# NOTICE!!

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GPO Jacket No. 560-102 Print Order 61540 Rise Business Services, LLC Job=AZ15 7/2/2019

# 

Box Number= AZ15138

# 

# Claim Begin-End: AMC353275-AMC353276

1 Initial Receipt



AZ15138-3 AMC353193-AMC353776

# **CLAIM INDEX**

DATE PREPARED: March 16, 2000

LEAD AMC NUMBER: <u>AMC 353275</u> THRU ENDING AMC NUMBER: <u>AMC 353276</u>

AMC NUMBER	*CLOSURE DECISION	CLAIM NAME	LOCATORS OF RECORD
AMC 353275		SIOUX	MARY LARMAN
AMC 353276		CHIPPEWA	۶۵ ۲۶ ۲۶

\*<u>FOR BLM PURPOSES ONLY</u>

	ANICONT.	\$270.00	POSTMARKED:	N/A
	TYPE:	CHECK		§
	CHECK NO:	5400		
	NAME:			
300		LARMAN, MARY		

## REMARKS

	CASE SERIAL NUMBER INFORMATION				
TRNS #	LINE #	CASES			
73310	1	AMC353275, AMC353276			
73310	2	AMC353275, AMC353276			
73310	3	AMC353275, AMC353276			

This receipt was generated by the automated BLM Collections and Billings System and is a paper representation of a portion of the official electronic record contained therein.

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GPO Jacket No. 560-102 Print Order 61540 Rise Business Services, LLC Job=AZ15 7/2/2019

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Box Number= AZ15138

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# Claim Begin-End: AMC353275-AMC353276

# 2 Correspondence



# AZ15138-3 AMC353193-AMC353776

# NO DOCUMENTS FOUND

NO DOCUMENTS FOUND NO DOCUMENTS FOUND

# **NOTICE!!**

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Do not place un-scanned documents beneath this notice!

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GPO Jacket No. 560-102 Print Order 61540 Rise Business Services, LLC Job=AZ15 7/2/2019

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Box Number= A715138

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Claim Begin-End: AMC353275-AMC353276

**3 Transfers** 



AZ15138-3 AMC353193-AMC353776

# NO DOCUMENTS FOUND

NO DOCUMENTS FOUND NO DOCUMENTS FOUND

# NOTICE!!

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GPO Jacket No. 560-102 Print Order 61540 Rise Business Services, LLC Job=AZ15 7/2/2019

# Box Number= AZ15138

# 

# Claim Begin-End: AMC353275-AMC353276

**4 Annual Filings** 



AZ15138-3 AMC353193-AMC353776

Form 3830-2 (January 2017)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	353275 407665 410305 FORM APPROVED
	MAINTENANCE FEE WAIVER CERTIFICATION	OMB NO. 1004-0114
	SEE INSTRUCTIONS ON PAGE 2 19	Expires: January 31, 2020
	iver is filed for the assessment year beginning on September 1, 2097 and e	
2. The undersigned and of America on Septer	all related parties owned ten or fewer mining claims, mill, or tunnel sites loca mber 1, 2017	ited and maintained on Federal lands in the United States
	e performed the assessment work required by law for each mining claim listed t file an affidavit of assessment work with the Bureau of Land Management (Bl	
4. The undersigned und	derstand that if the assessment work obligation has not yet come due under 30 U nold reciting this condition must be recorded by the December 30th following the	J.S.C. 28 (for those claims in their first assessment year only),
5. The undersigned und	lerstand that mill and tunnel sites may also be listed on this waiver and be waiv se sites is required to be filed with the BLM by the December 30th following th	red from payment of the maintenance fee, and that a notice of
6. The undersigned und	lerstand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, LM may result in a fine of up to \$250,000, a prison term not to exceed five yea	the filing or recording of a false, fictitious, or fraudulent
	nill or tunnel sites for which this waiver from payment of the maintenance fees	
	CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER

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The owner(s) (claimants) of the above mining claims ar	nd sites are:	,	•	AgenT
Mary Nora Hagar (Owner's Name - Please Prin		Poris	Hagar (Owner's Signature)	Colby
310 Kruger Rd. H TX. 762 Dwng's Mailing Address)	ruger Ville	(City)	(St	T. O, H, ate) (Zip Code)
DOMIS Hagan (Owner's Name - Please Print	·	Roris	Hagan (Owner's Signature)	Colly
PO-BOX 495 WINK (Owner's Mailing Address)	1e/man AZ. 85-192	Winkef	man li	<u>3-</u> <u>857/92</u> (Zip Code)
IS NOT LISTED AS AN OWNER O BUT is Appointed (Owner's Name - Please Print	IN ANY of THE 10	-CLAIM'S , pr	(Oursel's Simutary)	
Attorney-in-fact - POAR was sign		8B	(Owner's Signature)	
(Owner's Mailing Address)	ANOZIAA .XI	10.1	(Sta	ate) (Zip Code)
5 # 3		9/14 6102	AC 483	AC247 A NEW POA
(Owner's Name - Please Print		JANA ALOT	(Owne ENITERED	SEP 1 8 2019
(Owner's Mailing Address)	STATE OFFICE		C 247 Bemored (Sta	te) (Zip Code)
(Continued on page 2)		11/0	NS/2019 BB AC113 A current POA wa ris Colby on behalf earted on 11/01/2019	Entered of Mary Larmon

			4
(Owner's Name - Please Print)	(Owne	er's Signature)	
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Own	er's Signature)	
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Own	er's Signature)	
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owne	er's Signature)	
	(City)	(State)	(Zip Code)

18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

#### INSTRUCTIONS

- 1. This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regulations thereunder (43 CFR Part 3830).
- 2. The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.
- 3. The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.
- 4. All claim and site names and BLM serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.
- 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.
- 6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.
- 7. This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.)
- 8. For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.
- 9. Mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is required to be filed by the December 30th following the filing of this waiver.

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			- A.	FOR OFFICIA	
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(Continued o	n page 3)	2		and the second second second second	(F) 3830-2, page 2)

2019-0043495 POA 08/21/2019 11:54:35 AM Page: 1 of 6 Leslie M. Hoffman OFFICIAL RECORDS OF YAVAPAI COUNTY \$30.00 DORIS COLBY

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NIX. ARIZONA

U N

FICE

This document was prepared by: Mary Larman 310 Kruger Road Krugerville, Texas 76227

Return To: Mary Larman 310 Kruger Road Krugerville, Texas 76227

## **POWER OF ATTORNEY**

## OF

# Mary Larman

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

DOC#514273021

#### I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mary Larman, who reside at 310 Kruger Road, Krugerville, Texas 76227, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

> Doris Colby Dudleyville, Arizona

#### II. **EFFECTIVE TIME**

This power of attorney is effective immediately and will continue to be effective until my death or until I become disabled or incapacitated. My disability or incapacity will be determined by my physician (or a physician chosen by my attorney-in-fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA

AUG 2

## III.

POWERS OF ATTORNEY-IN-FACT place, and stead in any way that I myself could with respect to the following matters:

## YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

mL

## BUSINESS OPERATION TRANSACTIONS:

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
  - Enter into, amend, enforce, and terminate any business contract.
  - Disburse, receive, and demand money in the operation of the business.
  - Merge, reorganize, or sell a business or part of a business.
  - Determine the location, nature, and method of operating the business.
  - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.
- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.

D 2: 46

• Exercise all powers with respect to business operation transactions that I could if present and under no disability.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

3

## IV. GENERAL PROVISIONS

- <u>Reliance By Third Parties.</u> I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- <u>Revocation of Prior Powers of Attorney.</u> I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4) <u>Revocation.</u> I may revoke this power of attorney at any time.
- 5) <u>Duty to Inform and Account.</u> My attorney-in-fact shall timely inform me of any actions taken pursuant to this power of attorney. Failure of my attorney-in-fact to inform timely, as to third parties, shall not invalidate any action of the attorney-in-fact. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-infact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-infact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 6) <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.

ENIX, ARIZONA

2019 AUG

- 7) <u>No Personal Benefit.</u> Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 8) <u>Liability of Attorney-in-Fact.</u> All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-infact will not be liable for the acts of a prior attorney-in-fact.
- 9) <u>Copies.</u> A copy of this power of attorney shall be effective as an original for all purposes.

IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

aug 2015 Signature of Mary Larman



# THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

## ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Texas County of

On this 7<sup>th</sup> day of <u>AUGUS</u>, 20/5, before me, the undersigned Notary Public, personally appeared Mary Larman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public:





6

This document was prepared by: Mary Larman 310 Kruger Road Krugerville, TX 76227 Return to: Mary Larman 310 Kruger Road Krugerville, TX 76227

# POWER OF ATTORNEY

OF

## **MARY LARMAN**

2019 NOV -S A II: 01 PHOENIX. ARIZONA

(5095)

Amc 35325

407665

410305

NOTICE THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TOMAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR ME. I UNDERSTAND THAT I MAY REVOKE THIS POWER OF ATTORNEY IF I LATER WISH TO DO SO.

## I. PRINCIPAL AND ATTORNEY – IN - FACT

I, MARY LARMAN, who reside at 310 Kruger Road: Krugerville, Texas 76227, appoint the following person to serve as my attorney – in – fact, to act for me in any lawful way with respect to the subjects indicated below:

### DORIS COLBY

DUDLEYVILLE, ARIZONA

## II. EFFECTIVE TIME

۰.

This Power of Attorney is effective immediately and will continue to be effective until my death, or until I become disabled or incapacitated. My disability or incapacity will be determined by my physician (or a physician chosen by my attorney – in – fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney – in – fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPPA.

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## III. POWERS OF ATTORNEY – IN – FACT

To the extent permitted by law, my attorney – in – fact may act in my name, place, and stead in any way that I myself could with respect to the following matters?

The Attorney – In – Fact SHALL BE AUTHORIZED TO ENGAGE ONLY IN THSE ACTIVITIES THAT ARE INITIALED.

## **BUSINESS OPERATION TRANSACTIONS**

Buy, sell, expand, reduce, or terminate a business interest including, but not
limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.

Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:

ML *	Enter into, amend, enforce, and terminate any business contract.
mL *	Disburse, receive, and demand money in operation of the business.
mL*	Merge, reorganize, or sell a business or part of a business.
mde*	
mI*	Determine the location, nature, and method of operating the business.
m Le*	Hire and discharge any employees and / or agents.

\* If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under the partnership or operating agreement, to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.

\* Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.

\* Exercise all powers with respect to business operation transactions that I could, if present, and under no disability.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and preparation and execution of all documents, my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

3

HOENIX, ARIZONA NOV -5 A II: 01

## IV GENERAL PROVISIONS

- 1. <u>Reliance by Third Parties</u>. I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless or until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without invalid or unenforceable provision.
- 3. <u>Revocation of Prior Powers of Attorney.</u> I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4. <u>Revocation.</u> I may revoke this power of attorney at any time.
- 5. <u>Duty to Inform and Account.</u> My attorney-in-fact shall timely inform me of any actions taken pursuant to this power of attorney. Failure of my attorney-in-fact to inform timely, as to third parties, shall not invalidate any action of the attorney- in-fact. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request or the request of a personal representative or fiduciary acting on my behalf. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the clerk of court is specifically waived.
- 6. <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.
- 7. <u>No Personal Benefit</u>. Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, of see my passets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 8. <u>Liability of Attorney-</u>in-Fact. All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-in-fact will not be liable or the acts of a prior attorney-in-fact.
- 9. Copies. A copy of this power of attorney shall be effective as an original for all purposes.

IN WITNESS WHEREOF, I the undersigned have executed this power of attorney on the date set forth below.

Date: 1 - Mary Karm 4

# ACKNOWLEDGEMENT **OF NOTARY PUBLIC**

State of TEXAS

٩,

**County of DENTON** 

50 day of November 20 before me, On this

the undersigned Notary Public, personally appeared Mary Larman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that she executed the same in her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Shalling Signature of Notary Public: (Meri



20 2019 PHOENIX, ARIZONA NON 5 AII:01 OFFICE

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08/21/2019 11:54:35 AM Page: 1 of 3 Leslie M. Hoffman OFFICIAL RECORDS OF YAVAPAI COUNTY \$30.00 DORIS COLBY ADL When Recorded Return Document to: Page: 1 of 3 Many Nora Hagan Larman Hagan Colby NEW PROPERTY OF COMPANY OF CONTRACT PLANE COMMANDER IN WINKelman, AZ. 85192 Check here is this is a change of address. Telephone: E-mail address: AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK 1. State of Arizona, County of <u>Varapar</u>ss: 2. I (Name) <u>Mary Nora Hagan harman</u> 3. Reside at (Address) <u>310 Knuger Rd.</u> ENIX. ARIZONA BLM Date Stamp City KnugerVille County Denton 100 State 7X-Zip 76227 being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above). 5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the Copper Basimptional) Mining District; Yavapal County, Arizona.

Line No.	AMC NUMBER	CLAIM/SITE NAME .	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1 💱	353276	Chippewa	372 4147	13 N	3W	17-18
2	353275	SIDUX	3724148	13 N	3W	17-18
3	407667	BUCK		13 N	3W	17
4	407668	Butte		13 IV	3W	17
5	407669	Chareokee		13 N	3W	18
6	407677	Hopi		13 N	3W	17

Form: MCF108 Revised July 2014 Page 1 of 2

Attached to PEA as a Reference,

## AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

	BLM Date Stamp	ARIZO	2019 MIG 21 P 2:	RECEIVED PER
1º 407678 NaV2JO		13/10	310	H 18
8 407666 Black FOOT		13N	3W	18
9 407676 Flour Gold \$		13 N	3W	18
10 410305 DOC		13 N	3W	17-18

6. That between the dates starting at 12 o'clock noon on September 1, 20 \_\_\_\_\_ and ending at 12 o'clock noon on September 1, 20 \_\_\_\_\_ at least \$ \_\_\_\_\_\_ dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described herein:

performed Signature: 9. Dated.  $\varsigma_{\overline{}}$ 19 SUBSCRIBED AND SWORN TO before me, a Notary Public, this X day of 20 comb Bv: ons 0 XENALYNN PANULHATORI Notary Public - St a of Arba Notary Public VALAPAI COUNTY 2023 Expires June 19, 2023 My Commission Expires No. of Claims: **Bureau of Land Management** Check No .: CG Arizona State Office www.blm.gov/az Receipt No .: 4 For BLM Use Only Form: MCF108

Revised July 2014 Page 2 of 2

This form is available from the Arizona Geological Survey and may be reproduced.

and harman, a Referance harman, S e 0 93 BLM AZ STATE OFFICE Albent & Bernice Heck, Zrd 50 2019 AUG 21 P 2:43 PUPA 5 Marxe Joshua MENIX. ARIZONA Guarl. bh.Ed 00 Attached to new 66, + 0 N 2 0 N Holcomb Jr., Col 0 2 ð DQ ben na AN S Doris NILA 40, 9 0 NZ 0 4 DONZIL 2 Micha NIMP 510 0 6 2 A R A





# United States Department of the Interior

BUREAU OF LAND MANAGEMENT Arizona State Office One North Central Avenue, Suite 800 Phoenix, Arizona 85004-4427 www.blm.gov/az/

OCT 1 8 2019

In Reply Refer To: 3800 (9200) PB AMC35325; AMC407665; AMC410305

11/05/2019 WVR CURED A Newely Executed Por was submitted in Person From Doris Hagan Colby. AC247 Removed Re 113 Entered, BB

# CERTIFIED MAIL - RETURN RECEIPT REQUESTED No. 9214 8901 9403 8395 7992 53

## NOTICE

MARY N LARMAN	:	This Notice Affects Those Claims
310 KRUGER RD	÷.	Shown in the Block Below.
KRUGERVILLE, TX 76227-9534	:	

AMC353275; AMC353276; AMC407666 THROUGH AMC407669; AMC407676 THROUGH AMC407678; AMC410305 SIOUX, CHIPPEWA, BLACK FOOT, BUCK, BUTTE, CHAREOKEE, FLOUR GOLD #8, HOPI, NAVAJO, DOE

## Maintenance Fee Waiver Held for Rejection

This office received the Maintenance Fee Waiver Certification (waiver) for the above listed mining claim(s). The waiver is not properly completed and does not meet the annual filing requirements.

In accordance with 43 Code of Federal Regulations (CFR) 3835.10, the name, address, and original signatures of all owners of the mining claim must be included on the waiver form. Please correct the discrepancy as noted below:

Doris Hagan Colby signed the waiver on behalf of Mary Nora Hagan Larman, the execution date on the attached Power of Attorney document reads August 7, 2015. If an agent signs, they should identify themself as signing on behalf of an owner, and a Power of Attorney must accompany the waiver. The execution date on the Power of Attorney document must be current within 3 years. Therefore you must submit a current Power of Attorney document.

In order to correct the defect in the waiver, per 43 CFR 3835.93, you must provide this office with the requested information within 60 days of your receipt of this notice. If you are unable to provide this information, you have the option of paying the annual maintenance fee of \$165 per claim (\$165 per 20 acres for placer claims larger than 20 acres). If we do not receive the

requested corrections or the maintenance fees within the 60 day time frame, the claim(s) will be declared forfeited and closed.

If additional information is required, please contact Pauline Brown at 602-417-9360. Please include your AMC serial number(s) on all correspondence.

Sincerely,

Elena Fink Deputy State Director Lands, Minerals and Energy Division

Enclosure(s)

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US Department of the Interior Bureau of Land Management 1 N Central Ave Ste 800 Phoenix, AZ 85004

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MARY N LARMAN 310 KRUGER RD KRUGERVILLE TX 76227-9534



Date Produced: 10/28/2019

ConnectSuite Inc.:

The following is the delivery information for Certified Mail<sup>™</sup>/RRE item number 9214 8901 9403 8395 7992 53. Our records indicate that this item was delivered on 10/24/2019 at 12:36 p.m. in AUBREY, TX 76227. The scanned image of the recipient information is provided below.

Signature of Recipient :



Address of Recipient :

310 KRUGER RD KRUGERVILLE, TX 76227

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representative.

Sincerely, United States Postal Service

The customer reference number shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

UNITED STATES DEPARTMENT OF THE INTERIOR (January 2017) BUREAU OF LAND MANAGEMENT MAINTENANCE FEE WAIVER CERTIFICATION	407665 FORM APPROVED OMB NO. 1004-0114
SEE INSTRUCTIONS ON PAGE 2 19	Expires: January 31, 2020

1. This small miner waiver is filed for the assessment year beginning on September 1, 2047 and ending on September 1, 2046

The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1, 2017 2.

