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OFFICIAL RECORD
 AMY ELMER, RECORDER

**AFFIDAVIT OF ANNUAL ASSESSMENT WORK
 (Short Form)**

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, 2020 for the following unpatented mining claim(s) generally located in the following sections(s):

Name of Claim(s)	Section	Township	Range	Meridian
Eagle 9	2	2S	68E	MDB&M
Eagle 10	2	2S	68E	MDB&M
Eagle 11	2	2S	68E	MDB&M

RECORDER'S STAMP

BLM Serial No(s):	Name and mailing address of owner or claimant:
NMC- <u>1023133</u>	<u>U.S. Rare Earth Minerals, Inc.</u>
NMC- <u>1023134</u>	<u>78635 Hwy 111, #287</u>
NMC- <u>1023135</u>	<u>La Quinta, CA 92253</u>

A total number of 3 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, 2019, an July 1, 2020. A total of more than Five hundred and 00/100 DOLLARS (\$ 500.00) 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 21st day of October, 2020.

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

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____.

asc JURAT

 NOTARY PUBLIC (Signature)

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)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

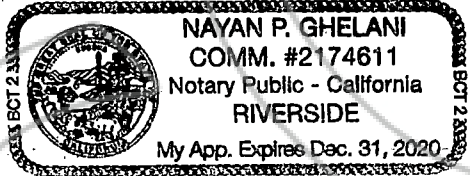
Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

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.

State of California
 County of RIVERSIDE

Subscribed and sworn to (or affirmed) before me
 on this 21ST day of OCT, 2020
 by Date Month Year

(1) ROBERT T. YARBRAV
 (and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature _____
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT OF ANNUAL ASSESSMENT WORK Document Date: _____
 Number of Pages: _____ Signer(s) Other Than Named Above: _____