

Official Record

Recording requested By
WAYNE & RACHEL KLOMP

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$14.00 Page 1 of 1
RPTT: Recorded By: DP
Book- 257 Page- 0497

AFFIDAVIT AND DECLARATION OF CLAIMS HELD
IN NEVADA PURSUANT TO NRS 517.188

The following Document contains no Personal
Information as defined by NRS 603A.040

MUST BE COMPLETED IN BLACK INK
MUST BE FILED ON OR BEFORE NOVEMBER 1, 2010



The undersigned declares that the greatest number of mining claims
held in Nevada on the date of the filing made in this county
pursuant to NRS 517.230 for the year 2010 is (check one):

- Less than 11 claims (Fee is \$0 per claim)
- Not less than 11 and not more than 199 (Fee is \$70 per claim)
- Not less than 200 and not more than 1,299 (Fee is \$85 per claim)
- Not less than 1,300 (Fee is \$195 per claim)

RECORDER'S STAMP

The number of mining claims held in LINCOLN County is 7 claims.
The total fee payable for claims held in this county is \$ _____ (not including recording fees).

Name of claim(s): STEKLO #1 THRU STEKLO #7 BLM Serial No(s): 909586 THRU 909592
Please attach additional page(s) as necessary.

Fee remittance method (check one):

- \$ _____ This is the total fee and it is being paid at the time of filing.
- \$ _____ This is half the fee and it is being paid at the time of filing. The second half will be paid not later than June 1, 2011.
- \$ _____ This is the second half of the fee. Refer to Document # _____ recorded on _____
- No fee is being paid with this filing. The total fee, \$ _____, will be paid not later than June 1, 2011.
- This is the total fee, \$ _____, due by June 1, 2011. Refer to Document # _____ recorded on _____

STATE OF Nevada
COUNTY OF Lincoln

Subscribed and sworn to by
Steven Klomp
(Owner, Claimant, Agent, or Lessee)

before me this
17th day of Aug, 2010.

Riannan Stever
NOTARY PUBLIC (Signature)
(or other person authorized to administer an oath)

Name and mailing address of owner or claimant:
WAYNE & RACHEL KLOMP
PO BOX 308
PANACA, NEVADA 89047

Dated this 17th day of August, 2010

By SE [Signature] DMD
Owner, Claimant, Agent, or Lessee Signature

STEVEN W. KLAMP, DMD
Owner, Claimant, Agent, or Lessee Name (printed)