3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, the undersigned must file an affidavit of assessment work with the Bureau of Land Management (BLM) by the December 30th following the filing of this waiver.

4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only), a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.

5. The undersigned understand that mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be filed with the BLM by the December 30th following the filing of this waiver.

6 The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the BLM may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.

7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER
1. Chippewa	353276
2. SIOUX	353275
3. BUCH	407667
4. BUTTE	407668
5. Chareokee	407669
6. HOPI	407672
1. Navato	407678
8. BIJCK FOOT	407666
9. FLOUR GOLD # 8	407676
10. poe	410305
The owner(s) (claimants) of the above mining claims and sites are: AgenT	
Owner's Name - Please Print)	15 Hagan Colby (Owner's Signature) Po.A.
(Owner's Name - Please Print) <u>310 Kruger Rd. Kruger I</u> /1/e TX: 262 Dupper's Mailing Address) (C	'ity) (State) (Zip Code)
Pohis Hagan Colby Doris (Owner's Name - Please Print) Po-Box 495 Winkelman Ad. Winke (Owner's Mailing Address) 85192	Hagan Colley (Oxper's Signature) Iman Dz. 851/92 (Ty) (Zip Code)
ITS NOT LISTED AS AN QUINER ON ANY of THE 10-CLAIM'S. DR	
BUT is Appointed (Owner's Name - Please Print)	(Owner's Signature)
Attorney-in-tact: PEAR backs signed on 8/7/2015, ps (Owner's Mailing Address) VNOZINY 'XINGL (C	'ity) (State) (Zip Code)
E 11 2	A - UNO NEED A NEW PIA
(Owner's Name - Please Print)	OwneENTERED SEP 18 2019
Owner's Mailing Address)	City) (State) (Zip Code)
(Continued on page 2)	

■III 副心理制度的现在,我们是我们的问题,我们就能够能够的。

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NIX. ARIZONA

This document was prepared by: Mary Larman 310 Kruger Road Krugerville, Texas 76227

Return To: Mary Larman 310 Kruger Road Krugerville, Texas 76227

## POWER OF ATTORNEY

## OF

# Mary Larman

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

DOC#514273021

## I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mary Larman, who reside at 310 Kruger Road, Krugerville, Texas 76227, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Doris Colby Dudleyville, Arizona

## II. EFFECTIVE TIME

This power of attorney is effective immediately and will continue to be effective until my death or until I become disabled or incapacitated. My disability or incapacity will be determined by my physician (or a physician chosen by my attorney-in-fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA.

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## III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my names place, and stead in any way that I myself could with respect to the following matters:

YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.



### BUSINESS OPERATION TRANSACTIONS:

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
  - Enter into, amend, enforce, and terminate any business contract.
  - Disburse, receive, and demand money in the operation of the business.
  - Merge, reorganize, or sell a business or part of a business.
  - Determine the location, nature, and method of operating the business.
  - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.
- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.

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 Exercise all powers with respect to business operation transactions that I could if present and under no disability.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

## IV. GENERAL PROVISIONS

 <u>Reliance By Third Parties.</u> I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument. 2

MIX, ARIZONA

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- Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- <u>Revocation of Prior Powers of Attorney</u>. I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4) <u>Revocation.</u> I may revoke this power of attorney at any time.
- 5) Duty to Inform and Account. My attorney-in-fact shall timely inform me of any actions taken pursuant to this power of attorney. Failure of my attorney-in-fact to inform timely, as to third parties, shall not invalidate any action of the attorney-in-fact. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-infact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-infact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 6) <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.

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- 7) <u>No Personal Benefit.</u> Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 8) <u>Liability of Attorney-in-Fact.</u> All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-infact will not be liable for the acts of a prior attorney-in-fact.
- 9) <u>Copies.</u> A copy of this power of attorney shall be effective as an original for all purposes.

IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

Date: 7 Aug 2015 Mary Zar Signature of Mary Larman Xarm



THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

# ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Texas County of

On this <u>7</u><sup>th</sup> day of <u>Hugust</u>, 20<u>15</u>, before me, the undersigned Notary Public, personally appeared Mary Larman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public:

KARA LUGO Notary Public State of Texas

My Comm. Expires 01-15-2018

X. ARIZONA U 2 45 FICE
harman, Marx4 Joshua Larman, S AlbenTy Bernice Heck 0 40 G.Uarl 121 4BW1 5 04 N (0/6) Holcomb Jr. 50 & Doris 2 40 424 0 NZ O DONALD Edwin VICHA Q 2 R

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1997 - <sup>19</sup>	UNITED STATES	(435)	353275
Form 3830-2 (January 2017)	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMEN		A 407665 410 305
	MAINTENANCE FEE WAIVER CERTIFI		FORM APPROVED OMB NO. 1004-0114
	SEE INSTRUCTIONS ON PAGE	2 18 DA	Expires: January 31, 2020 19 $4$ $C$
1. This small miner waiv	er is filed for the assessment year beginning on Septem	ber 1, 2017 and endi	ng on September 1, 2018
<ol><li>The undersigned and a</li></ol>	ll related parties owned ten or fewer mining claims, m	ill, or tunnel sites located	and maintained on Federal lands in the United States
of America on Septem	ber 1, $2017 = 90 / 8 $ Work		
. The undersigned have	performed the assessment work required by law for each	h mining claim listed prid	or to filing this waiver and understand that by filing this fo
the undersigned must f	ile an affidavit of assessment work with the Bureau of I	Land Management (BLM)	) by the December 30th following the filing of this waiver
. The undersigned under	rstand that if the assessment work obligation has not ye ld reciting this condition must be recorded by the Decer	t come due under 30 U.S.	C. 28 (for those claims in their first assessment year only)
The undersigned under	stand that mill and tunnel sites may also be listed on the	is waiver and be waived f	from payment of the maintenance fee, and that a notice of
intent to hold for these	sites is required to be filed with the BLM by the Decer	aber 30th following the fi	ling of this waiver
5. The undersigned under	stand and acknowledge that pursuant to 43 U.S.C. 1212	2 and 18 U.S.C. 1001 the	filing or recording of a false fictitious or fraudulent
document with the BL!	M may result in a fine of up to \$250,000, a prison term	not to exceed five years	or both
7. The mining claims, mi	ll or tunnel sites for which this waiver from payment of	the maintenance fees is r	requested are:
	CLAIM OR SITE NAME		BLM RECORDATION SERIAL NUMBER
1. Chipp	D C W Z		353276(913)
2 6			

3.	The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form,
	the undersigned must file an affidavit of assessment work with the Bureau of Land Management (BLM) by the December 30th following the filing of this waiver.
4.	The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only),
	a notice of intent to hold registing this condition must be more half of D 1 2001 CH 1 of all of the state

CLAIM OR SITE NAME		BLM RECORDATION SERIA	LNUMBER
1. Chippewa		353276	313)
2.5ioux		3532 75	
3. BUCK		107667-	,
4. Butte		407668-	
5. Choreokee		407669-	
6. HOPI		407677 -	
1. NavaJo	-	407678 1	
8. Black Foot		407666-	
9. FLOUR Gold #8		407676-	
10. $Doe$		410305	
The owner(s) (claimants) of the above mining claims and sites are:			Agen
Owner's Name -Please Print)	Doris	Hagah Con (Oyner's Signature)	1by P.O.A.
310 Kruger Rod. KrugerVille	V		1.0.11.
TX, 7629 (Owner's Mailing Address)	(City)	(State)	(Zip Code)
* Dohis Hagan Colby (Ovner's Name - Please Print)	Doris +	Hagan Col	by
P.O. Box 495 Winkelman AL. (Owner's Mailing Address) 65192	Winkelm	(State)	\$5192
82172	(eny)	(State)	(Zip Code)
(Owner's Name - Please Print)		(Owner's Signature)	

	(Owner's Mailing Address)	ANDZIAA .XINJOHA	(State)	(Zip Code)
	(Owner's Name - Please Print)	1 2018 VICE 50 5 00	Ac483 (Owners Signature)	P 1 3 2018
	(Owner's Mailing Address)	RIM AZ STATE OFFICE	(State)	(Zip Code)
Continued on page 2)		LARMAN MARYN	- Listed as sole on listed above.	oner on all

NW/PB

(Owner's Name - Please Print)	(Own	er's Signature)	
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Own	er's Signature)	
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Own	er's Signature)	
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)		er's Signature)	
(Owner's Mailing Address)	(City)	(State)	(Zip Code)

18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

#### INSTRUCTIONS

- 1. This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regulations thereunder (43 CFR Part 3830).
- 2. The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.
- 3. The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.
- 4. All claim and site names and BLM serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.
- 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.
- 6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.
- 7. This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.)
- 8. For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.
- 9. Mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is required to be filed by the December 30th following the filing of this waiver.

FOR OFFICIAL USE ONLY

2018-0044508 08/28/2018 10:13:5 11 Page: 1 of 2 Leslie M. Hoffman OFFICIAL RECORDS OF YAVAPAI COUNTY \$15.00 407665 AZ 8519 MJ n Check here is this is a change of address. Telephone: 410305 E-mail address:

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK					
1. State of Arizona, County of <u>VZVZ PZI</u> ss: 2. I (Name) <u>Many Nonz Hagan Larman</u> 3. Reside at (Address) <u>310 Kruger Rd.</u>	BLM Date Stamp	PHOENIX. ARIZ	2018 AUG 29 P	RECEIVED	
city Knuger Ville County Depton		INO.	2:0	IFFIO	
State X Zip 76227 being duly sworn, denose and say that I am a		6 Almon 1 1 - 11 - 1	0	(m)	

eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filling of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (if not shown in items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

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Cop	pe	r Basi	(optional) Mining District;	Yallapai	County,	Arizona.	
e sie	Line No.	AMC NUMBER		COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
	1	353276	Chippewa	372 4147	13N	3W	17-18
and the second se	2	353275	SIOUX	372 4148	13 N	3W	17-18
	3	407667	BUCK		13 N	3W	12
	4	407668	Butte		13 N	3W	12
	5	407669	CHARROKEE		13N	3W	18
Ĺ	6	407677	Hopi		1311	34	17



		BLM Date Stamp	PIMAZ STATE OFFIC 2018 AUG 29 P 2: 0 Phoenix, Arizona
7	407678 NAVATO		131 31 18
8	407666 Black FOOT		13N 3W 18
9	407676 Flour Gold #8		13N 3W 18
10	410305 DOC		13N 3W 11-18

6. That between the dates starting at 12 o'clock noon on September 1, 20  $\underline{12}$  and ending at 12 o'clock noon on September 1, 20  $\underline{18}$  at least \$  $\underline{1.000.00}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform	n the work and improvements described herein: Edwin & Dou
Sites) anglad a Mristy Contras	times anthomy noprie
8. That the work and improvements performed were:	Ronted Back you for Roadward a
new Samples to be tis	ted at assaying toped + Tosed
on hoad.	A masy
9. Dated: 08-27-18 Signature: Norus A	alcomp alby t. H. for Farma
SUBSCRIBED AND SWORN TO before me, a Notary	Public, this 27 TH day of AVGUST 20 18
By: DORIS HOLCOMB COLBY Notary Public ULUUUU	VILLIAM M PRARIO Notary Public - Arizona Yavapai County
My Commission Expires JAN 10 2022	My Comm. Expires Jan 10, 2022
	No. of Claims: $10 \times \$10 = \frac{\$}{00}$
Bureau of Land Management	Check No.: 668 Init. 28G
Arizona State Office	Receipt No.: <u>4249060</u>
집 같은 것은 것이 같은 것이 없는 것이 없다.	For BLM Use Only

AUG 3 1 2010

Form: MCF108 Revised July 2014 Page 2 of 2

This form is available from the Arizona Geological Survey and may be reproduced.

2018-0044509 POA 08/28/2018 10:13:53 AM Page: 1 of 6 DFFICIAL RECORDS OF YAVAPAI COUNTY \$11.00 DORIS HAGAN COLBY

邇川 W.C., 247.(447.)242( 1-21.014) (1-21.010) (1.02.01) (1.03.01) (1.03.01) (1.03.01) (1.03.01) (1.03.01)

This document was prepared by: Mary Larman 310 Kruger Road Krugerville, Texas 76227

Return To: Mary Larman 310 Kruger Road Krugerville, Texas 76227

#### **POWER OF ATTORNEY**

#### OF

#### Mary Larman

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PHOENIX, ARIZONA

DOC#514273021

00 :2 d PS 3UA 8105 1

BEM AZ STATE OFFICE

#### I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mary Larman, who reside at 310 Kruger Road, Krugerville, Texas 76227, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Doris Colby Dudleyville, Arizona

#### II. EFFECTIVE TIME

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## YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

PHOENIX, ARIZONA

00 :2 CI PS 3UA 8105

RECEIVED PLM AZ STATE OFFICE

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#### **BUSINESS OPERATION TRANSACTIONS:**

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
  - Enter into, amend, enforce, and terminate any business contract.
  - Disburse, receive, and demand money in the operation of the business.
  - Merge, reorganize, or sell a business or part of a business.
  - Determine the location, nature, and method of operating the business.
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- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.

PHOENIX, ARIZONA

P2 :1 9 P2 SUA SINS .

BUM AZ STATE OFFICE

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My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

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#### IV. GENERAL PROVISIONS

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- <u>Severability.</u> If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- <u>Revocation of Prior Powers of Attorney.</u> I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4) <u>Revocation.</u> I may revoke this power of attorney at any time.
- 5) <u>Duty to Inform and Account.</u> My attorney-in-fact shall timely inform me of any actions taken pursuant to this power of attorney. Failure of my attorney-in-fact to inform timely, as to third parties, shall not invalidate any action of the attorney-in-fact. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 6) <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.

PHOENIX, ARIZONA

P2:1 9 P2 JUA 8102

BLM AZ STATE OFFICE RECEIVED

4

- 7) <u>No Personal Benefit.</u> Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 8) <u>Liability of Attorney-in-Fact.</u> All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-infact will not be liable for the acts of a prior attorney-in-fact.
- 9) <u>Copies.</u> A copy of this power of attorney shall be effective as an original for all purposes.

**IN WITNESS WHEREOF**, the undersigned has executed this power of attorney on the date set forth below.

Date: 7 Aug 2015 Mary Xar Signature of Mary Larman

2010 AZ STATE OFFIC 2010 AUG 29 P 1:5 PHOENIX, ARIZONA

THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

#### ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Texas lenton County of

On this 7<sup>th</sup> day of <u>AUGUS</u>, 20/5, before me, the undersigned Notary Public, personally appeared Mary Larman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public:



MAZSTATE OFFIC

#### United States Department of the Interior Bureau of Land Management DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427 Phone: 602-417-9200

Receipt

No:

4249060

Transaction #: 4364544 Date of Transaction: 08/29/2018

#### CUSTOMER:

MARY LARMAN 310 KRUGER RD KRUGERVILLE,TX 76227-9534 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00		2018 POL & 2019 WAIV (10)	- n/a -	100.00
	TOTAL: \$100.00				

	······································	PAYMENT INFORMATION		
1	AMOUNT:	100.00	POSTMARKED:	N/A
	TYPE:	CHECK	RECEIVED:	08/29/2018
	CHECK NO:	668	· · · · · · · · · · · · · · ·	
	NAME:	COLBY, DORIS H		
		PO BOX 495		
		WINKELMAN AZ 85192 US		

#### REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

· · ·				AMC	353257
Form 3830-2 (October 2013)	TED STATES DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEM MAINTENANCE FEE WAIVER CERT	IENT OUT	INA	FORM APPRO OMB NO. 1004	-0114
	SEE INSTRUCTIONS ON PA	GE2 QHC	2	Expires: October $\mathcal{O} \neq \mathcal{C}$ .	31, 2016
<ul> <li>of America on Sep</li> <li>The undersigned has the undersigned mains and the undersigned up a notice of intent to</li> <li>The undersigned up intent to hold for the undersigned up intent to hold for the undersigned up document with the</li> </ul>	vaiver is filed for the assessment year beginning on Sep and all related parties owned ten or fewer mining claims tember 1. 2013	r each mining claim listed u of Land Management (Bl ot yet come due under 30 U December 30th following th on this waiver and be waive December 30th following th 1212 and 18 U.S.C. 1001, term not to exceed five yea	prior to filing this waiver LM) by the December 30 J.S.C. 28 (for those claim he filing of this waiver. ed from payment of the n te filing of this waiver. the filing or recording of rs, or both.	and understand that th following the fili s in their first asses naintenance fee, and	t by filing this form, ng of this waiver. sment year only), I that a notice of
	CLAIM OR SITE NAME			DATION SERIA	NUMBER
Chipr	Dewa		12520	7/2	
Sint	X		25 32	25	
BICK	A		40766	, 7	
RUTTE	2		407101	.8	
Char	eokee		40764	59	
HOD	,		4076	77	1
NaVa	Ťo		4076-	18	
BIACI	FOOT		4076	66	
FLOUR	Gold #8		4076	76	
D. DOP			410 3	05	
he owner(s) (claimar	ts) of the above mining claims and sites are:				Ageñ
Mary No	Owner's Name - Please Print)	Dori	S Haga (Owner's S	h Col	ьу <u></u> <i>1</i> 0.
310 Kri TX. 7	<u>19Er P.J. Krugervin</u> Www.er's Mailing Address)		(City)	(State)	(Zip Code)
<u>Doris</u> 'o. Box 4	Hagan Colby (Owner's Name - Please Print) (195 Winkelman A. (Owner's Mailing Address) 85192	Dories WiNK	Hagan Conner's S elman (City)	ignature) <u>H Z.</u> (State)	85192 (Zip Code)
	(Owner's Name - Please Print)		(Owner's S	ignature)	
		ANOZIAA ,XINJ		ignature) (State)	(Zip Code)
	(Owner's Mailing Address) 98 <sup>3</sup> (Owner's Name - Please Print)	S :II <del>∀ 82 90≬</del>	(City) UHd	(State)	(Zip Code)
	(Owner's Mailing Address) 98 <sup>3</sup> (Owner's Name - Please Print)	ALE OFFIC		(State)	(Zip Code)

.

