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

AFFIDAVIT AND NOTICE OF INTENT TO HOLD MINING CLAIM(S) AND SITE(S)

TO ALL WHOM IT MAY CONCERN:

The undersigned certifies that the owner or claimant intended or intends to hold the mining claim(s), mill site(s), and/or tunnel site(s) listed below from 12:00 p.m. on September 1 of the year before this affidavit was made and recorded, until 11:59 a.m. on September 1 of the year that this affidavit was made and recorded.

DOC # 0150068

Official

Recording requested By PATRICK BOWNES

Lincoln County - NV - Recorder Leslie Boucher

Fee: \$16.00 RPTT

Page 1 Recorded By: LB

Book- 305 Page- 0315



The claim map showing said claim(s) is filed in the	Lines County records.
Name of claim(s) or site(s):	BLM Serial No(s):
A total number of claims is being filed with this document.	
Name and mailing address of owner or claimant: Patrick Bounds 537 Jones Street, #3296 San Francisco, CA 94102	STATE OF
Dated this 2 day of August 20 16 By Petoch Brune	day of
8-8-16 Owner Claimant, Agent or Lessee Signature	
Owner, Claimant, Agent, or Lessee Name (printed) Patrick B. Kownes	NOTARY PUBLIC (Signature)
Suggested Form - N Nevada	evada Division of Minerals (REV 11/16/2007 LV) a Affidavit/Notice of Intent to Hold, NRS 517.230

County of SAN FRANCESCA

State of California

Trustee(s)

2015 Version www NotaryClasses.com 800-873-9865

Other

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

ocumy or _	THE TIPTING CO	= 1
On <u>Augusī</u>	02 ^{N)} 20 16 before me,	TONG BY TIGHT NOTARY PUBLIC, (Here insert name and tille of the officer)
who proved name(s) is/ he/she/they his/her/thei	are subscribed to the within executed the same in his/r	sfactory evidence to be the person(s) whose instrument and acknowledged to me that her/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of
-	der PENALTY OF PERJUR`	Y under the laws of the State of California that prect.
WITNESS Notary Public S	my hand and official seal. Signature (N	TONG BA TRAN Commission # 2056316 Notary Public - California San Francisco County My Comm. Expires Feb 24, 2018 Notary Public Seal)
ADDITIONAL OPTIONAL INFORMATION INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current California statutes regarding notary wording and,		
	F THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of to Hold W. (Title or description of	attached document) (hing Clainn(a) Sites attached document continued)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
	Ol Document Date 08 02-2d	 Print the name(s) of document signer(s) who personally appear at the time of notarization.
. Individ	CLAIMED BY THE SIGNER ual (s) ate Officer	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary scal impression must be clear and photographically reproducible. Impression must not cover text or lines. If scal impression smudges, re-seal if a
☐ Partne	Title) er(s) ey-in-Fact	sufficient area permits, otherwise complete a different acknowledgment form. • Signature of the notary public must match the signature on file with the office of the county clerk. • Additional information is not required but could help to ensure this

acknowledgment is not misused or attached to a different document.

Indicate title or type of attached document, number of pages and date.

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document with a staple.

Indicate the capacity claimed by the signer. If the claimed capacity is a