Form 3830-4 (October 2013)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO.: 1004-0114 Expires: October 31, 2016

AFFIDAVIT OF ANNUAL ASSESSMENT WORK

WHEN RECORDED, MAIL DOCUMENT TO:		
NAME:	Chips Davis	
ADDRE	SS: 4650 Greenbush Dr.	
CITY, ST	CATE, ZIP: Concord, CA 94521	

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09/17/2015

03:04 PM

Official Record

Recording requested By CHIPS DAVIS DESIGNS LLC

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$98.50

Page 1 of 4 Recorded By: HB

Book- 298 Page- 0306



No. of Claims 9	1	1
x \$10/claim	1	
Total due BIMS 90)	~

TO ALL WHOM IT MAY CONCERN:

1. The undersigned certifies that at least \$100 per claim was expended for development, labor and improvements, or equivalent value added, as the annual assessment work for the assessment year ending September 1, 2015 for the following contiguous unpatented mining claim(s), located in the County of Lincoln County, in the State of Nevada

BLM SERIAL #	CLAIM NAME	Тр	Rg	Sec	Mer	County & Rec. Book & Page	Date
NMC-0962383	Skipjack 1	4S	56E	32SW	MDM		
NMC-0962383	Skipjack 2	4S	56E	32SW	MDM		
NMC-0962383	Skipjack 3	4S	56E	32NWSW	MDM		
NMC-0962383	Skipjack 4	4S	56E	32NWSW	MDM		
NMC-0962383	Skipjack 5	4S	56E	32NWSW	MDM		
NMC-0962383	Skipjack 7	4S	56E	34SE	MDM		
NMC-0962383	Skipjack 9	4S,5S	55E,5 5 1/2E	34SE1/4,6 NE1/4	MDM		
NMC-0962383	Skipjack 10	48	55E	35NE, 36NW	MDM		
NMC-0962383	MYKI 10	48	56E	32SW	MDM		

5.

2. Type of labor and improvements (specify what was done and give the total value for that labor and improvement to show at least \$100 for each claim). If a geological, geochemical, or geophysical survey was performed, as per 30 U.S.C. 28-1, reference the title of the report of survey, give cost and date of the survey and report, and indicate it was filed with the County Recorder:

Description of Work Performed	Value of Work Performed	Date Work Was Performed
Site Inspection and clean-up	\$100 per claim	6/6/15
		7

3. Name and mailing address of each person who performed the labor and improvements:

Name (please print) GiGINO Natalli	Current Mailing Address (please print) HCR 37 Box 623, Sandy Valley, NV 89019
Chips Davis	4650 Greenbush Dr, Concord, CA 94521
Jaedon Davis	628 Moonlight Stroll St, Henderson, NV 89002
Paul Davis	628 Moonlight Stroll St, Henderson, NV 89002

4. Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contained therein. Be sure to indicate if there is a change of address:

Name (please p Chips Davis	The state of the s	C urrent Mailing Address (650 Greenbush Dr. Concord,		
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	d testifies that on the da		, 20, all	monuments
1700000	were erected upon the sub	• • • • • • • • • • • • • • • • • • • •		
subject claim(s)	or copies thereof were in p	piace, and ai said date, eac	m comer monument bore	or contained

(Continued on page 3) (Form 3830-4, page 2)

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- This is an optional form that may be used to satisfy the requirements for the Bureau of Land Management (BLM) under the provisions of 43 U.S.C. §1744 and 30 U.S.C. §28-28d and the regulations thereunder (43 CFR part 3835). Since local and State laws may vary, you should contact your local and State agencies where the claims are located to ensure all applicable laws and requirements are satisfied.
- 2. The claimant(s) must fill in the date in paragraph 1 for the applicable assessment year and the county and state where the claims are located.
- 3. All claim names, BLM serial numbers, legal descriptions, and original county recording information must be listed for the claims pertaining to this assessment notice.
- 4. The claimant(s) must complete paragraph 2 listing all labor or improvements which was performed on or did benefit the subject mining claims. The value and date of the labor or improvements must also be listed. The total amount of labor or improvements can be listed, but the total expenditure must equal at least \$100 for each claim.
- 5. The names and current mailing addresses of the person(s) performing the labor shall be listed in paragraph 3.
- 6. The name and current mailing address of each owner (claimant) of the claims shall be listed in paragraph 4. The mailing address shall be the owner's address and not the address of an agent or anyone representing the claimant. Be sure to note if there has been a change of address.
- 7. Paragraph 5 shall be completed to show the date it was verified that all monuments required by law were properly erected, all notices were posted, and that corners were appropriately designated for all claims listed.
- 8. An exact legible reproduction or duplicate (other than microfilm or other electronic media) of this affidavit or another type of affidavit of assessment work that you file or will file in the county where each claim is located, must be filed with the BLM on or before December 30 of the calendar year in which the assessment year ends. For mill or tunnel sites, a separate notice of intent to hold must be filed with the BLM on or before December 30. Requirements for filing a notice of intent to hold can be found at 43 CFR 3835.33.
- 9. A processing fee of \$10 for each claim listed must be remitted to the BLM along with this or any other affidavit of assessment work.

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CALIFORNIA ALL-PURPOSE ACKNOWLEDG	
A notary public or other officer completing this certificate document to which this certificate is attached, and not the	ate verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document.
State of California) County of Contra Costa) On My 18, 2015 before me, yvo	onne Williams, Notary Rblic
Date	Here Insert Name and Title of the Officer
personally appeared Armond	Davis II
	Name(s) of Signer(s)
,	
subscribed to the within instrument and acknown his/her/their authorized capacity(les), and that by hor the entity upon behalf of which the person(s) ac	
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
VVONNE MICHELLE WILLIAMS Commission # 2106577 Notary Public - California & Contra Costa County My Comm. Expires Apr. 12, 2919	Signature Signature of Notary Public
AUG 2 0 2015	
BLM NVSO IAC	
Place Notary Seal Above	
OP	TIONAL
Though this section is optional, completing this fraudulent reattachment of this	information can deter alteration of the document or sform to an unintended document.
Description of Attached Document	
Title or Type of Document:	Document Date:
Number of Pages: Signer(s) Other Tha	n Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
□ Partner — □ Limited □ General	☐ Partner — ☐ Limited ☐ General
□ Individual □ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
Other:	☐ Other:
Signer Is Representing:	Signer Is Representing:
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