ALL CLASMAS IN MAREY LARMAN'S NAME, DORIS COLBY (POA-AGENT)

This document was prepared by: Mary Larman 310 Kruger Road Krugerville, Texas 76227

Return To: Mary Larman 310 Kruger Road Krugerville, Texas 76227

#### **POWER OF ATTORNEY**

2011 AUG 28 A 11: 59 PHOENIX, ARIZONA

#### OF

## Mary Larman

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

DOC#514273021

#### I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mary Larman, who reside at 310 Kruger Road, Krugerville, Texas 76227, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

#### II.

 

 I way with respect to the subjects indicated below:
 PHOEN:

 Doris Colby
 Dudleyville, Arizona

 EFFECTIVE TIME
 N

 This power of attorney is effective immediately and will continue to the subjects indicated or incorrective to the disabled or incorrective to the subjects indicated of the subjects indicated or incorrective to the subjects indicated or incorects indicated or incorrective to the subjects FICE effective until my death or until I become disabled or incapacitated. My disability or incapacity will be determined by my physician (or a physician chosen by my attorney-in-fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA.

#### III. **POWERS OF ATTORNEY-IN-FACT**

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

#### YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.



#### **BUSINESS OPERATION TRANSACTIONS:**

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
  - Enter into, amend, enforce, and terminate any business contract.
  - Disburse, receive, and demand money in the operation of the business.
  - Merge, reorganize, or sell a business or part of a business.
  - Determine the location, nature, and method of operating the business.
  - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.
- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.
- Exercise all powers with respect to business operation transactions that I could if present and under no disability.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.  $\forall NOZI \& \forall `XINBOHd$ 

2011 VNC 28 🕒 12: 00

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#### IV. GENERAL PROVISIONS

- <u>Reliance By Third Parties.</u> I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- <u>Revocation of Prior Powers of Attorney.</u> I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4) <u>Revocation.</u> I may revoke this power of attorney at any time.
- 5) Duty to Inform and Account. My attorney-in-fact shall timely inform me of any actions taken pursuant to this power of attorney. Failure of my attorney-in-fact to inform timely, as to third parties, shall not invalidate any action of the attorney-in-fact. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 6) <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.

2011 AUG 28 P 12: 00

LIM VS SIVIE OFFICE RECEIVED

- 7) <u>No Personal Benefit.</u> Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 8) <u>Liability of Attorney-in-Fact.</u> All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-infact will not be liable for the acts of a prior attorney-in-fact.
- 9) <u>Copies.</u> A copy of this power of attorney shall be effective as an original for all purposes.

IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

Date: 7 Aug 2015 Mary Larma Signature of Mary Larman

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	AUG	RE
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RIZ	σ	TE O
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>	00	CE

#### THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

#### ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Texas enton County of

On this <u>7</u><sup>th</sup> day of <u>HUJUS</u>, 20/5, before me, the undersigned Notary Public, personally appeared Mary Larman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public:



RECEIVED 2011 AUG 28 P 12: 00 PHOENIX, ARIZONA

MU1 1114 2017-0043544 ADL 08/25/2017 01: 8 PM Page: 1 of 2 Leslie M. Hoff OFFICIAL RECORDS OF YAVAPAI COUNTY \$15.00 Page: 1 of 2 AZ. 851 DORIS COLBY e man Check here is this is a change of address. Telephone: E-mail address: 030 AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK HOENIX, ARIZ 1. State of Arizona, County of S**S:** BLM AUG Date Larman 2. I (Name) Mary Hagan Nona Stamo Rd. 3. Reside at (Address) 3/1/ Kruc er \_\_ County \_ Penton City KnugerVille 0 m State TX Zip 76227 being duly sworn, depose and say that I am a citizen of the United States, more than

eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and bellef.

4. Owner's name and address (if not shown in items 1-3 above).

3

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

pper Basil(optional) Mining District; Yavapai County, Arizona.							
Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC	
1	353276	Chippewa	372 4147	13 N	3W	17-18	
2	353275	SIOUX	372 4148	13N	3W	17-18	
3	407667	BUCK		13N	3W	17	
4	407668	BUTTE		13N	3W	17	
5	407669	Chareokee	,	13 N	3N	18	
6	407677	Hopi		13 N	3W	17	

Form: MCF108 Revised July 2014 Page 1 of 2

Rom

	BLM Date Stamp	DLM AZ STATE OFFICE 2011 AUG 28 A II: 5 PHOENIX, ARIZONA
7 407678 Navajo		13.N 3W 18
8 407660 BIACK FOOT		13N 3W 18
9 407676 FLOUR GOLD		13N 3W 18
10 410305 Dre		13N 3W 17-18
7. That the following persons were employed to perfo <i>pominik Martinez</i> , ED Ward Martinez, IT <u>Mason Shaw, Robert J. Martinez</u> , IT HBERT & BERNICE Heck, Robert 8. That the work and improvements performed were: <u>With Nock &amp; dirt. Lopped + T</u> <u>Collected Samples for</u> 9. Dated: <u>8-25-17</u> Signature: <u>P.D.A.</u>	Hernandez Nic, Did Nord Work	olby Donald Holcomb the
UBSCRIBED AND SWORN TO before me, a Notary	Public, this 2540	day of <u>August</u> 20 17
ay: Daris Holcomb Colb	¥ <b>r</b>	JAKE CARLSON
lotary Public		JAKE CARLSON Notary Public – Arizona Yavapai County My Comm. Expires Apr 19, 2021
In Commission Expires <u>34-19-2</u>		My Comm. Expires Apr 19, 2021
Bureau of Land Management Arizona State Office /ww.blm.gov/az	No. of Claims: <u>70</u> Check No.: <u>040</u> Receipt No.: <u>390</u> For BLM Use Only	$\frac{1}{10} \times \$10 = \frac{290}{400}$ Init. $\frac{400}{2974}$
		Form: MCF108

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5 61

Form: MCF108 Revised July 2014 Page 2 of 2

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NHelman AZ

Ø

Check here is this is a change of address. Telephone: \_\_\_\_\_\_ E-mail address:



AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK				
1. State of Arizona, County of <u>Javapai</u> ss:         2. I (Name) <u>Dohis Hagan Calby</u> 3. Reside at (Address) <u>4244 Nopa</u> City <u>WiNKelman</u> County <u>final</u>	BLM Date Stamp	"HOENIX, ARIZONA	6 28 E	RECEIVED

State <u>47.</u> Zip <u>85/92</u> being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filling of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (if not shown in items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

Cof	pe	n Basi	M (optional) Mining District;	Yava pai		Arizona.	
	Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
	1	43919	OWI	152151	13 N	3W	18-19
ļ	2	43980	Commissary	1401581	1.3 N	3W	18-17
	3	43981	Commissaryt	2 146 1477	13 N	3W	18
	4	43982	Flour Gold	1431173	13N	3W	18
	5	43983	Flour Gold#2	1431349	13 N	3W	18
	6	43984	Flour Gold #3	1431359	13 N	3 W	18

Form: MCF108 Revised July 2014 Page 1 of 2

·			BLM Date Stamp	ARIZO	RECEIVED
7	43985	Flour Gold #4	43985	13N 3W	18
8	43986	FIDUR Cold #5	43986	13N 3W	18
9	43981	Flour Gold #6	43981	13N 3W	18
10					

6. That between the dates starting at 12 o'clock noon on September 1, 20  $\underline{//2}$  and ending at 12 o'clock noon on September 1, 20  $\underline{//2}$  at least \$  $\underline{2500.00}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform $Ed^{(1)} h + D^{(r)} S C O(DX; P_{dv} M + Ed^{(v)} ard M + C O(DX))$	m the work and improvements described herein: Don ald artinez, Albeht + Bennice Heck, Domin	<u>E H</u> elco
TOTA HOULDES SLITY MILLEN	W. LANA DP CLAUI MACON CLAUI	
8. That the work and improvements performed were:	ermanez, + Nick Pomingas. Aepaired Sate & Frace fro	
		ims
Cleaned up mess from	1 roof. Collected Samples for	
9. Dated: 8-25 - 17 Signature: Alpric	Hagan Colby Chemistr	·Y-
SUBSCRIBED AND SWORN TO before me, a Notary	Public, this day of Hugust 20_17	
By: Doris Hulcomb Colby		
Notary Public	JAKE CARLSON Notary Public – Arizona	
My Commission Expires 04-19-21	Yavapai County My Comm. Expires Apr 19, 2021	
	Na of Claiman	7
Bureau of Land Management	No. of Claims: x \$10 =	
Arizona State Office	Check No.: Init	
www.blm.gov/az	Receipt No.:	
	For BLM Use Only	

Form: MCF108 Revised July 2014 Page 2 of 2

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OKOMBJr. 2017-0043543 08/25/2017 01 18 PM Page: 1 of 2 Leslie M. Hoffman OFFICIAL RECORDS OF YAVAPAI COUNTY \$15.00 Page: 1 of 2 na 國則 制作之后的制度 法特别分析 经代码投资 医耳头管 医外外的 网络小麦属 Check here is this is a change of address. Telephone: E-mail address:

125

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK					
AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK 1. State of Arizona, County of <u>VAVAPAI</u> ss: 2. I (Name) <u>DONALA F. Holeomb</u> Jin 3. Reside at (Address) <u>HOLA / NOPAL</u> <u>DUAD / E VILLE, AZ. P.D. BOX 495</u> City <u>WiNKelman</u> County <u>PiNA</u>	BLM Date Stamp	PHOENIX, ARIZONA	2017 AUG 28 P 12: 00	RECEIVED	

State <u>AZ</u>, Zip <u>SS192</u> being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filling of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

	4140	· · · · · · · · · · · · · · · · · · ·				
Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	407686	Rose		13 N	3W	17
2 .	407679	Plymonth		13 N	3 W	8
3	407680	Plymouth #2	-	13 N	3W	8
4	407681	Plymouth #3		13 N	3W	8
5	407682	Plymouth#4		13 N	3 W	8
6	407683	PIX mouth #5		13 N	3 W	8

Form: MCF108 Revised July 2014 Page 1 of 2

		BLM Date Stamp	NUM AZ STATE OFFICE 2011 AUG 28 P 12: 00 PHOENIX, ARIZONA	
7	407684 PIV mouth#6		13N 3W 8	
8	407685 PIY MOUTHAN		13 N 3W 8	
9	407671 FINCH		13N 3W 8	
10	410306 Firch#2		13 N 3W 8	

6. That between the dates starting at 12 o'clock noon on September 1, 20  $\underline{//2}$  and ending at 12 o'clock noon on September 1, 20  $\underline{12}$  at least  $\underline{1200.00}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

	n the work and Improvements described herein: <u>12ma-Edware</u> and Mantinez, Jerry MC COWN, har sine Sha <u>seawine Dows Colly Banald Halcomb</u> Hennanez, - Nick Dominges Id Road Work Consisting of Filling
CREVISIS with rock & dirt. Lo.	pped + Tossed branches over grown
brush. Collected Samples	FOR Chemistry.
9. Dated: 9-25-(] Signature:	
SUBSCRIBED AND SWORN TO before me, a Notary	Public this 25th day of August 20 17
By: Donald Holcomb	
Notary Public Qot Color	JAKE CARLSON Notary Public – Arizona Yavapai County
My Commission Expires	My Comm. Expires Apr 19, 2021
Bureau of Land Management	No. of Claims: x \$10 =
Arizona State Office	Check No.: Init
www.blm.gov/az	Receipt No.:
	For BLM Use Only

Form: MCF108 Revised July 2014 Page 2 of 2

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#### United States Department of the Interior Bureau of Land Management DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427 Phone: 602-417-9200

Receipt

No:

3962974

Transaction #: 4072818 Date of Transaction: 08/28/2017

#### CUSTOMER:

DORIS H COLBY PO BOX 495 WINKELMAN,AZ 85192-0011 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL	
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC353276/\$290.00	POL 2017/29 WAV	- n/a -	290.00	
	TOTAL: \$290.0					

PAYMENT INFORMATION								
1	AMOUNT:	290.00	POSTMARKED:	N/A				
	TYPE:	CHECK	RECEIVED:	08/28/2017				
	CHECK NO:	640	•	*				
	NAME:	COLBY, DORIS H		•				
		PO BOX 495						
		WINKELMAN AZ 85192-0011 US						

#### REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

Form 3830-2 DEPARTMENT OF THE INTERIOR		
(October 2013) BUREAU OF LAND MANAGEMEN		
MAINTENANCE FEE WAIVER CERTIFI	EXPIREMENT CATION CATIO	
SEE INSTRUCTIONS ON PAGE		
of America on September 1, <u>2015</u> The undersigned have performed the assessment work required by law for each the undersigned must file an affidavit of assessment work with the Bureau of The undersigned understand that if the assessment work obligation has not ye a notice of intent to hold reciting this condition must be recorded by the Dece The undersigned understand that mill and tunnel sites may also be listed on the intent to hold for these sites is required to be filed with the BLM by the Decert	hill, or tunnel sites located and maintained on Federal lands in the United States the mining claim listed prior to filing this waiver and understand that by filing this for Land Management (BLM) by the December 30th following the filing of this waiver et come due under 30 U.S.C. 28 (for those claims in their first assessment year only) ember 30th following the filing of this waiver. his waiver and be waived from payment of the maintenance fee, and that a notice of ember 30th following the filing of this waiver. 12 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent in not to exceed five years, or both.	r. ),
CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER	
ChiPPEWZ	353276	1
SIOUX	353275	
BUCK	407667	
BIITTP	402668	
Charoekee	477669	
Hadi	1/17/072	
Naunta	1/22/202	
Ravaso T	401018	
Blacktool	401666	
Flour Gold #8	407676	
DOC	410305	
he owner(s) (claimants) of the above mining claims and sites are: Mary Nona Hagan Lanma (Owner's Name - Please Print)	21 P. O.A. On file for Mary Ja.	1 1 Mi
310 Hrugen	KrugerVIILE TEXAS 1620	27
(Owner's Mailing Address)	(City) (State) (Zip Code)	
(Owner's Name - Please Print)	(Owner's Signature)	
(Owner's Mailing Address)	(City) (State) (Zip Tode)	-
(Owner's Name - Please Print)	(Owner's Signature)	
(Owner's Mailing Address)	(City) (State) (Zip Code)	_
(Owner's Name - Please Print)	(Owner's Signature)	
(Owner's Mailing Address)	(City) (State) (Zip Code)	-
Continued on page 2)		NW1 9/101

353275

1

(Owner's Name - Please Print)	(Owner's Signature)			
(Owner's Mailing Address)	(City)	(State)	(Zip Code)	
· · · · · · · · · · · · · · · · · · ·				
(Owner's Name - Please Print)	(Ow	mer's Signature)		
(Owner's Mailing Address)	(City)	(State)	(Zip Code)	
(Owner's Name - Please Print)	(Ow	mer's Signature)	<u></u>	
(Owner's Mailing Address)	(City)	(State)	(Zip Code)	
(Owner's Name - Please Print)	(Ow	mer's Signature)		
(Owner's Mailing Address)	(City)	(State)	(Zip Code)	

18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

#### INSTRUCTIONS

- 1. This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regulations thereunder (43 CFR Part 3830).
- 2. The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.
- 3. The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.
- 4. All claim and site names and BLM serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.
- 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.
- 6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.
- 7. This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.)
- 8. For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.
- 9. Mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is required to be filed by the December 30th following the filing of this waiver.

PRECEIVED THOENIX, ARIZONA TO ANG 28 P 12: 36 PHOENIX, ARIZONA

FOR OFFICIAL USE ONLY

When Recorded Return Documen	2015-0040582 ADL 08/25/2015 04:19:5 1 Page: 1 of 3 Leslie M. Hoffman OFFICIAL RECORDS OF THVAPAI COUNTY \$15.00 DORIS COLBY
Poris H. Colby	III MURA PRETABLY, INCOMENDATIONAL & SECTION AND A SUCH A LONG MORE MADE THE SECTION AND A SUCH A SUCH A SUCH A
WiNHelman, AZ. 85192	353275 407665
Check here is this is a change of address. Telephone:	410305
E-mail address:	

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK				
1. State of Arizona, County of <u>Y-2V2P21</u> ss: 2. I (Name) <u>Morry N. Larman</u> 3. Reside at (Address) <u>310 Kroger Road</u>	BLM Date Stamp	PHOENIX, ARIZON	2015 AUG 28 P 12:	LM AZ STATE OFF
City KrogerVille County Denton		$\geq$	9Ω	<u></u>
State X Zip 76 22 2 being duly sworn, depose and say that I am eighteen years of age, and that all of the facts set forth in this affidavit, subj	a citizen of the U	nited States,	more f	han f 18

U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the Anna Broin

C

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-4	1 pp	DEP D	<b>Q Sptional)</b> Mining District; _	YaVapai	County,	Arizona.	
	Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
	1	353274	Chippeliz	372 4147	13 N	34	17-18
	2	353275	SIDUX	3724148	13 N	3 ul	17-18
	3	407667	BUCK		13 N	3 W	12
	4	407668	Butte		1.3 N	3 W	17
	5	407669	CHAREOKEE		13 N	3W	18
l	6	409677	Hopi		13 N	3 10	17



Form: MCF108 Revised July 2014 Page 1 of 2

			BLM Date Stamp		PHOEWIX, ARIZOW	015 AUG 28 P	PI M AZ STATE DECIN
7	407678	Navajo		13 N	34	18	1
8	407664	Black foot		13 N	34	18	
9	407676	Flour Gold		13 N	3 W)	18	]
10	410305	- Doe		13 N	3W	17-18	]

a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described herein: \_\_\_\_\_

0 0 2 0 8. That the work and improvements performed were:

Ø 9. Dated -5-Signature: sman SUBSCRIBED AND SWORN TO before me, a Notary Public, this day of By: OFFICIAL SEAL ALL D Notary Public JOANN JORDAN Notary Public - State of Arizor My Commission Expires YÁVAPAI COUNTY My Comm. Expires Feb. 7, 2018 No. of Claims: Bureau of Land Management Arizona State Office Check No. www.blm.gov/az Receipt No .: For BLM Use Only

This form is available from the Arizona Geological Survey and may be reproduced.

Form: MCF108 Revised July 2014 Page 2 of 2

WORKED THE DEEP REVINES IN THE ROAD Filling THEM IN WITH ROCKS AND GRAVEL. THE BRUSH IS OVER GROWN SO BAD WE PRUNED AND TOSSED THE BRUSH. A LOT OF STAKES ARE MISSING DUE TO SOME COMPANY TRING TO OVER STAKE. TRYING TO REPLACE STAKES THAT ARE MISSING AND MAKE A MAD OF THESE CLAIMS. DID EXTENSIVE SAMPLING AND CHEMISTRY WORK on These CLAIMS People who preformed work and Improvements pamela, EDWARD AND Dominik MARTINEZ, Doris And EDWIN Colby, BERNICE AND Albert HRCK, JESSICH AND JARED Sikes, SHAWN AND DONALD HOLCOMD, LORRAINE Shaw, JERRY AND YARA MCCOWN, Nicole Kimberly, Ashley AND JERIMIAN LARMAN

7015

AUG 28

P 12:

w

HOENIX, ARIZONA

This document was prepared by: Mary Larman 310 Kruger Road Krugerville, Texas 76227

Return To: Mary Larman 310 Kruger Road Krugerville, Texas 76227

#### **POWER OF ATTORNEY**

#### OF

## Mary Larman

**NOTICE**: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

DOC#514273021

#### I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mary Larman, who reside at 310 Kruger Road, Krugerville, Texas 76227, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Doris Colby Dudleyville, Arizona

#### II. EFFECTIVE TIME

This power of attorney is effective immediately and will continue to be effective until my death or until I become disabled or incapacitated. My disability or incapacity will be determined by my physician (or a physician chosen by my attorney-in-fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA.

