OFIGINA

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

## AFFIDAVIT OF ANNUAL ASSESSMENT WORK (Short Form)

## TO ALL WHOM IT MAY CONCERN:

Name of Claim(s)

ev certifies that The undersigned, at least ONE HUNDRED AND 00/100 DOLLARS (\$100.00) per claim was expended for development, labor and improvement, or equivalent value added, as the annual assessment work for the assessment year ending September 1, \_ for the following unpatented mining claim(s) generally located in the following sections(s):

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ies that per or	
	i.
RECORDER'S STAMP  Range Meridian  MDB&M	``\
/S GGE MDB&M MDB&M	_
ailing address of owner or claimant:  1000 T. Cay Tev  754 Ace pulco Awe  as Vegas NV 89/2	
is document. ement. Watchmen	7
FOF	
Subscribed and sworn to by	
(Owner, Claimant, Agent, or Lessee) before me this day of, 20	
see Attached	٠.,
See Attached Certificate	

DOC # 0136668

Lincoln County - NV

Page 1

0301

Official Recording requested By WILLIAM G. CARTER

Leslie Boucher

Book- 259 Page-

Fee \$25.00

Record

Recorder

Recorded By: LB

BLM Serial No(s) Name and mailing ad 10175 NMC-NMC-NMCclaims is being filed with this docu A total number of veinage improveme The work consisted of: The work described above was performed at the following locations: XOAA STATE OF UPDA/A/CESS Said work was performed between COUNTY OF\_ 21009 and than Subs 00/100 DOLLARS'(\$ ) was expended in performing the work, or equivalent value added. (Owner) The work was performed by: Owner /h day All of the aforesaid unpatented mining claims are contiguous and work on, or for the benefit of, any one claim or group of claims tends to develop all the claims. The work was performed for the purpose of developing the mineral potential of the claims and to maintain and hold such claims. Dated this See Owner, **NOTARY PUBLIC** (Signature) Owner, Claimant, Agent, or Less Suggested Form - Nevada Division of Minerals (REV. 4/15/2009 LV)

Nevada Proof of Labor, 30 USC Sec. 28-1, 28-2 - NRS 517.230

## CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202** See Attached Document (Notary to cross out lines 1-6 below) ☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary) Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any) Subscribed and sworn to (or affirmed) before me State of California County of MARIPOSA on this 25 day of AUG proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) () (and (2)Name of Signer proved to me on the basis of satisfactory evidence to be the person who appeared before me.) Signature Signature of Notary Public Place Notary Seal Above OPTIONAL SIGNER #1 Top of thumb here

Number of Pages:

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Further Description of Any Attached Document** Title or Type of Document: Affidavit of Annual
RSSESSMENT WORK

Document Date:

Signer(s) Other Than Named Above: