

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

AFFIDAVIT OF ANNUAL ASSESSMENT WORK
(Short Form)



0142146

TO ALL WHOM IT MAY CONCERN:

The undersigned, Robert T. Yarbray, certifies that 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, 2012 for the following unpatented mining claim(s) generally located in the following sections(s):

<u>Name of Claim(s)</u>	<u>Section</u>	<u>Township</u>	<u>Range</u>	<u>Meridian</u>
<u>Eagle 3, Eagle 4</u>	<u>3</u>	<u>2S</u>	<u>68E</u>	<u>MDB&M</u>
<u>Eagle 5, Eagle 6</u>	<u>3</u>	<u>2S</u>	<u>68E</u>	<u>MDB&M</u>
<u>Eagle 7, Eagle 8</u>	<u>10</u>	<u>2S</u>	<u>68E</u>	<u>MDB&M</u>

RECORDER'S STAMP

BLM Serial No(s):	Name and mailing address of owner or claimant:
NMC- <u>1004017, 1006216</u>	<u>Mstrata LLC</u>
NMC- <u>1006218, 1006217</u>	<u>78365 Hwy 111 #287</u>
NMC- <u>1005292, 1007241</u>	<u>La Quinta, CA 92253-2071</u>

A total number of 6 claims is being filed with this document.

The work consisted of: Gathering samples, processing, lab testing, evaluating testing results, and road repair.

The work described above was performed at the following locations: Various locations on the claim group.

Said work was performed between Sept. 1, 2011, and August 31, 2012. A total of more than Fifteen hundred and 00/100 DOLLARS (\$1500.00) was expended in performing the work, or equivalent value added. The work was performed by: Robert T. Yarbray

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 19TH day of OCTOBER, 2012

By Robert T. Yarbray
Owner, Claimant, Agent, or Lessee Signature

ROBERT T. YARBRAV
Owner, Claimant, Agent, or Lessee Name(printed)

STATE OF _____
COUNTY OF _____

Subscribed and sworn to by _____
(Owner, Claimant, Agent or Lessee)
before me this _____ day of _____, 20____.

*Not a Notary Public
see attached*

NOTARY PUBLIC (Signature)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California }
County of Riverside

On October 19 2012 before me, Nancy L. Seright Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Robert Thomas Yarbray
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: Nancy L. Seright
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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.

Description of Attached Document Eagle 3, Eagle 4, Eagle 5, Eagle 6, Eagle 7, Eagle 8
Title or Type of Document: Affidavit of Annual Assessment Work

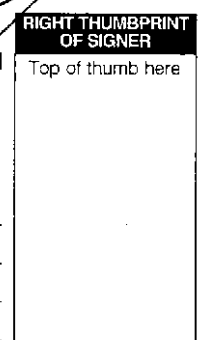
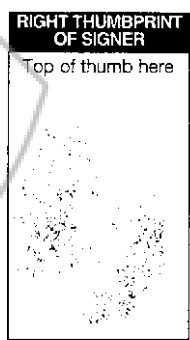
Document Date: October 19, 2012 Number of Pages: 1

Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Robert Thomas Yarbray Signer's Name: _____

- | | |
|--|--|
| <input type="checkbox"/> Corporate Officer — Title(s): _____ | <input type="checkbox"/> Corporate Officer — Title(s): _____ |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General | <input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General |
| <input type="checkbox"/> Attorney in Fact | <input type="checkbox"/> Attorney in Fact |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Guardian or Conservator | <input type="checkbox"/> Guardian or Conservator |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |



Signer Is Representing: _____

Signer Is Representing: _____