SO

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## III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

# YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.



## **BUSINESS OPERATION TRANSACTIONS:**

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
  - Enter into, amend, enforce, and terminate any business contract.
  - Disburse, receive, and demand money in the operation of the business.
  - Merge, reorganize, or sell a business or part of a business.
  - Determine the location, nature, and method of operating the business.
  - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.
- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.

ARIZON

2

 Exercise all powers with respect to business operation transactions that I could if present and under no disability.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

#### IV. **GENERAL PROVISIONS**

- 1) <u>Reliance By Third Parties.</u> I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- 2) Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- 3) <u>Revocation of Prior Powers of Attorney.</u> I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4) <u>Revocation.</u> I may revoke this power of attorney at any time.
- 5) Duty to Inform and Account. My attorney-in-fact shall timely inform me of any actions taken pursuant to this power of attorney. Failure of my attorney-in-fact to inform timely, as to third parties, shall not invalidate any action of the attorney-in-fact. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-infact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-infact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 6) <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney. ARIZONA

U 2

- 7) <u>No Personal Benefit.</u> Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 8) <u>Liability of Attorney-in-Fact.</u> All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-infact will not be liable for the acts of a prior attorney-in-fact.
- 9) <u>Copies.</u> A copy of this power of attorney shall be effective as an original for all purposes.

**IN WITNESS WHEREOF**, the undersigned has executed this power of attorney on the date set forth below.

Date: 7 Aug 2015 Mary Larman Signature of Mary Larman

PHOENIX, ARIZONA

THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.
## ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Texas County of \_

On this <u>7</u><sup>th</sup> day of <u>HUJUS</u>, 20/5, before me, the undersigned Notary Public, personally appeared Mary Larman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public:



BLM AZ STATE OFFICI 2015 AUG 28 P 12: 3, Phoenix, Arizona

Form 3830-2	
(October 2013)	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE WAIVER CERTIFICATION

410305 FORM APPROVED OMB NO. 1004-0114 Expires: October 31, 2016

#### SEE INSTRUCTIONS ON PAGE 2

- 1. This small miner waiver is filed for the assessment year beginning on September 1, 2015 and ending on September 1, 2016.
- 2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1, 2015.
- 3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, the undersigned must file an affidavit of assessment work with the Bureau of Land Management (BLM) by the December 30th following the filing of this waiver.
- 4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only), a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.
- 5. The undersigned understand that mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be filed with the BLM by the December 30th following the filing of this waiver.
- 6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the BLM may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.
- 7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

CLAIM OR SITE NAME	BLM RECOR	DATION SERIA	L NUMBER
Rose	407	484	~
PIXMOUTH	407	679	
Plymouth #2	4070	680	
Ply mouth #3	4070	681	
Plymouth #4	402	682	
Plymouth #5	4076	683	
PIVMOUTH #6	4070	684	
Plymouth #7	4070	685	1
Finch	407	671	
O. FINCh #2	410	306	
The owner(s) (claimants) of the above mining claims and sites are:	1		
Donald E. Holcomb Jr.		)	
Donald E. Holcomb Jr. XE (Owner's Name - Please Print)	(Owner's S	Signature)	
P.D. Bar 495 W.N.K	Plman	AZ	85-192
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
	(Owner's S	Signature)	
(Owner's Name - Please Print)	(Owner's a		
(Owner's Mailing Address)	(City)	× (State)	(Zip)Code)
(o			
		T P	m m m
(Owner's Name - Please Print)	(Owner's S	Signature)	7
		$\geq \omega$	0
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
	(Owner's S	Signature)	
(Owner's Name - Please Print)			
(Owner's Name - Please Print)			
(Owner's Mailing Address) SEP 1 0 2010	(City)	(State)	(Zip Code)

(Owner's Name - Please Print)	(Owner	's Signature)
(Owner's Mailing Address)	(City)	(State) (Zip Code)
(Owner's Name - Please Print)	(Owner	's Signature)
(Owner's Mailing Address)	(City)	(State) (Zip Code)
(Owner's Name - Please Print)	(Owner	's Signature)
(Owner's Mailing Address)	(City)	(State) (Zip Code)
		an et seon et
(Owner's Name - Please Print)	(Owner	's Signature)
		·
(Owner's Mailing Address)	(City)	(State) (Zip Code)
	1.10	Server Street Street

18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

#### INSTRUCTIONS

- 1. This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regulations thereunder (43 CFR Part 3830).
- 2. The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.
- 3. The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.
- 4. All claim and site names and BLM serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.
- 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.
- 6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.
- 7. This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.)
- 8. For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.
- 9. Mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is required to be filed by the December 30th following the filing of this waiver.

PHOENIX, ARIZONA

2012 VICE 58 D 15: 38

BEW AZ STATE OFFICE RECEIVED FOR OFFICIAL USE ONLY

(Continued on page 3)

(Form 3830-2, page 2)

4.

When Recorded Return Document to: $\frac{DONOIO}{E, HO/COMB}$	2015-0040580 08/25/2015 04:19:57 PT Page: 1 of 3 Leslie M. Hoffman OFFICIAL RECORDS OF YAVAPAI COUNTY \$15.00 DORIS COLBY
Check here is this is a change of address.	407665 410.305
E-mail address:	

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK				
1. State of Arizona, County of <u>VIII PII</u> ss: 2. I (Name) <u>DODID F.</u> HolComb Jr. 3. Reside at (Address) <u>4244 Mopa</u> <u>Judiquelle R. P.O. Box 495</u> City <u>WINKE/MAN</u> County <u>PINZ</u>	BLM Date Stamp	PHOENIX, ARIZON/	2015 AUG 28 P 12: 3	BLM AZ STATE OFFIC
State AP Zip 85-192 being duly sworn, depose and say that I am a	1 2000	1	00	1.1
State Zip Zip 85/72 being duly sworn, depose and say that I am a eighteen years of age, and that all of the facts set forth in this affidavit, subject U.S.C. 1001 pertaining to the filing of false fighting on factorial set.	ect to the provisions	ed States and per	, more nalties	than of 18

eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

Copp	res	Basis	႕ (optional) Mining District; _	yarapai	County,	Arizona.	
	Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
	1	407686	ROSE		13 N	3W	17
	2	407679	Ply mouth		13 N	3W	8
	3	407680	Ply mouth #2		13 N	3W	8
-	4	407681	Ply mouth #3		13 N	3W	8
-	5	407682	Flymouth #4		13N	3W	8
	6	407683	TIV mouth #5		13 N	30	8



Form: MCF108 Revised July 2014 Page 1 of 2

## AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

BLM Date Stamp HUENIX, AR 3 5 28 7 8 9 10

6. That between the dates starting at 12 o'clock noon on September 1,  $20 \frac{14}{100}$  and ending at 12 o'clock noon on September 1,  $20 \frac{15}{100}$  at least  $\frac{400}{100}$ ,  $\frac{100}{100}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described herein:

ACher 8. That the work and improvements performed were:

ached 9. Dated Signature SUBSCRIBED TO before me, a Notary 2012 dav Bv: OFFICIAL SEAL JOANN JORDAN Notary Public Notary Public - State of Arizona YAVAPAI COUNTY My Commission Expires My Comm. Expires Feb. 7, 2018 No. of Claims: \_\_\_\_\_ **x** \$10 = **Bureau of Land Management** Check No.: \_\_\_\_\_ Init. **Arizona State Office** www.blm.gov/az Receipt No.: For BLM Use Only

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Form: MCF108 Revised July 2014 Page 2 of 2

ROAD WAS GENTING URBY BAD WE FILLED TO BAVINES WITH ROCK AND GRAVEL. DRUNED AND TOSSED THE BRUSH. Cleaned All THE RASH AND OLD WOOD UP AT FINCH CABIN, DID EXTENSIVE, SAMPLING AND CHEMISTRY. people who Helped Deprovence work AND Improvements. DAME A, EDWARD, AND DOMINIK MARTINEZ, DOR'S AND EDWIN COLBY, BERNICE AND AlbERT HECK, JESSICA AND JARED SIKES, SHAWN AND DONALD HOLCOMD, LORRAING SHAW, JERRY AND YARA MCCOWN, Nicole Kimberly, ASMLEY AND JERIMIAN LARMAN. HOENIX. ARIZONA AUG 28 ë d

Form 3830-2	
(October 2013)	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE WAIVER CERTIFICATION

43979

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

1

#### SEE INSTRUCTIONS ON PAGE 2

- This small miner waiver is filed for the assessment year beginning on September 1, 2015 and ending on September 1, 2016 1
- The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States 2 of America on September 1, 2015.
- The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, 3. the undersigned must file an affidavit of assessment work with the Bureau of Land Management (BLM) by the December 30th following the filing of this waiver.
- The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only), 4. a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.
- The undersigned understand that mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee, and that a notice of 5. intent to hold for these sites is required to be filed with the BLM by the December 30th following the filing of this waiver.
- The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent 6. document with the BLM may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.
- 7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

CLAIM OR SITE NAME BLM RECORDATION SER	
1. OW/	43979 1
2. Commissary	43980
3.Commissary (2)	43981
4. Flour Gold	43982
5. Flour Gold (2)	43983
6. Flour Gold (3)	43984
7. Flour Gold (4)	43985
8. Flour Gold (5)	43986
9. Flour Gold (6)	43987
10	

The owner(s) (claimants) of the above mining claims and sites are:

Donis H. Colby (Owner's Name - Please Print)	Adris H. (Owner's Signati	inter Scales
F. 0, BOX 473 (Owner's Mailing Address)	<u>WINITE/MZN</u> (City)	(State) (Zip Code)
(Owner's Name - Please Print)	(Owner's Signatu	

(Owner's Mailing Address)	(City) (Stat	e) 📅	(Zip Code)
			TATE
(Owner's Name - Please Print)	(Owner's Signature)	12	00
(Owner's Mailing Address)	(City)	e) 9	(Zip Code)

	(Owner's Name - Please Print)	ENTERE	(Owner's		
	(Owner's Mailing Address)	SEP 10 2013	(City)	(State)	(Zip Code)
(Continued on page 2)		BY: fm	-		NW 9/10/201

(Owner's Name - Please Print)	(Owner's Signature)				
(Owner's Mailing Address)	 (City)	(State)	(Zip Code)		
	 	144 . 1 . 1 . 1 . 1			
(Owner's Name - Please Print)		(Owner's Signature)			
(Owner's Mailing Address)	 (City)	(State)	(Zip Code)		
(Owner's Name - Please Print)	 	(Owner's Signature)			
(Owner's Mailing Address)	 (City)	(State)	(Zip Code)		
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a tray in card a first the second		it is and			
(Owner's Mailing Address)	 (City)	(State)	(Zip Code)		

18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

#### INSTRUCTIONS

- 1. This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regulations thereunder (43 CFR Part 3830).
- 2. The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.
- 3. The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.
- 4. All claim and site names and BLM serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.
- 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.
- 6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.
- 7. This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.)
- 8. For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.
- 9. Mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is required to be filed by the December 30th following the filing of this waiver.

PHOENIX, ARIZONA

2015 AUG 28 P 12: 39

BLM AZ STATE OFFICE

FOR OFFICIAL USE ONLY

ser

N.S.	When Recorded Return Documen Pohs H, Colby Fio, Box 495 Win Ke I man AZ, 85192 Check here is this is a change of address.	2015-0040581 08/25/2015 04:19:57 Leslie M. Hoffman OFFICIAL RECORDS OF YAVAPAI COUNTY \$15.00 DORIS COLBY WHICH HERE WILLIGHT HERE WILLIGHT HERE WILLIGHT 43979
	Telephone:	
	E-mail address:	

1

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK					
1. State of Arizona, County of <u>XZVZPZI</u> ss: 2. I (Name) <u>Pohis</u> <u>H</u> , <u>ColbX</u> 3. Reside at (Address) <u>4244</u> <u>NopZ</u> <u>DudleXVIIIe</u> , <u>AL</u> , <u>Ro</u> , <u>Box</u> <u>495</u> <u>City</u> <u>WINKelman</u> <u>County</u> <u><u>PiNZ</u></u>	BLM Date Stamp		PHOENIX, ARIZONA	2015 AUG 28 P 12: 39	BLM AZ STATE OFFICE
State A.Z. Zip 85192 being duly sworn, depose and say that I am	a citizen o	f the United	States	, more	than

eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

eppe	Basis	⊴ (optional) Mining District; _	yarapai		Arizona.	
Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	43919	ow/	152 151	13 N	3W	18219
2	43980	Commissary	1401581	13 N	32	180-17
3	43981	Commissary	1461477	13 N	3W	18
4	43982	Flour Gold	1431173	13 N	3W	18
5	43983	Flour Gold 3	1431349	13 N	3W	18
6	43984	Flour Golt3	143 13 50	13 N	34	18

Form: MCF108 Revised July 2014 Page 1 of 2



# 

	BLM Date Stamp		PHOENIX, ARIZONA	2015 AUG 28 P 12: 4	BLM AZ STATE OFFICE
7 43 985 Flour #4	43985	13N	3W	18	
8 43986 Flour #5	43986	13N	3W	18	1
9 43987 Flour #6	43981	13 N	3W	18	1
10					1

7. That the following persons were employed to perform the work and improvements described herein:

Se 8. That the work and improvements performed were: ached 9. Dated: 8-25- 15 Signature: SUBSCRIBED AND SWORN TO before me, a Notary Public, this day of 20 By: OFFICIAL SEAL Notary Public JOANN JORDAN Notary Public - State of Arizona YAVAPAI COUNTY My Commission Expires My Comm. Expires Feb. 7, 2018 No. of Claims: \_\_\_\_\_ x \$10 =\_\_\_ **Bureau of Land Management** Check No.: \_\_\_\_\_ Init. Arizona State Office www.blm.gov/az Receipt No.: For BLM Use Only Form: MCF108

Revised July 2014 Page 2 of 2

This form is available from the Arizona Geological Survey and may be reproduced.

WORKED THE ROAD IN THE WASH ON ENTRANCE. SKID DRUG THE ROAD INAFRIN AREAS TO THE MAIN SHAFT #4. TOOK MORE MORE SAMPLES in The Bottom of The TREACH . STARTED Rectaining -THE TREACH FOR-ST OF THE 2 DAYS WE HAD -The BACKOE . Rough The YEAR LES. STAKES ARE Sampling on # 4 Shows good VAlues. STAKES ARE missing All over This SET OF CLAIMS, AS WR HAVE DROBLEMS EVERY YEAR. WE ARE Finding AlliAnce mining STAKES THROUGH THE PROPERILY INSTEAD OF OUR OWN. OUR LAWYER HAS CONTACTED THEM REMOURDLYS TIMES OF HOW OLD THRESE CLAIMS HAVE BEEN HelD. People who DREFORMED THE WORK AND ImpRouments Jessica + JARED Sikes, DAM, EDWARD AND Dominik MARTINEZ, SHAWN + DONALD Hakomb, BERNICE AND AlbERT HECK, EDWIN AND DOR'S COLBY, LORRAINE SHAW, JERRY MCCOWN, Nichole AND KIMBERLY, ASHLEY AND JERMIAN LARMAN YARA MCOWN ARIZ σ N

United States Department of the Interior	
<b>Bureau of Land Management</b>	
LANDS/RECREATION & PLANNING	
ONE N CENTRAL AVE	
PHOENIX, AZ 85004 -2203	
Phone: 602-417-9200	

Receipt

No:

3379798

**Transaction #:** 3478061 **Date of Transaction:** 08/28/2015

CUSTOMER:

DORIS H COLBY PO BOX 495 WINKELMAN,AZ 85292-0495 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC353276/\$290.00	POL 2015/29 WAV	- n/a -	290.00
			ΤΟΤΑ	AL:	\$290.00

	PAYMENT INFORMATION							
1	AMOUNT:	290.00	POSTMARKED: N/A					
	TYPE:	CHECK	RECEIVED: 08/28/2015					
	CHECK NO:	541						
	NAME:	COLBY, DORIS H						
		PO BOX 495						
		WINKELMAN AZ 85292-0495 US						

## REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

		Concernant Party of the International Party of t	FRE	ΞŊ
	AUG	31	2015	
BY:	بر	V		May

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK				
1. State of Arizona, County of <u>Vavapai</u> ss: 2. I (Name) <u>Mary Nora Hagan Larman</u> 3. Reside at (Address) <u>310 Krager Rd.</u> City <u>Kragerville</u> County <u>DenTon</u>	BLM Date Stamp	PHOENIX, ARIZONA	2016 AUG 23 P 1: 1	RECEIVED BLM AZ STATE OFFIC
State IX Zin 7/ 00 D Line Line			S	111
State $\overline{IX}$ Zip $\overline{76227}$ being duly sworn, depose and say that I am eighteen years of are and that all of the facts act for the facts are facts.	a citizen of the	United States	s, more	than

eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above). \_

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

$\frac{2}{2} \frac{2}{2} \frac{2}$						
Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	353276	Chippewa	3724147	13N	34	17-18
2	353275	SIOUX	3724148	13 N	3W	17-18
3	407667	Buck		13N	3W	17
4	407668	Butte		13N	34	17
5	407669	Charcokee		13 N	3W	18
6	107677	Hopi		13 N	3W	17

Form: MCF108 Revised July 2014 Page 1 of 2

		•	•				
						19	2016
	· · ·			BLM Date		PHOENIX. ARIZON	A ARE
				Stamp		IX. A	RECEIV
·						RIZO	
7	407678	Navajo		· · · · ·	13N	3W	18
8	407660	BlackFoot	-		13N	3W	18
9	407676	Flour Golds	₹		13 N	3 W	18
10	410305	Doe			13N	3W	17-18

6. That between the dates starting at 12 o'clock noon on September 1, 20 <u>/5</u> and ending at 12 o'clock noon on September 1, 20 <u>//</u> at least \$ <u>/000</u> dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

Form: MCF108 **Revised July 2014** Page 2 of 2

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This form is available from the Arizona Geological Survey and may be reproduced.

