certificate of insurance certifying that the applicant has in force a liability insurance policy issued by an insurance company authorized to do business in this state covering all exploration of the applicant in this state and affording personal injury and property damage protection in a total amount deemed adequate by the Department but not less than \$50,000.

Fee

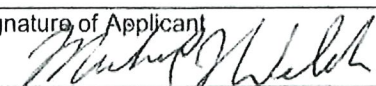
Attached is a check or money order in the amount of: ☒ \$300 for original application made payable to the Department of Natural Resources to cover the annual license fee. ☐ \$150 for renewal application

Applicant's Statement

(Must be signed by the individual applicant; by all partners if a partnership; by a corporation officer if a corporation; or by a responsible official if other than the above.)

I/We hereby certify that the foregoing statements are true to the best of my/our knowledge and belief.

I/We hereby execute the foregoing application as officer(s) of the Aquila Resources, USA
by its authority. Corporation Name

Signature of Applicant 	Date Signed Aug 20, 2019	Title Chief Operating Officer
Signature of Applicant	Date Signed	Title