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**HIDDEN SPLENDOR RESOURCES, INC.**

50 W. Liberty Street, Suite 880

Reno, NV 89501

(775) 322-0626

FAX (775) 322-5623

September 6, 2005

State of Utah Department of Natural Resources  
Division of Oil Gas  
1594 W North Temple #1210  
Salt Lake City, UT 84114-5802

Attention: Pamela Grubaugh-Littig

RE: HIDDEN SPLENDOR RESOURCES

Dear Pamela:

Enclosed is a copy of the insurance policy required for our reclamation bond.

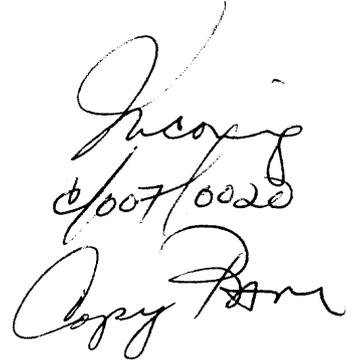
If you have any questions, please feel free to call me.

Very truly yours,



Ann Walker  
President

Enclosure



Copy from  
9/07/05

RECEIVED

SEP 08 2005

DIV OF OIL, GAS & MINING



**HOMEOWNERS POLICY**

**ALLIED PROP AND CAS INS CO**  
1100 LOCUST ST  
DES MOINES IA 50391-1100  
(800) 282-1446

AGENCY **CHARLES JAMES CAYIAS INSURANCE**  
**SALT LAKE CITY UT**

POLICY NUMBER:	
ACCOUNT NUMBER:	
Policy Period From: <b>07-31-05</b> To: <b>07-31-06</b> 12:01 A.M. Standard Time	
Effective Date of Change <b>080105</b>	
<b>INSURED INFO</b>	

**AMENDED DECLARATIONS**

NAME INSURED AND ADDRESS

**WALKER, CECIL A.**

**57 W 200 S STE 400**  
**SALT LAKE CITY, UT**

**84101-1632**

The described residence premises covered hereunder is located at the above address, unless otherwise stated herein. (No., Street, City, State, Zip Code)

**2404 N AMERICAN TOWERS**  
**SALT LAKE CITY, UT** **84101**

PREVIOUS POLICY NUMBER

**TO BE PAID BY NAMED INSURED**

**THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT**

**COVERAGE AND LIMITS OF LIABILITY**

SECTION I				SECTION II	
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE <small>ACTUAL LOSSES SUSTAINED</small>	E. PERSONAL LIABILITY	F. MEDICAL PAY EACH PERSON
<b>50,280</b>	<b>NONE</b>	<b>102,800</b>	<b>IN 12 MOS.</b>	<b>300,000</b>	<b>5,000</b>

**FOR LOSSES ARISING UNDER SECTION I, WE WILL PAY ONLY THAT PART OF THE LOSS IN EXCESS OF \$500.**

COVERAGE	DESCRIPTION	PREMIUM	COVERAGES	DESCRIPTION	PREMIUM
<b>BASIC COVERAGE</b>					
<b>HO6 01/00</b>	<b>Condo-Owner Form</b>	<b>265.00</b>	<b>HO300UT 06/05</b>	<b>Spec Provisions</b>	
<b>IN0000 01/05</b>	<b>Privacy Stmt</b>		<b>12603 11/03</b>	<b>Premier Endrmsnt</b>	
<b>IN2271 04/03</b>	<b>Important Notice</b>		<b>HO216 01/00</b>	<b>Prem Alarm Prot</b>	<b>3.00CR</b>
<b>12748 12/01</b>	<b>Fungi/Bacteria</b>		<b>12540 09/99</b>	<b>HO-6 Per Prop</b>	<b>33.00</b>
<b>TOTAL PREMIUM</b>					<b>295.00</b>

Additional Residence Occupied By Insured

**NO ADDL PREMIUM**

Loan Number **UT004111**

Mortgage Loss Payee or Other Interest

**STATE OF UT DEPT OF NATURAL RESOURCES DIVISION OF OIL GAS**  
**1594 W NORTH TEMPT #1210**  
**SALT LAKE CITY, UT** **84114-5802**

**1ST MORT**

**RECEIVED**

**SEP 08 2005**

**ALLIED PROP AND CAS INS CO**

Authorized Representative

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