This document was prepared by: Mary Larman 310 Kruger Road Krugerville, Texas 76227

Return To: Mary Larman 310 Kruger Road Krugerville, Texas 76227

## **POWER OF ATTORNEY**

### OF

## Mary Larman

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

SL M 2019 HOENIX, ARIZONA AUG 23 P I: 1 30 S

DOC#514273021

## I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mary Larman, who reside at 310 Kruger Road, Krugerville, Texas 76227, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Doris Colby Dudleyville, Arizona

## II. EFFECTIVE TIME

This power of attorney is effective immediately and will continue to be effective until my death or until I become disabled or incapacitated. My disability or incapacity will be determined by my physician (or a physician chosen by my attorney-in-fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA.

# III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

# YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

PHOENIX, ARIZONA

ZOIP AUG 23 P 1: 17

BLM AZ STATE OFFICE

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## **BUSINESS OPERATION TRANSACTIONS:**

 Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.

• Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:

- Enter into, amend, enforce, and terminate any business contract.
- Disburse, receive, and demand money in the operation of the business.
- Merge, reorganize, or sell a business or part of a business.
- Determine the location, nature, and method of operating the business.
- Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.
- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.
- Exercise all powers with respect to business operation transactions that I could if present and under no disability.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

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BLM AZ STATE OFFICE

## IV. GENERAL PROVISIONS

- 1) <u>Reliance By Third Parties.</u> I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- 3) <u>Revocation of Prior Powers of Attorney.</u> I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4) <u>Revocation.</u> I may revoke this power of attorney at any time.
- 5) <u>Duty to Inform and Account.</u> My attorney-in-fact shall timely inform me of any actions taken pursuant to this power of attorney. Failure of my attorney-in-fact to inform timely, as to third parties, shall not invalidate any action of the attorney-in-fact. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-fact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 6) <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.

SOIP ANC 23 D I: 10 BLM AZ STATE OFFICE

- 7) <u>No Personal Benefit</u>. Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.
- 8) <u>Liability of Attorney-in-Fact.</u> All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-in-fact will not be liable for the acts of a prior attorney-in-fact.
- 9) <u>Copies.</u> A copy of this power of attorney shall be effective as an original for all purposes.

IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

Date: 7 <u>Aug 2015</u> <u>Many Xan</u> Signature of Mary Larman

PHOEMIX, ARIZONA

## THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

### ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Texas nton County of \_

On this <u>\_\_\_\_\_</u> day of <u>\_\_\_\_\_</u> <u>thugus</u> 20<u>/5</u>, before me, the undersigned Notary Public, personally appeared Mary Larman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public:



BLM AZ STATE OFFICE

HOENIX, ARIZONA

### United States Department of the Interior Bureau of Land Management DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427

Phone: 602-417-9200

No:

3638447

Receipt

**Transaction #:** 3742347 **Date of Transaction:** 08/23/2016

CUSTOMER:

MARY LARMAN 310 KRUGER RD KRUGERVILLE,TX 76227-9534 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL	
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC353276/\$100.00	2016 POL &	- n/a -	100.00	
	TOTAL: \$100.00					

	PAYMENT INFORMATION						
1	AMOUNT:	100.00	POSTMARKED: N/A				
	TYPE:	CASH	RECEIVED: 08/23/2016				
		LARMAN, MARY 310 KRUGER RD KRUGERVILLE TX 76227-9534 US					

### REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

ERE AUG 2 4 2016

			305210
	UED STATES		407665
Form 3830-2	DEPARTMENT OF THE INTERIOR	ing they	410305
(October 2013)	BUREAU OF LAND MANAGEMENT	360	FORM APPROVED
	MAINTENANCE FEE WAIVER CERTIFICATIO	)N	OMB NO. 1004-0114
			Expires: October 31, 2016
	SEE INSTRUCTIONS ON PAGE 2	OHL	$\Omega_{M}\rho$
1. This small miner waiv	er is filed for the assessment year beginning on September 1, $\alpha$	and ending on Septem	ber 1. 20 M.
<ol><li>The undersigned and a</li></ol>	Il related parties owned ten or fewer mining claims, mill, or tu	nnel sites located and maintaine	ed on Federal lands in the United States
of America on Septem	ber 1, 2016 1) 4(		
3. The undersigned have	performed the assessment work required by law for each minin	ig claim listed prior to filing this	s waiver and understand that by filing this form
the undersigned must f	ile an affidavit of assessment work with the Bureau of Land M	anagement (BLM) by the Decer	nber 30th following the filing of this waiver
1 The undersioned under			in the second se

2620110

The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only), a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.

5. The undersigned understand that mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be filed with the BLM by the December 30th following the filing of this waiver.

6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the BLM may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.

7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER
1. Chippewa	353276
2. Sioux	353275
3. Buck	407667
4. Butte	407668
5. Chareokee	407669
6. HOPE	407677
7. Navajo	407678
8. Black Feet	407666
9. Flour Gold #8	407676
10. Doe	410305

The owner(s) (claimants) of the above mining claims and sites are:		Langent Call Agent
MaryNora Hagan Larman (Owner's Name - Please Print)	Dorist	(Owner's Signature)
310 Kruger Rd. Krugerville Owner's Mailing Address	(City)	(State) (Zip Code)
Doris Hagan Colby (Owner's Name Please Print)	Doirs Ha	Sumer's Signature
P.O. Box 495 Win Kelman, Azs 85192	WinRef man	(State) (Zip Code)
(Owner's Name - Please Print)		Owner's Signature)
(Owner's Mailing Address) <b>VNOZINA 'XIN3</b>	OHd (City)	(State) (Zip Code)
VICE 53 1 12 12 1 1 0 52 0 0	9107	
JULE V (Owner's Name - Please Print)	(	Owner's Signature)
(Owner's Mailing Address)	(City)	(State) (Zip Code)
(Continued on page 2)	SEP 8	2016 NL

(Owner's Name - Please Print)	(Own	(Owner's Signature)			
(Owner's Mailing Address)	(City)	(State)	(Zip Code)		
(Owner's Name - Please Print)	(Owner's Signature)				
(Owner's Mailing Address)	(City)	(State)	(Zip Code)		
(Owner's Name - Please Print)	(Owr	ner's Signature)			
(Owner's Mailing Address)	(City)	(State)	(Zip Code)		
(Owner's Name - Please Print)	(Owr	ner's Signature)			
(Owner's Mailing Address)	(City)	(State)	(Zip Code)		

18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

#### INSTRUCTIONS

- 1. This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regulations thereunder (43 CFR Part 3830).
- 2. The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.
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- 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.
- 6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.
- This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are 7. recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.)
- For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.
- Mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is 9 required to be filed by the December 30th following the filing of this waiver.

HOENIX, ARIZONA	VHORIOFFICIAL USE ONLY XINJOH
2016 AUG 23 P 1: 1	5 1 1 d EZ 001
ICH VIS BLIVER OLELLA BECEINED	JOILE OF WIG JIV 9107 JIV 9107 GEOGRAPHICE (Form 3830-2, page 2)
	(Form 3830-2, page 2)

This document was prepared by: Mary Larman 310 Kruger Road Krugerville, Texas 76227

Return To: Mary Larman 310 Kruger Road Krugerville, Texas 76227

# POWER OF ATTORNEY

### OF

### Mary Larman

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

DOC#514273021

2016

AUG 23 P 1: 1

HOENIX, ARIZONA

# I. PRINCIPAL AND ATTORNEY-IN-FACT

I, Mary Larman, who reside at 310 Kruger Road, Krugerville, Texas 76227, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Doris Colby Dudleyville, Arizona

## II. EFFECTIVE TIME

This power of attorney is effective immediately and will continue to be effective until my death or until I become disabled or incapacitated. My disability or incapacity will be determined by my physician (or a physician chosen by my attorney-in-fact if I do not have a physician or if my physician is unavailable) and set forth in a written certification.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA.

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# YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

PHOENIX, ARIZONA

2016 AUG 23 P 1: 17

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# **BUSINESS OPERATION TRANSACTIONS:**

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
  - Enter into, amend, enforce, and terminate any business contract.
  - Disburse, receive, and demand money in the operation of the business.
  - Merge, reorganize, or sell a business or part of a business.
  - Determine the location, nature, and method of operating the business.
  - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.
- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.
- Exercise all powers with respect to business operation transactions that I could if present and under no disability.

My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

2016 AUG 23 P 1:16

BLM AZ STATE OFFICE

## IV. GENERAL PROVISIONS

• • • • •

- 1) <u>Reliance By Third Parties.</u> I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- 3) <u>Revocation of Prior Powers of Attorney.</u> I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.
- 4) <u>Revocation.</u> I may revoke this power of attorney at any time.
- 5) Duty to Inform and Account. My attorney-in-fact shall timely inform me of any actions taken pursuant to this power of attorney. Failure of my attorney-in-fact to inform timely, as to third parties, shall not invalidate any action of the attorney-in-fact. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-infact, but only upon my request or the request of a personal representative or a fiduciary acting on my behalf. Any requirement of my attorney-infact to file inventories and accounts with the county clerk or with the court is specifically waived.
- 6) <u>Compensation and Reimbursement.</u> My attorney-in-fact is entitled to reasonable compensation for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.

BLM AZ STATE OFFICE BLM AZ STATE OFFICE 7) <u>No Personal Benefit.</u> Except as specifically provided in this document, my attorney-in-fact may not personally benefit from any transaction engaged in or on my behalf, or use my assets to discharge any of his or her own legal obligations, excluding me and those I am legally obligated to support.

· · · · ·

- 8) <u>Liability of Attorney-in-Fact.</u> All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-infact will not be liable for the acts of a prior attorney-in-fact.
- 9) <u>Copies.</u> A copy of this power of attorney shall be effective as an original for all purposes.

IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

Date: 7 Aug 2015 Mary Zar Signature of Mary Larman

PLM AZ STATE OFFIC 2016 AUG 23 P 1: 11 PHOENIX, ARIZONA

THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

## ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Texas lenton County of \_

1, . . . t.

On this <u>\_\_\_\_\_</u> day of <u>\_\_\_\_\_</u> day of <u>\_\_\_\_\_</u> day of <u>\_\_\_\_\_</u> day of <u>\_\_\_\_\_</u> before me, the undersigned Notary Public, personally appeared Mary Larman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public:



ILM AZ STATE OFFIC 2016 AUG 23 P 1: 1

HOENIX. ARIZONA

UNITE ATES 569 Form 38:30-2 (October 2013) UNITE ATES 569 DEPARTMENT HE INTERIOR BUREAU OF LAND MANAGEMENT MAINTENANCE FEE WAIVER CERTIFICATION	DEPARTMENT HE INTERIOR		
SEE INSTRUCTIONS ON PAGE 2	10/5C	Expires: October 31, 2016	
This small miner waiver is filed for the assessment year beginning on September 1, <u>11</u> The understand and all related parties owned ten or fewer mining claims, mill, or thun	and ending on Sept	tember 1, <u>15</u> . ained on Federal lands in the United States	

The undersigned and all re

of America on September 12014 . The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, the undersigned must file an affidavit of assessment work with the Bureau of Land Management (BLM) by the December 30th following the filing of this waiver. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only),

a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver. The undersigned understand that mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be filed with the BLM by the December 30th following the filing of this waiver.

The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the BLM may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.

The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

.

CLAIM OR SITE NAME		BLMRECORI	DATION SERIA	L NUMBER
Chippewa	WRONG	1 3724	449 3	53276
· SIOUX	WROWL	2724	148 3	53275
BUCK		4076	67	·
BUTTE		4076	68	
· CHAROPKEP		4076	69	20-11-20-1-1-1-20-1-1-1-1-1-1-1-1-1-1-1-
5. HOPI		4076-	77	
1. NavaJo		4076	78	
Blackfoot	1991 - 1992 - 1992 - 1992 - 1992 - 1992 - 1993 - 1993 - 1995 - 1905 - 19	4076	66	
9. Flour Gold #8		4076	76	
10. Doc		41030	05	
The owner(s) (claimants) of the above mining claims and sites are:		₩ <sub>ab</sub>	1	f
MARY NORA HAGAN LARMAN	Doris	H Cal	lug age	POA
(Owner's Name - Please Print)	110000	(Owner's	Signature)	76227
<u>310 Krugps Rd Krugerville</u> (Owner's Mailing Address)	IX RU GEI	<u>(City)</u>	(State)	(Zip Code)
			77	
Nons & Colbx	Lor	e H. Ca	loy	
(Owner's Name - Please Print)	1. 1. 1h	(Owner's)	Signature)	Gran 1R1
P. O. Box 445	WINM	elman_	tott h	85192
(Owner's Mailing Address)		(City)	(State)	(Zip Code)
			UG 2 NIX.	2 SEC
(Owner's Name - Please Print)		(Owner's	Signature) —	2 Z
			RIZ	
(Owner's Mailing Address)		(City)	(State)	(Zip Code)
			0	Â
(Owner's Name - Please Print)		(Owner's	Signature)	
	EREA	(Oth )		(7-0-1-)
(Owner's Mailing Address)	A to Date	(City)	(State)	(Zip Code)
(Continued on nave 2) SEI	P 12 2014			alzz/min
BY:	Pm			123/2014 123/2014 11~
				<i>.</i>

					٠ ۲
(Owner's Name - Please Print)		· ·	(Owner's Sign	thure)	5
					<u>_</u> .
(Owner's Mailing Address)		(City)			
****				(State)	<ul> <li>(Zip Code)</li> </ul>
				*******	
(Owner's Name - Please Print)			(0		
			(Owner's Signa	ture)	
(Owner's Mailing Address)					
		(City)		(State)	(Zip Code)
			*******	******	********
(Owner's Name - Please Print)					
( a mar a ridina - ridad I illit)			(Owner's Signat	ure)	
(Opproved Mailling A.A.L.)		·····			
(Owner's Mailing Address)		(City)		(State)	(Zip Code)
	*****	******************		*****	
(Owner's Name - Please Print)					
			(Owner's Signat	ire)	
// Immoria Mailling A 44					
(Owner's Mailing Address)		(City)		(State)	(Zip Code)
C. 1001 and 43 U.S.C. 1212 make it a crime for any person ke ctitious or fraudulent statements or representations as to any n				(	(cub conc)

### INSTRUCTIONS

This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regulations thereunder (43 CFR Part 3830). The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.

The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.

All claim and site names and BLM serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.

This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.

This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.) For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the

filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately

Mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is required to be filed by the December 30th following the filing of this waiver.

	PHOENIX	2014 AUG 2	SZV V 18
FOR OFF	RIZONA	<b>JSE O</b> → 10: 50	

When Recorded Return Document to: <u>Mary N. Larman</u> <u>Doris H. Colby</u> <u>P.D. Box 495</u> <u>Win Kelman Az. 85192</u> Check here is this is a change of address.	353275 2014-0038709 08/26/2014 04:14:40 ADL Page: 1 of 2 407665 Leslie M. Hoffman OFFICIAL RECORDS OF YAVAPAI COUNTY \$15.00 0000000000000000000000000000000000
Telephone:	
E-mail address:	

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK	r				
				00	
1. State of Arizona, County of <u>Yarapai</u> ss: 2. I (Name) <u>Mary N, Larman</u> 3. Reside at (Address) <u>3/0 Kroger Roac</u>	BLM Date Stamp	PHOENIX.	2014 AUG 2	BLM AZ ST	
3. Reside at (Address) <u>970 TTTDGET TOUC</u>		À		DI	
<u> </u>		ARIZ	$\triangleright$	Ē	
city Krogerville county Denton		ZON	Ö	and and	
State $\overline{IX}$ zip $\underline{76227}$ being duly sworn, depose and say that I am	a citizen c	≫ of the U	ന nited s	tates, mor	re than
eighteen years of age, and that all of the facts set forth in this affidavit, subj U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statement correct according to the best of my knowledge, information and belief.	001 10 1110	provisi	JIIS and		5 01 10

4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the (2) Der Ba Sim (actional) Mining District.

0	Pf	Per Basin	_ (optional) Mining District; _			County,	Arizona.	
	ine Io.	AMC NUMBER	CLAIM/SITE NAME	COUNTY R DATA (If av		TWP	RNG	SEC
1		353276	Chippewa	37z	4147	13N	3W	17-18
2		353275	SIDUX	372	4148	13N	3W	17-18
3		407667	Buck			13N	3W	17
4		407668	Butte			13N	3W	17
5		407669	Chareokee			13N	3W	18
6		407677	Hopi			13N	.3W	17



Form: MCF108 Revised Jan. 2006 Page 1 of 2

### AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

A

RECORDERS MEMO: QUESTIONABLE FOR	LFGIBILITY 3000 Reproduction	BLM Date Stamp		PHOENIX. ARIZONA	RECEIVED AZ STATE OFF
7 4076	18 Navajo		13N	30	18
8 40766			13N	ЗW	18
1/27/7	6 Flour Gold 8	-	13N	3W	18
10 41030	5 Doe		13N	3W	17-18

6. That between the dates starting at 12 o'clock noon on September 1, 20 \_\_\_\_\_ and ending at 12 o'clock noon on September 1, 20 \_\_\_\_\_ at least  $\frac{5}{2}$   $\frac{2}{2}$   $\frac{35}{2}$  \_\_\_\_\_ dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform	the work and improvements described herein: Jerry MCCown K, Don ald Holcomb JR. Pamela Martinez, Edward
Martinez, Dominik Martinez, Katelyn Carl, Ly	ns, Noperi, Anthony Noperi
8. That the work and improvements performed were: $\underline{R}$	oad work, Brush trimed, GAThering of
Random Samples, Sending Sampl	es to Chemist for complex ORE
Extraction, Purchace of Pro	
9. Dated: 8-26-14 Signature: Mary	n. Jarman' # by
SUBSCRIBED AND SWORN TO before me, a Notary F	Public, this 20 m day of 1/10/UST 20 141
By: My ist Colhy as a Horney in fac	+ Wind proved to mieras such.
Notary Public JEUNI Prace	OFFICIAL SEAL JOANN JORDAN Notary Public - State of Arizona
My Commission Expires 2 / / 201 8	My Comm. Expires Feb. 7, 2018
	No. of Claims: $20 \times 10 = 200$
Bureau of Land Management Arizona State Office	Check No.: <u>CC</u> Init. <u>SC</u>
www.az.blm.gov	Receipt No.: 3//.3745
At .	For BLM Use Only
Doris H. Colley, attosemp in	fact for Form: MCF108 Revised Jan. 2006
marien Sprman	Page 2 of 2

 Image 2 of 2

 This form is available from the Arizona Department of Mines & Mineral Resources and may be reproduced.

#### LIMITED POWER OF ATTORNEY

I, Mary Nora Hagan Larman, 310 Kruger Rd., Krugerville, Denton County, Texas 76227 do hereby give Doris Hagan Colby my power of attorney to make all decisions on mineral rights on my mining claims in Copper Basin, Yavopai County, Arizona which is in my name: Mary Nora Hagan Larman.

Mary now Jogan Larman

Mary Nora Hagan Larman

State of Texas

County of Denton

Subscribed and sworn to before me this \_ & day of August, 2013 by Marry Nona Hagan



Notary Public

2014 AUG 27 A 10: 52 PHOENIX. ARIZONA LMAZ STATE OF

## United States Department of the Interior Bureau of Land Management LANDS/RECREATION & PLANNING ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: 602-417-9200



3113745

Transaction #: 3205476 Date of Transaction: 08/27/2014

CUSTOMER:

MARY LARMAN 310 KRUGER RD KRUGERVILLE,TX 76227-9534 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC353276/\$100.00	WAIVER 2015	- n/a -	100.00
	TOTAL: \$100.00				

	PAYMENT INFORMATION						
NOTE: It	ems will appear on o	credit card statement as "Bureau of Land	Mgmt CO".				
1	AMOUNT:	100.00	POSTMARKED:	N/A			
	TYPE:	CREDIT CARD	RECEIVED:	08/27/2014			
		LARMAN, MARY 310 KRUGER RD KRUGERVILLE TX 76227-9534 US					
	CARD NO:	XXXXXXXXXXX9958	AUTH CODE:	122219			
	NAME ON CARD:	DORIS COLBY					
	EXPIRES:	10/2016					
	SIGNATURE:						

### REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

Form 3830-2 (March 2007)

#### UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

### MAINTENANCE FEE WAIVER CERTIFICATION

### SEE INSTRUCTIONS ON REVERSE

1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 2012 and ending at noon on September 1. 2014 2014 2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United

Amc 43979 Ame 407665 Amc 410 305

FORM APPROVED

OMB NO. 1004-0114 Expires: February 28, 2010

380

9/5C

AMC 353275

States of America on September 1, 2013

3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form; an affidavit of assessment work must be recorded by the December 30th following the filing of this waiver.

4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only); a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.

5. The undersigned understand that mill and tunnel sites may also be listed upon this waiver and be waived from payment of the maintenance fee; and that a notice of intent to hold for these sites is required to be recorded by the December 30th immediately following the filing of this waiver.

6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001; the filing or recording of a false, fictitious, or fraudulent document with the Bureau of Land Management may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.

7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER
$1. O \omega l$	43979
2. Commissary	43980
3. Commissary (2)	43981
4. Flour Gold	43982
5. Flour Gold (2)	43983
6. Flour Gold (3)	43984
7. FLOUR Gold (4)	43985
8. Flour Gold (5)	43986
9. Flour Gold (6)	43987
10.	
The owner(s) (claimants) of the above mining claims and sites are:	
Doris H. Colby Voria	H. Colley
(Owner's Name - Please Print) P.O. Box 495	(Owner's Signature)
(Street or P.O. Box)	
WINKelman AZ. 85192	
(City) (State) (Zip Code)	

(Owner'	s Name - Please Print)		(Owner's Signature)
(St	reet or P.O. Box)		
			×. 20
(City)	(State)	(Zip Code)	AR J HE
			00 <sup>4</sup> N
(Owner'	s Name - Please Print)		(Owner's \$ignature)⊃ 🤭
			PNTERENNA
(Str	reet or P.O. Box)		
			SEP 1 8 2013
(City)	(State)	(Zip Code)	Tur Boy D + W Ex V FW
(Continued on page 2)			BY: AT
When Recorded Return Document to: Colhy ma M రో వా 92 Check here is this is a change of address. Telephone: E-mail address:

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	:		and the sec	90 2184 I
AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK				<u>114</u>
1. State of Arizona, County of <u>VAVAPAI</u> ss: 2. I (Name) <u>Double</u> H. Collect 3. Reside at (Address) <u>42</u> 44 months	BLM Date Stamp	PHOENIX,	III) AUG 20	
Quality ille Az. F.D. Box 495 City hinkilman County fina		ARIZOWA	) A 10:02	
State 2, Zip 85/92 being duly swom, depose and say that I am a				

eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

Lin <b>e</b> No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	, Arizona. RNG	SEC
1	439.19	OWI	152151	13 N	3W	1,0
2	43980	Commissary		12 1		10
3	43981	Commissary		15 1	3W	18-17
		Flour Gold	145 1175	TO N	3W	18
		Flour Gold #2	142 12/18	<u>13</u>	3W	18
4		Flour Gold #3	145 1349	$\frac{1/3}{1}$	34	18

Form: MCF108 Page 1 66 Page 1 672 SEP 0 4 2013 By: AT

# AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

BLM Date Stamp 18 Ľ 7 8 Ş 8 9 10 6. That between the dates starting at 12 o'clock noon on September 1, 20 12 and ending at 12 o'clock noon on September 1, 20 13 at least \$ 2.000.00 dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work. 7. That the following persons were employed to perform the work and improvements described herein: 4 ents performed were D Dated SUBSCRIBED AND SWORN TO before me, a Notary Public, this **KERRI YORK** By: Notary Public - Arizona Pinal County **Notary Public** Wy Comm. Expires Apr 5, 2015 My Commission Expires x \$10 = No. of Claims: Check No.: 52 Init. Bureau of Land Management Receipt No.: 285 9817 Arizona State Office www.az.bim.gov For BLM Use Only Form: MCF108 Revised Jan. 2006 Page 2 of 2

Form 3830-2 (March 2007)

#### UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

#### MAINTENANCE FEE WAIVER CERTIFICATION

B FORM APPROVED OMB NO. 1004-0114 Expires: February 28, 2010

#### SEE INSTRUCTIONS ON REVERSE

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1,20 13 and ending at noon on September 1,20 14
- The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1,2013
   The undersigned have a sefere at the united base of the united base.

10/50

- 3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form; an affidavit of assessment work must be recorded by the December 30th following the filing of this waiver.
- 4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only); a notice of intent to hold reciting this condition **must** be recorded by the December 30th following the filing of this waiver.
- 5. The undersigned understand that mill and tunnel sites may also be listed upon this waiver and be waived from payment of the maintenance fee; and that a notice of intent to hold for these sites is required to be recorded by the December 30th immediately following the filing of this waiver.
- 6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001; the filing or recording of a false, fictitious, or fraudulent document with the Bureau of Land Management may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.
- 7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

	CLAIM OR SI	ITE NAME		BLM RECORDATION SERIAL NUMBER
1. Chippe	Wa	AMC 35	53276 /	372414798
2. SIOUX		AMC 35	3275	372 4148-80
3. BUCK				407667
A BUTTE				407668.
5. Chareo	Kee			407669
6. HOPi				407677
1 Navajo				417678
8. Black Fa	ot			407666
9. Flour Go	1d #8			407676
10. Doe				410305
The owner(s) (claimants) of the	above mining claim	s and sites are:	- 0	. 0 11
Mary L	ar ma	<u>n</u>	PARA	is (alley
310 (Owner's M	Name - Please Print		. July	(Owner's Signature)
	et or P.O. Box)	Dozd,	LPOPT-	
(roger Ville	- Texas	5 76 22	7	,
/ (City)	(State)	(Zip Code)		
(Owner's M	Name - Please Print	.)		(Owner's Signature)
(Siree	et or P.O. Box)			× 2 33
(City)	(State)	(Zip Code)		
			*	
(Owner's N	Jame - Please Print	)		(Owner's Stgmature)
		,		(Owner's Signature)の ひろ
(Stree	et or P.O. Box)			TEREA
(City)	(State)	(Zip Code)		
(Continued on page 2)	()	(5.9 0000)		SEP 18 2013 14
			BY:	AT
			BY:_	Li L

#### DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT MINING CLAIMS MC Customer Information - With Serial No. and Claim Name ACTIVE, CLOSED CLAIMS

#### Run Date: 08/21/2013 12:51 PM

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Page 1 of 1

		1 495 1 01 1
AZ		
AZ		
		CUSTOMER ID: 41491
237		
Claim Name/Number	Lead Serial No.	Disposition
CHIPPEWA SIOUX ) cases: 2	AMC336444 AMC336444	CLOSED CLOSED
85192-		CUSTOMER ID: 2105342
Claim Name/Number	Lead Serial No.	Disposition
SIOUX CHIPPEWA FLOUR GOLD #8 DOE Cases: 4	AMC353275 AMC353275 AMC407665 AMC410305	ACTIVE ACTIVE ACTIVE ACTIVE
5087		CUSTOMER ID: 41492
Claim Name/Number	Lead Serial No.	Disposition
SIOUX	AMC34437	CLOSED
cases: 1		
EW ST -4126	а. А. С. С.	CUSTOMER ID: 2315725
Claim Name/Number	Lead Serial No.	Disposition
BLACK FOOT BUCK BUTTE CHAREOKEE HOPI NAVAJO Cases: 5	AMC407665 AMC407665 AMC407665 AMC407665 AMC407665 AMC407665	ACTIVE ACTIVE ACTIVE ACTIVE ACTIVE ACTIVE
	AZ AZ 37 Claim Name/Number CHIPPEWA SIOUX cases: 2 85192- Claim Name/Number SIOUX CHIPPEWA FLOUR GOLD #8 DOE cases: 4 5087 Claim Name/Number SIOUX cases: 1 EW ST -4126 Claim Name/Number BLACK FOOT BUCK BUTTE CHAREOKEE HOPI NAVAJO	AZ AZ 337 Claim Name/Number Lead Serial No. CHIPPEWA AMC336444 SIOUX AMC336444 Cases: 2 85192- Claim Name/Number Lead Serial No. SIOUX AMC353275 PLOUR GOLD #8 AMC407665 DOS AMC410305 Cases: 4 5087 Claim Name/Number Lead Serial No. SIOUX AMC34437 cases: 1 EW ST -4126 Claim Name/Number Lead Serial No. BLACK FOOT AMC407665 BUTTE AMC407665

NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM.

#### UREAU OF LAND MANAGEMEN MINING CLAIMS MC Customer Information

Run Date: 08/21/2013 12:51 PM

#### Total Rows Returned: 19

ΑZ

#### Limiting Criteria:

System Id = MC

Admin State = AZ

Geo State = AZ

#### Case Disp Txt = ACTIVE, CLOSED, PENDING

Geost County Cd =

#### Admst Dist FO Cd =

Cust Nm begins with LARMAN MARY

District Txt =

FO Txt =

County Txt =

Adm Agency =

Adm Agency Txt =

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#### NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM

Page: 1

When Recorded Return Document to:
Mary N. Larman
Dorls H Colby
POX 495 WINKelman
A7. 85192
Check here is this is a change of address.
Telephone:

Telephone: \_\_\_\_\_\_

1

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK				UB	-
1. State of Arizona, County of <u>XZVZPZI</u> ss: 2. I (Name) <u>MZrY N. Larman</u> 3. Reside at (Address) <u>310 Krager Road</u>	BLM Date Stamp	PHOENIX. ARIZO	ALLE AVE 20 A ID	RECEIVED AZ STATE OF	
City <u>Krogerville</u> County		. A.L.	0 F	3	
State 24 Zip 76227 being duly sworn, depose and say that I am	a citizen of the U	Inited S	tates. m	ore than	1

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the Copper Bas Montional Mining District:

		(optional) Mining District;	X d Va Pal	County,	Arizona.	
Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	353276	ChIPPEWZ	372 4141	13 N	3W	17-18
		Sioux	372 4148	1311	3W	17-18
3	407667	BUCK		13 N	3W	17
4	)	Butte		13 N	3W	17
5	407469	Charcokee		13 N	3W	18
6	407677	Hopi		13 N	3W	17



# AFFIDAVIT OF PERFORMAND OF ANNUAL WORK - page 2

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	BLM Date Stamp			NECEIVED
407678 NaVa,0		13N	3W	18
407666 Black Foot		13 N	3W	18
407676 Flour Gold #		13N	3W	18
410305 DOC		13 N	311	17-18

6. That between the dates starting at 12 o'clock noon on September 1, 20  $\underline{/2}$  and ending at 12 o'clock noon on September 1, 20  $\underline{/3}$  at least \$  $\underline{2000}$ ,  $\underline{-0}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described herein sie Edwin Co 8. That the work and improvements performed wer Signature: \_ 9. Dated: SUBSCRIBED AND SWORN before me, a Notary Public, this dav Bv: KERRI YORK Notary Public - Arizona Notary Public Pinal County My Comm. Expires Apr 5, 2015 My Commission Expires No. of Claims: 10 00 x \$10 = **Bureau of Land Management** Check No.: 5 Init. **Arizona State Office** www.az.blm.gov 981 Receipt No.: 285 For BLM Use Only

Form: MCF108 Revised Jan. 2006 Page 2 of 2

#### LIMITED POWER OF ATTORNEY

I, Mary Nora Hagan Larman, 310 Kruger Rd., Krugerville, Denton County, Texas 76227 do hereby give Doris Hagan Colby my power of attorney to make all decisions on mineral rights on my mining claims in Copper Basin, Yavopai County, Arizona which is in my name: Mary Nora Hagan Larman.

Mary non sgon Larma 12

Mary Nora Hagan Larman

State of Texas

County of Denton

Subscribed and sworn to before me this \_\_\_\_\_\_ day of August, 2013 by \_\_\_\_\_\_ Mona\_\_\_\_ LANMAN DON RICHMOND Notary Public STATE OF TEXAS My Comm. Exp. May 19, 2016

**Notary Public** 

HOEHIX, ARIZO 20 10: 0U Form 3830-2 (March 2007)

#### UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

#### MAINTENANCE FEE WAIVER CERTIFICATION

#### SEE INSTRUCTIONS ON REVERSE

1. This small miner waiver is filed for the assessment year beginning at noon on September 120/2 and ending at noon on September 1 2014

10/50

FORM APPROVED OMB NO. 1004-0114

Expires: February 28, 2010

2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1, 2013

3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form; an affidavit of assessment work must be recorded by the December 30th following the filing of this waiver.

4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only); a notice of intent to hold reciting this condition **must** be recorded by the December 30th following the filing of this waiver.

5. The undersigned understand that mill and tunnel sites may also be listed upon this waiver and be waived from payment of the maintenance fee; and that a notice of intent to hold for these sites is required to be recorded by the December 30th immediately following the filing of this waiver.

6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001; the filing or recording of a false, fictitious, or fraudulent document with the Bureau of Land Management may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.

7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

	CLAIM OR SIT	ENAME		BLM RECORDATION SERIAL NUM	IBER
1. Rose		·····	/	407686	
2. Ply mout	Ъ			407679	
3. PIV mout	h #2 h #3			407680	
4. Ply mout				407681	
5. Plymout	h#4			407682	r.
6. PIV mout	h#5			407683	-
7. PIV mout	h #6			407684	
8. PIV mout	h #1	· .	· · · · · · · · · · · · · · · · · · ·	407685	
9. Finch				407671	
	±2		$\square$	410306	
The owner(s) (claimants) of the			AT	2	
Donald & H	Name - Please Print)	TR	AX	(Ownér's Signature)	
PO Box	495			7793	
(Stree	eet or P.O. Box)	Sicilla			
$\frac{W / W / E / M O / f}{(City)}$	<u> </u>	85192 (Zip Code)			1 <b>3</b>
		·····		Z 0	5 1
	<u></u>				
(Owner's	Name - Please Print)	,		(Owner's Signature)	3
(Stre	eet or P.O. Box)	<u></u>		(Owner's Signature)	
(City)	(State)	(Zip Code)		ω <u>m</u>	
		······································			
(Owner's	Name - Please Print)			(Owner's Signature)	
(Stre	eet or P.O. Box)		172 B	N The free for for the	
				SEP 1 8 2013	
(City)	(State)	(Zip Code)			
(Continued on page 2)			B	A AT INT	

When Recorded Return Document Check here is this is a change of address. Telephone: 480-358-56

E-mail address:

#### AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK

7 1. State of Arizona, County of SS: BLM Date 2. I (Name) Stamp 3. Reside at (Address Ç 0 Citv County

State 2, Zip <u>85/92</u> being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

<u>oppe</u>	plases	(optional) Mining District;	yavapai	County,	Arizona.	
Line No.		CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	407686	Rose		13 N	3W	17
2	407679	Plymouth		13 N	3W	8
3	407680	PIX mouth #2		13 N	3 W	8
4	407681	Plymouth#3		13 N	3W	8
5	407682	PIX mouth#4		13 N	3W	8
6	407683	PIX mouth #5		13 11	3 W	8

Form: MCF108 age 1 2013 BY:

# AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

		BLM Date Stamp	PHOENIX, ARIZON
7	407184 Plumputh #2		131 30 18
8	107/85 PIX mouth #7		BN 3W 8
9	407671 Finch		13N, 3W 8
10	410306 Finch #2		13N 3W 8

6. That between the dates starting at 12 o'clock noon on September 1, 20  $\cancel{12}$  and ending at 12 o'clock noon on September 1, 20  $\cancel{13}$  at least \$  $\cancel{2000}$   $\cancel{00}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described IN 8. That the work and improvements performed were:

Signature Datedy TO before me, a Notary Public, this day of SUBSCRIBED AND SWORN By **KERRI YORK** Notary Public - Arizona **Notary Public** Pinal County

My Commission Expires

Bureau of Land Management Arizona State Office www.az.blm.gov

<u> </u>	My Comm. Expires Apr 5, 201
No. of Claims: <u>10</u> Check No.: <u>524</u> Receipt No.: <u>28578</u> For BLM Use Only	x \$10 = /00 Init. 5C

Form: MCF108 Revised Jan. 2006 Page 2 of 2

Form 3830-2 (March 2007)

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# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

### MAINTENANCE FEE WAIVER CERTIFICATION

				1	383 FORM ADDROVIDE
		FEE WAIVER CERT		10/50	OMB NO 1004-0114
1 TL: 11	SEE INSTRU	JCTIONS ON REV	ERSE		Expires: February 28, 2010
States of America on Sa	entember 1 4014	0	unity units of the	mer siles located and i	at noon on September 1,201.320 maintained on Federal lands in the Unite
filing this form; an affic	davit of assessment work stand that if the assessment	nt work required by law must be recorded by the	v for each minin the December 30	ig claim listed prior to	filing this waiver and understand that b
year only); a notice of in 5. The undersigned unders	stand that if the assessm ntent to hold reciting this	ent work obligation has s condition <b>must</b> be rec	not yet come d orded by the De	ue under 30 U.S.C. 28 cember 30th following	(for those claims in their first assessment the filing of this waiver
a notice of intent to hold 6. The undersigned under	for these sites is require	ed to be recorded by the	December 30th	immediately following	payment of the maintenance fee; and the
7. The mining claims, mill	th the Bureau of Land M		.c. 1212 and 1	$\circ$ U.S.C. 1001; the fill	ING OF recording of a false distitions
	CLAIM OR S		······	······	RECORDATION SERIAL NUMBER
1. Finch	#3			1/1	A 4 -
2. Finch	#4				0307
3. Finch	#5				0308
4. Finch	#6			- 40	7672
5. Finch -	#7	······			1673
6. Finch ;	# 8				0309
7. Finch	#9				0310
8. Javelin	72			- 40	07674
9. JACK R	abbit				0312
10. APZCL	<u> </u>				10311
The owner(s) (claimants) of the	he above mining claims	and sites are		<u> </u>	07665
Pamela Owner	ManT s Name - Please Print)	inez_	Pan	relat M	motion
3175 East	Bright Vie reet of O. Box)	W ST.	• •	(Owner)	Signature)
<u>UCSON</u> (City)	<u>AZ.</u> (State)	8570/2 (Tip Code)			
		(Zip Code)			
				10F	
(Uwner's	Name - Please Print)	·····		an-1-1-1	
(Stre	eet or P.O. Box)				
				ARIZON	> E
(City)	(State)	(Zip Code)		NO	
					 ບັງ ຫຼື
(Owner's )	Name - Please Print)		·······	(0	. 42.74
(Stree	et or P.O. Box)				
(City)	(State)	(Zip Code)		SEP 18 20	13
ontinued on page 2)		.L	<b>B</b>	BY: A-T-	<u>i</u>

	•		
		<u></u>	
(Owner's Name - Please Print)	(Owne	r's Signature)	
(Owner's Name - rease rink)			
(Street or P.O. Box)	(City)	(State)	(Zip Code)
	(Owne	er's Signature)	
(Owner's Name - Please Print)	(0		
(Street or P.O. Box)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Own	er's Signature)	
	(City)	(State)	(Zip Code)
(Street or P.O. Box)			
(Owner's Name - Please Print)	(Own	er's Signature)	
(Owner's Name - 1 lease r him)	·		(Zip Code)
(Street or P.O. Box)	(City)	(State)	
<ol> <li>Crk rai 3050,</li> <li>The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.</li> <li>The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.</li> <li>All claim and site names and Bureau of Land Management (BLM) serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.</li> <li>All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.</li> <li>This waiver form must be signed by all the claimants or their designated agent, is original form. If an agent is designated, a notarized designation of agent, which the valuer.</li> </ol>	<ul> <li>recorded, or the waiver cannot be granted by the BLM. (Exhipte: to be maiver for the assessment year 2000, which begins at noon on Septem 1999, you must qualify for and file for a waiver no later than Septem 1999, in the proper BLM State Office).</li> <li>8. For all mining claims which require assessment work, you must recaffidavit of labor on or before the December 30th immediately follow filing of this waiver. For all other mining claims or sites waived, you record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.</li> <li>9. Mill and tunnel sites may also be listed upon this waiver and be waive payment of the maintenance fee. A notice of intent to hold for these required to be filed by the December 30th following the filing of this waiver.</li> </ul>		
submitted with this warver.	HOUDS STATEMENT		
	HOURS STATEMENT   The Paperwork Reduction Act of	1995 requires us to inform	you that:
The Privacy Act of 1974, as amended, and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with the information required by this certification of waiver from rental fees. <b>AUTHORITY:</b> 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFP 3830	This information is being collect for a waiver from the payment o established in 30 U.S.C. 28f and response to this request is requir benefit.	ed to allow the BLM to o f \$100 per mining claim the implementing regulative red in accordance with the	or site maintenance fea ons at 43 CFR 3830. A e statute to obtain you
<ul> <li>CFR 3830.</li> <li>PRINCIPLE PURPOSE: This information is to be used to verify that the owner(s) (claimants) of a mining claim has complied with 30 U.S.C. 28f and is entitled to perform assessment work in lieu of paying the maintenance fee for the mining claims listed on this form.</li> <li>ROUTINE USE: (1)Adjudication of the claimant(s) certification of waiver from paying the maintenance fee otherwise required by 30 U.S.C. 28f. (2) Disclosure may be made to appropriate Federal agencies when location is made within the agency's geographic area of responsibility. (3) Information from the record and/or the record will be transferred to the appropriate Federal, State, or local agency, or a member of the public in response to a specific request for pertinent information.</li> <li>(4) Information may also be provided to the Department of Justice or in a</li> </ul>	BLM would like you to know that Federal agency-sponsored inform OMB control number. Public reporting burden for this hours) per response, includin maintaining data, and complet regarding this burden estimate Department of the Interior, Bu Information Collection Clearance St., N.W., Washington, D.C. 20240.	s form is estimated to av g time to review instru- ing and reviewing the fo- or any other aspect of ireau of Land Manageme e Officer EWO-630 Mail	erage 20 minutes (.32 uctions, gathering an orn. Direct comment this form, to the U.S. fig (1004-0114) Burea Stop 401 LS, 1849 C
proceeding before a court of adjudicative body, of to redefit, state, total foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.	FOR O	FFICIALUSE	
applicable regulations concerting the option of the applicable regulations of this	1		and a get

**EFFECT OF NOT PROVIDING INFORMATION:** Disclosure of this information is required by 30 U.S.C. 28f and 43 CFR Part 3830 for those qualified claimants wishing to take the small miner waiver allowed. Failure to supply the information required in this form to support the claimants certification of waiver from payment of the otherwise required maintenance fees will result in the waiver being disallowed and the mining claims subject to forfeiture by BLM under 30 U.S.C. 28i.

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(Form 3830-2, page 2)

When Recorded Return Document to: MANTI 519. £ Check here is this is a change of address. P

Telephone:

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E-mail address:

# AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK 1. State of Arizona, County of <u>YZYZ JZI</u>ss: BLM 2. I (Name) <u>Pamela</u> <u>F. Martinez</u> 3. Reside at (Address) <u>3775 fact Brightline</u> City <u>Unston</u> County <u>Pima</u>

State 2 Zip 2570 being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	410307	Finch #3		13 N	3W	8
2	410308	Finch #4		13 N	3W	8
3	407672	Finch # 5		13 N	3W	8
4	407673	Finch #6		13 N	3W	8
5	410309	FINCH #7		13 N	3W	8
6	410310	FINCH #8		13 N	3W	8



# AFFIDAVIT OF PERFORMANUE FANNUAL WORK - page 2

		• • •	BLM Date Stamp		PHOENIX. ARIZO	2013 AUG 20 A IR	MAN SECENCO
7	407674	Finch #9		13 N	3W	58 2	
8	410312	Javelina		13 N	3W	18	1
9	410311	Jack Rabbit		13 N	3W	18	1
10	407665	Afache		13 N	3W	18	1

6. That between the dates starting at 12 o'clock noon on September 1, 20  $\cancel{12}$  and ending at 12 o'clock noon on September 1, 20  $\cancel{13}$  at least \$  $\cancel{200}$ ,  $\cancel{10}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described herein: Comb , Menin Jush, Edwin Colley, Daris 8. That the wor and improvements performed were: 9. Dated Signature: SUBSCRIBED AND S O before me, a Notary Public, this Patrick Cort Nations Βv Notary Public Notary Public Pima County, Arizona My Comm. Expires 05-05-17 My Commission Expires 10 No. of Claims: 100 x \$10 = **Bureau of Land Management** Check No.: 524SC Init. **Arizona State Office** Receipt No.: 285 www.az.blm.gov 981 For BLM Use Only

Form: MCF108 Revised Jan. 2006 Page 2 of 2

United States Department of the Interio	Dr
<b>Bureau of Land Management</b>	
LANDS/RECREATION & PLANNING	
ONE N CENTRAL AVE	
PHOENIX, AZ 85004 -2203	
Phone: 602-417-9200	

2859817

Receipt

Transaction #: 2945656 Date of Transaction: 08/20/2013

CUSTOMER:

DORIS H COLBY PO BOX 495 WINKELMAN,AZ 85292-0495 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL	
1	1.00		WAV 2014 & POL 2013 (39)	- n/a -	390.00	
	TOTAL: \$390.00					

	PAYMENT INFORMATION						
1	AMOUNT:	390.00	POSTMARKED:	N/A			
	TYPE:	CHECK	RECEIVED:	08/20/2013			
	CHECK NO:	524					
		COLBY, DORIS H PO BOX 495 WINKELMAN AZ 85292-0495 US					

#### REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

#### United States Department of the Interior Bureau of Land Management LANDS/RECREATION & PLANNING ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: 602-417-9200

Receipt

No:

2859817

Transaction #: 2945656 Date of Transaction: 08/20/2013

CUSTOMER:

DORIS H COLBY PO BOX 495 WINKELMAN,AZ 85292-0495 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	······································	WAV 2014 & POL 2013 (39)	- n/a -	390.00
	TOTAL: \$390.00				

	PAYMENT INFORMATION						
1	AMOUNT:	390.00	POSTMARKED:	N/A			
	TYPE:	CHECK	RECEIVED:	08/20/2013			
	CHECK NO:	524					
	NAME:	COLBY, DORIS H PO BOX 495 WINKELMAN AZ 85292-0495 US					

#### REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

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4. 4		STATES		1mc+01665
Form 3830-2		OF THE INTERIOR		Amc 410 305
(September 2010)	BUREAU OF LAI	ND MANAGEMENT	0	FORM APPROVED (693)
N	AINTENANCE FEE V	VAIVER CERTIFIC	ATION	OMB NO. 1004-0114 Expires: August 31, 2013
4	SEE INSTRUCT	TIONS ON PAGE 2		Amc 353275
weeks and a second s	Press Article Provide Article Course	· · · · · · · · · · · · · · · · · · ·	Contombor 1 Dral	and ending on September 1, 3013
2. The undersigned and a United States of Amer	all related parties owned to ica on September 1, 201	en or fewer mining cla	ims, mill, or tunnel s	sites located and maintained on Federal lands in the
filing this form, an affi 4. The undersigned under	idavit of assessment work stand that if the assessme	must be recorded by the nt work obligation has	ne December 30th fo not yet come due un	Im listed prior to filing this waiver and understand that b ollowing the filing of this waiver. Inder 30 U.S.C. 28 (for those claims in their first
5. The undersigned under that a notice of intent t	stand that mill and tunnel o hold for these sites is rea	sites may also be liste quired to be recorded b	d upon this waiver a by the December 30	the December 30th following the filing of this waiver, and be waived from payment of the maintenance fee, and the immediately following the filing of this waiver.
fraudulent document w	stand and acknowledge the with the Bureau of Land M Il or tunnel sites for which	anagement may result	in a fine of up to \$2	C. 1001, the filing or recording of a false, fictitious, or 50,000, a prison term not to exceed five years, or both.
	CLAIM OR SITI			BLM RECORDATION SERIAL NUMBER
1. Rase			1	407686
2. Phympu	+1		<u> </u>	417/2010
3. Phymaus	t1 #2	<b>* * *** ***</b> **************************		167180
4. Phil man	+1 #3	***********		70 1 680
5 Phil man	D #4			<u></u>
6 Philippinou	THE	<u></u>		401682
noul	h			407683
- Fly mout	h # G			407684
8. Aly mouth	A TT /			407685
9. Finch				407671
10. FINCHZ	72			400306 410306
The owner(s) (claimonta) o	f the above mining claims a	und aitan ana H	86	
	•		1 1.1	11/2 and make No
ATTICHELE DON	ALD E HOLCOMB		Mich	Van Quathom on behalf of (Owner's Signature)
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MESA,	47	55208	1	
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•	UN <b>III</b> STATES		
Form 3830-2 (September 2010)	DEPARTME — F THE INTERIOR BUREAU OF LAND MANAGEMENT	10/	
	MAINTENANCE FEE WAIVER CERTIFICATION	150	( Exp

SEE INSTRUCTIONS ON PAGE 2

4mc 4110 30 FORM APPROVED OMB NO. 1004-0114 pires: August 31, 2013 353275 Ame

AMCH07665

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- L-	. Ins	s small miner waiver is filed to	r the assessment year beginning on September 1,	$-201_{2}$ and ending on September 1	x0/-
			the assessment year beginning on beptember 1;	and chang on beptember 1,	<u> </u>

2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1, 2012.

3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, an affidavit of assessment work must be recorded by the December 30th following the filing of this waiver.

4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only), a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.

6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the Bureau of Land Management may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.

7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

**********	CLAIM OR SIT	TE NAME	BLM RECORDATION SERIAL NUMBE	šR.
1. gase			1 407686	
2. Plymouth			407679	
3. Ply mouth	#2		407 680	
4. Ply mouth	#3		407681	
5. Phy mouth	#4	*******	407682	
6. Ply mouth	#5	· ·	417683	
7. PIV mouth 7	# le	· · · · · · · · · · · · · · · · · · ·	4071084	APPINT 2007 21000000
8. Phy mouth a	#7		407685	
9. Finch			407671	
10. FINCH#3	2		4030/a 410-	306
	<u>E.HOLCOME</u> Iame - Please Print) t or P.O. Box)	<u>R</u> الحرة	Mich / Van Quathom on behalf of (Owner's Signature) DONALD E. HOLCOMB, JR as his attorney,	) 
(City)	(State)	(Zip Code)		
(Owner's Na	me - Please Print)	ар раничани —	(Owner' Bignature)	
(Stree	t or P.O. Box)	······································	STAT STAT	
(City)	(State)	(Zip Code)	Owner AUG 31 P 2: 3 (Owner DENIX, ARIZONA	
(Owner's Na	me - Please Print)	· · · · · · · · · · · · · · · · · · ·	(Owner's Signat Ge)	
(Stree	t or P.O. Box)	<u>.</u>	ENTERED INTO COMPUTER	
(City)	(State)	(Zip Code)		

<sup>5.</sup> The undersigned understand that mill and tunnel sites may also be listed upon this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be recorded by the December 30th immediately following the filing of this waiver.

		<u> </u>	20	85,
NOTICE OF INTENTION TO HOLD MINING CLAIMS/SITES When Recorded Return Document to: Donald E. Holcomb Jr. 330 S. Leandro Mesa, Az. 85208	BLM Date Stamp	DENIX, ARIZONA		AZ STATE OFFIC
Check here if this is a change of address. Telephone: <u>1- 480 - 907 6378</u> E-mail Address		<b>مل</b>	<u> </u>	m

I (We) intend to hold the claims(s) and/or site(s) listed below for the calendar year 20\_\_\_\_, and I (We) have filed or will file a Notice of Intent to Hold in the county where the claim (s) is located.

- Reason for filing a Notice of Intent to Hold instead of an assessment work filing (check one):
- Maintenance fee was paid to maintain claim(s) during this assessment year.
- Mill or tunnel sites.
- Claim(s) was located during the current assessment year.

BLM has deferred assessment work (attach copy of decision granting deferment, or pending petition for deferment including date petition was filed.)

	Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
/	1	407686	Rose	*****	BN	3W	17
	2	407679	Plymouth		13N	3W	8
/	3	407680	Plymouth#2		13N	3W	8
/	4	407681	Ply mouth #3		131	3W	8
/	5	40768Z	Plymouth#4		13N	3W	8
/	6	407683	Plymouth#5	·	13N	3W	8
	7	407684	Plymouth#6		1.3N	3W	8
	8	407685	Plymouth #7		13N	3W	8
	9	407671	Finch	· · · · · · · · · · · · · · · · · · ·	13N	3W	8
$\sim$	10	410306	Finch #2		13N	<b>3</b> W	8

Form: MCF110 Revised Jan.2006 Page 1 of 2

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. State of Arizona, County of	2 Dai		-	
I (Name) Donald E. 1	Holcomb J	R	_	
.1 (Name) <u>230</u> C	Leandro			
. Reside at (Address) <u>330 5</u>		- 0 670	28 haine di	ulu awora denose an
	State AZ			
ay that I am a citizen of the United States, otice, subject to the provisions and penalt	ties of 18 U.S.C. 1001	pertaining to the	e filing of faise	s, fictitious, or fraudul
otice, subject to the provisions and penalt tatements with the United States, are true	and correct according	to the best of r	my knowledge	, information and bei
owned and address (If not show)				
. Owner's name and address (If not show	, , , , , , , , , , , , , , , , , , ,		•	
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Dated: 8-31-12 Signature: Miche	Wan Quather		y of Done	nullHolcomb, Jr
Dated: 8-31-12 Signature: Miche			y of Don	nildHolcomb, Jr
Dated: 8-31-12 Signature: Miche	s attorney.	j ön kuhal		
5. Dated: <u>8-31-12</u> Signature: <u>Miche</u> as hi	s attorney.	) <u>on bihal</u> aims: <u>10</u>	)x \$10 =	= /00
Dated: 8-31-12 Signature: Miche	No. of Cl Check No	) <u>67 bihal</u> aims: <u>10</u> : <u>491</u>	) x \$10 = Init	= <u>100</u> 50.
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5. Dated: <u>8-31-12</u> Signature: <u>Mirtle</u> as hi Bureau of Land Management Arizona State Office www.az.bim.gov	No. of Cl Check No Receipt N For BLM U	aims: <u>10</u> : <u>491</u> : <u>264</u> Jse Only	)x \$10 = Init - 6 9 6 4	= <u>100</u> 5 <u>C</u>
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AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK				
1. State of Arizona, County of <u>Javapai</u> ss: N2. I (Name) <u>Donald E. Horcomb</u> 3. Reside at (Address) <u>330 South Leandro</u>	BLM Date Stamp	PHOENIX. ARIZ	2012 AUG 31 P I	RECEIVED
City <u>Mesa</u> County <u>Maricopa</u>		ONA	12: 36	FICE

State Zip <u>A</u> Zip <u>A</u> being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

Noj	ØĿ	> BASIN	_ (optional) Mining District; _	YAUADAi	County,	Arizona.	
	Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
~	1	407686	Rose		13N	3W	11
~	2	407619	Plymouth		13N	3W	8
~	3	407680	Ply mouth		13 N	3W	8
	4	407681	Ply mouth #3		13N	3W	8
~	5	407682	Ply moath #4		13N	3W	8
	6	407683	PIX MOUTH #5	•	13N	3W	8
Y '	กก		FUDIA	1 R		Form: MCF	~

A DONALD E, HOLCOMB

Form: MCF108 Revised Jan. 2006 Page 1 of 2

#### AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

**JENIX.** ARIZONA 100 BLM Date Stamp μ

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5: 4902 P: 195 \$15.00 Page: 2 of 3 2012-0048403

- [	7	407684 Ply mouth #6	13N	3W	8
_	8	407685 ply mouth 7	13N	3W	8
	9	407671 Finch	13 N	3W	8
	10	410306 Finch#2	13N	3W	8

6. That between the dates starting at 12 o'clock noon on September 1, 20 \_\_\_\_\_ and ending at 12 o'clock noon on September 1, 20 \_\_\_\_\_ at least \$ 1000. 10 \_\_\_\_\_ dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

employed to perform the work and improvements described herein 7. That the following persons we dwara s la m Moire Holcom Chri Alma provements performed were: 8. 9. Dated: X-28-12 Signature: ORN TO before me, a Nota Public. th dav SUBSCRIBED SI By: OFFICIAL SEAL JOANN JORDAN Notary Public NOTARY PUBLIC - ARIZONA YAVAPAI COUNTY My Commission Expires My Comm. Expires Feb. 7, 2014 No. of Claims: x \$10 Check No.: 49 **Bureau of Land Management** Init. Arizona State Office Receipt No.: 2646964 www.az.blm.gov For BLM Use Only

Form: MCF108 Revised Jan. 2006 Page 2 of 2

Form	3830-2	
(Sente	mber 2010	ı١

#### **DD STATES** UNI DEPARTME OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE WAIVER CERTIFICATION

407665 FORM APPROVED OMB NO. 1004-0114 Expires: August 31, 2013 410305

483 entered

ALC 32 32 12

SEE INSTRUCTIONS ON PAGE 2

- This small miner waiver is filed for the assessment year beginning on September 1, 2012 and ending on September 1, 2013. 1.
- 2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1, 2012
- 3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, an affidavit of assessment work must be recorded by the December 30th following the filing of this waiver.
- 4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only), a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.
- 5. The undersigned understand that mill and tunnel sites may also be listed upon this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be recorded by the December 30th immediately following the filing of this waiver.
- 6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the Bureau of Land Management may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.
- 7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER
1. ChippEwa AMC 353276 Dec POL	3724147 353276
2 SIOUX	3724148: 353275
3. Buck	407667-
4. Butte	4076681
5 Chareokee	4076694
6. Hopi	407677
7. Navajo	407678
* Black foot	407666-
9 Flour Gold # SMARTS And Head	7407676
10. Doc	\$410305

FRED INTO CO

The owner(s) (claimants) of the above mining claims and sites are:

Mary Please Print) Owner's Signature enver Ka (Owner's Name - Please Print) (Owner (Street or P.O. Box) (City) (State) (Zip Code) (Owner's Name - Please Print) (Owner's Signature)

(Street or P.O. Box)

(City) (State)

(Continued on page 2)

(Street or P.O. Box)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owne	r's Signature)	
(Street or P.O. Box)	(City)	(State)	(Zip Code)
. (Owner's Ivanie - riease rinit)	(Owne	r's Signature)	
(Owner's Name - Please Print)			
(Street or P.O. Box)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owne	r's Signature)	
(Street or P.O. Box)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owne	r's Signature)	
······································		· ·	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

#### **INSTRUCTIONS**

- 1. This certification is made under the provisions of §1744 of Title 43 and § 28-28k of Title 30 of the United States Code; and the regulations thereunder (43 CFR Part 3830).
- 2. The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.
- 3. The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.
- 4. All claim and site names and Bureau of Land Management (BLM) serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.
- 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.
- 6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.
- 7. This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.)
- 8. For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.
- 9. Mill and tunnel sites may also be listed upon this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is required to be filed by the December 30th following the filing of this waiver.

PHOENIX. ARIZO	2012 AUG 31 P12	RECEIVED BLM AZ STATE OFF	
FO	FIONAL	USSE ONLY	

		s.	-0-	201	B
NOTICE OF INTENTION TO HOLD MINING CLAIMS/SITES When Recorded Return Document to: $Mar \times N, Larman$ Do Coh 495 U i N H C M B M A Z. S S I S Z. Check here if this is a change of address.	BLM Date Stamp		DENIX. ARIZONA	1 AUG 31 P 12: 35	AZ STATE OFFICE
Telephone:		<del></del>			
E-mail Address					

I (We) intend to hold the claims(s) and/or site(s) listed below for the calendar year 20 12, and I (We) have filed or will file a Notice of Intent to Hold in the county where the claim (s) is located.

Reason for filing a Notice of Intent to Hold instead of an assessment work filing (check one):

Maintenance fee was paid to maintain claim(s) during this assessment year. Ō

Mill or tunnel sites. Ō

Claim(s) was located during the current assessment year. B.

BLM has deferred assessment work (attach copy of decision granting deferment, or pending petition for deferment including date petition was filed.)

Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
	353276	Chippenta	372 4141	13N	310	17-18
2	353275	Sioux	312.4148	13N	3W	\$2.18
- 3	407667	BUCK		13N	3W	17
4	407668	BUTTE	· •	13N	3W	17
5	407669	Chareokee		13 N	3W	18
6	407677	Hopi		13N	310	11
7	407678	Nalaso		13N	34	18
8	407664	Black Soot		13N	34	18
9	4076712	Flour Gold # 8	<u>.</u>	13N	3W	18
10	410305	Dee		13 N	31	17-18

Form: MCF110 Revised Jan.2006 Page 1 of 2

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I. State of Arizona, County of	JPd/				
	farm	xn/			
2. I (Name) Mary n.	2 1 2 1 0 10	RI			
3, Reside at (Address) 01220 3	rewer	<u>//d.</u>		:	
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City On A.S. Vn County Brain of the United States, n		f ihat a	ll of the fa	inte cat	
say that I am a citizen of the United States, h notice, subject to the provisions and penaltie	s of 18 U.S.C. 1001	pertaining to the fil	ing of fals	se, fictit	tious, or fraudu
notice, subject to the provisions and penaltie statements with the United States, are true a	and correct according	to the best of my	knowledg	ie, infoi	mation and be
4. Owner's name and address (if not shown	in items 1-3 above).				
<u>_</u>			7	1	,
5 Detection Signature: Da	ris HCo	May a	e all	or	enter
5. Dated:Signature: Da	ris H Co	they a	s all	or	fact
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Bureau of Land Management	Check No Receipt N	n: <u>491</u> 10.: <u>2646</u>	[nit	orr: =	
Bureau of Land Management Arizona State Office	Check No	n: <u>491</u> 10.: <u>2646</u>	[nit	=	
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Bureau of Land Management Arizona State Office	Check No Receipt N	n: <u>491</u> 10.: <u>2646</u>	[nit	err.	
Bureau of Land Management Arizona State Office www.az.blm.gov	Check No Receipt N For BLM	5: <u>491</u> No.: <u>26469</u> Use Only	Init 764		<u>3C</u>
Bureau of Land Management Arizona State Office	Check No Receipt N For BLM	5: <u>491</u> No.: <u>26469</u> Use Only	Init 764		<u>3C</u>
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Bureau of Land Management Arizona State Office www.az.blm.gov	Check No Receipt N For BLM	5: <u>491</u> No.: <u>26469</u> Use Only	Init 764	 +h	<u>5C</u>
Bureau of Land Management Arizona State Office www.az.blm.gov	Check No Receipt N For BLM	5: <u>491</u> No.: <u>26469</u> Use Only	Init 764	 +h	<u>5C</u>
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Bureau of Land Management Arizona State Office www.az.blm.gov	Check No Receipt N For BLM	5: <u>491</u> No.: <u>26469</u> Use Only	Init 764	 +h	<u>5C</u>
Bureau of Land Management Arizona State Office www.az.blm.gov	Check No Receipt N For BLM	5: <u>491</u> No.: <u>26469</u> Use Only	Init 764	 +h	<u>5C</u>
Bureau of Land Management Arizona State Office www.az.blm.gov	Check No Receipt N For BLM	5: <u>491</u> No.: <u>26469</u> Use Only	Init 764	 +h	<u>5C</u>
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Bureau of Land Management Arizona State Office www.az.blm.gov	Check No Receipt N For BLM	o: <u>491</u> No.: <u>26466</u> Use Only <i>my</i> pres Colby	Init 764	 +h	SC SS SS NEY L Form: MCF
Bureau of Land Management Arizona State Office www.az.blm.gov	Check No Receipt N For BLM	nu pree	nit 964 Dence a Ot	 +h	SC is 3/st ney in

× / //	hen R 121 20 20	ecorded Retur	n Document to: $\frac{1}{2}$ $\frac{1}{2}$	B: 4902 P: 193 Leslie M. Hof OFFICIAL RECO DONALD HOLCOMB B: 4902 P: 19 \$15.00 Page	man RDS OF YAVAPAI C 2012-004840 3 08/28/201	12 03:39:5: 48401	.00
			is a change of address. 3 - 3 - 2 - 5 - 5	-85-	•		
	•	ddress: M J May	Marman · Com				
1. 2. 3. <i>14</i> Cit	State of I (Nam Réside M ty A ate <u>e</u> x	of Arizona, Col (Address)	1220 Brun 1220 Brun 20, Tehas 7 20, County Gr 95 being duly sworn, der	ss:	BLM Date Stamp A a citizen of the Un	ited States	more than
COI	rrect a	ccording to the	and that all of the facts set fo to the filing of false, fictitious best of my knowledge, infor ddress (If not shown in Items	orth in this affidavit, sub , or fraudulent stateme mation and belief.	iect to the provisio	ns and nens	ltips of 18
exp	That I a pense	Basin	acquainted with the mining o ) of said claim(s). Said contig (optional) Mining District;	guous group of claims, <u>Javapa</u>	listed on this docu	e made by ment, are si , Arizona.	and at the tuated in the
	Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDE DATA (If available)	R TWP	RNG	SEC
	1 /	353216	Chippewa	3724147	- 13 N	3W	17-18
	2 '	353275	Sioux	3124148	13 N	3W	12-18
	3	407667	BUCK		13N	3W	12
	4	407668	Butte		13N	36	17
	5	407669	Charcokee		13 N	3W	18
	6	402611	Hopi		13 N	3W	12

AMarx N Larman

Form: MCF108 Revised Jan. 2006 Page 1 of 2

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ADL

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

•			BLM Date Stamp	PHOEWIX. ARIZONA	RECEIVED BLM AZ STATE OFFICE 2012 AUG 31 P 12: 35	
7	407618	Navajo		13 N	31 18	
8	407666	BLACKFOOT		13 N	310 18	
9	407676	Flour Gold #8	·····	13 N	30 18	
10	410305	Doe	·	13N	36 17-18	1

B: 4902 P \$15.00

6. That between the dates starting at 12 o'clock noon on September 1, 20 //\_\_\_ and ending at 12 o'clock noon on September 1, 20 //2\_\_\_ at least \$ //00, FO\_\_\_\_\_dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

	$\bigcirc$ $\land$
7. That the following persons were employed to perform	the work and improvements described herein: Jonald eloforth
Bosie Holcomb, Ediyin Colly, Dorn Con martines Lynic Mattines, antenio Hopen	
	2 Block + PRoduce B
8. That the work and improvements performed were:	ally not sintar, hoad works,
for & Scatter brush, red.	ence the mine shaft,
and sampling.	
and summer of in	& Colby Pot for Maryn. *
9. Dated: 8-28-2012 Signature: Norr	A. Colley Pot for Mary 1.
SUBSCRIBED AND SWORN TO before me a notary F	Public, this 28 day of Ung 20 12
By Doris H Colby, proved	tome who signed forman
as POA For many n Larman	A STREET
Notary Public To ann Tor dan	JOANN JORDAN
My Commission Expires 2/7/20	NOTARY PUBLIC - ARIZONA
	YAVAPAI COUNTY MV Comm. Expires Feb 7 2014
,	No. of Claims: $10 \times 10^{-10}$
Bureau of Land Management	Check No.: 491 Init. SC
Arizona State Office	
www.az.blm.gov	Receipt No.: 2646964
	For BLM Use Only

Form: MCF108 Revised Jan. 2006 Page 2 of 2

<b>.</b>		-
rorm	3830-	2
(Sent/	mhar	2010

#### ⊃ STATES UN DEPARTME **OF THE INTERIOR** BUREAU OF LAND MANAGEMENT

**MAINTENANCE FEE WAIVER CERTIFICATION** 

Anc 410305

FORM APPROVED OMB NO. 1004-0114 Expires: August 31, 2013

SEE INSTRUCTIONS ON PAGE 2

1. This small miner waiver is filed for the assessment year beginning on September 1, 2012 and ending on September 1, 203

2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the

United States of America on September 1, <u>2012</u>. 3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, an affidavit of assessment work must be recorded by the December 30th following the filing of this waiver.

4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first

assessment year only), a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver. 5. The undersigned understand that mill and tunnel sites may also be listed upon this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be recorded by the December 30th immediately following the filing of this waiver.

6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the Bureau of Land Management may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.

7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

	CLAIM OR SITI	ENAME		BLM RECORDATION	SERIAL NUMBER
1. Finch # 3		· · ·	J	410307-	(ARTARADA AS. TO
2. Finch # 4				410308-	
3. Finch #5	·	····		407672	
4. &Finch#6				407673	
5. Finch #7				410309.	
6. Finch # 8				410310-	"
7. Finch #9				407674	4
8. Javelina		· · · · · · · · · · · · · · · · · · ·	·····	410312	<u>/</u> t
9. Jack Rabb	it			410311	¥
10. Apache	·			407665	1
The owner(s) (claimants) of the a	hove mining claims a	und sites are:			)
Pamela Mar	ri nez	ANA ANA	M Chan	1 AM/ antu	<b>)</b>
(Owner's N	ame - Please Print)		_lwin	(Owner's Signature	) T
3775 E. Brigh (Steet	+ View			· · ·	
(SGeet	or P.O. Box)				
TUCSON		(Zip Code)			
(City)	(State)	(Zip Code)			
(Ourmode Ne	ne - Please Print)			(Owner's Signature	
(Owners Na	ne - Please Print)				RECEIVED AZ STATE OFFICE
(Street	or P.O. Box)		· · · ·		
,				RIZ	
(City)	(State)	(Zip Code)		ARIZONA	S T
					n m
(Owner's Nar	ne - Please Print)		····	(Owner's Signature	)
			•	9/20/2012 COMPUTER 7.8	
(Street	or P.O. Box)	ر منتحد الدوادي ع. الد جديد: ا		OMPLITER TS	
(City)	(State)	(Zip Code)	KEUINIUV	VVIIII A FRANC	
		< 1			· · · · ·

(Continued on page 2)

		0	63		
NOTICE OF INTENTION TO HOLD MINING CLAIMS/SITES When Recorded Return Document to: Pamela F. Martinez 3775 E. Bright View TUCSON, AZ 85706	BLM Date Stamp	OENIX, ARIZONA	2 AUG 31 P 12: 35	AZ STATE OFFICE	
E-mail Address					

I (We) intend to hold the claims(s) and/or site(s) listed below for the calendar year 20\_\_\_\_, and I (We) have filed or will file a Notice of Intent to Hold in the county where the claim (s) is located.

- Reason for filing a Notice of Intent to Hold instead of an assessment work filing (check one):
- Maintenance fee was paid to maintain claim(s) during this assessment year.
- Maintenance fee w.
   Mill or tunnel sites.
   Claim(s) was locate
- Claim(s) was located during the current assessment year.

BLM has deferred assessment work (attach copy of decision granting deferment, or pending petition for deferment including date petition was filed.)

	Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
<u></u>	1	410307	Finch #3		13 N	3W	8
•	2	410308			13N	3W	8
	3	407672	Finch#5		13N	3W	8
	4	407673	Finch#6		13N	3W	8
	5	41030.9	Finch #7	·	13N	3W	8
-	6	410310	Finch #8		13N	3W	б
	7	407674	Finch #9		13N	3W	8
~	8	410312	Javeling		13N	3W	18
	9	410311	Jack Rabbit		13N	3W	18
l	10	407665	Apache		13N	31/	18

Form: MCF110 Revised Jan.2006 Page 1 of 2

NOTICE OF INTENTION TO HOLD MINING CLAIMS/SITES page 2 BLM PHOENIX. ARIZONA 1 BLM Date Stamp υ ü  $\cap$ 1. State of Arizona, County of 2.1 (Name) + View Bright 3. Reside at (Address) City UCSon County Pina State A2\_ Zip 85706 being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, that all of the facts set forth in this notice, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above). 8-31-12-signature: 5. Dated: No. of Claims:  $10^{\circ}$ x \$10 =100 **Bureau of Land Management** Check No: 491 Init. SC Arizona State Office www.az.blm.gov Receipt No.: 2646964 For BLM Use Only Swown to me and in my presence this 31# day of august, 2012 by Panela Fay Martiney OFFICIAL SEAL Form: MCF110 CRIS BARNES Revised Jan. 2006 NOTARY PUBLIC - State of Arizona Page 2 of 2 PINAL COUNTY My Comm. Expires July 20, 2014 This form is available from the Arizona Department of Mines & Mineral Resources and may be reproduced.

	B: 4902 P: 192 Leslie M. Hoffma OFFICIAL RECORDS	an S OF YAVAPAI (	03:39:51   COUNTY \$1	PM ADL 5,00
When Recorded Return Document to: Pamelat Mactine	DONALD HOLCOMB JR	2012-00484	50 <sup>+</sup>	
3775 E. Dright View St.	B: 4902 P: 192	08/28/201 of 4 2012-004	2 03:39:51	PM ADL
LUCSON, AZ 85706	\$15.00 Page: 1			Ring Kitel Mil
Check here is this is a change of address.		name kan se		
Telephone: <u>903-328-8184</u>				
E-mail address: pfhmartinez @g.n	nail.com			
- V				•
			·	
AFFIDAVIT OF PERFORMANCE OF ANNUAL WOR				
A HEAVE OF PERFORMANCE OF ANNUAL WOR	K		~ 0-	, co
1. State of Arizona, County of <u>Yavapai</u>	ss:	LM	PHOENIX, ARIZON	BLM A
X2.1 (Name) Pamela Hagan Martine	D	ante	AUG 3	
3. Reside at (Address) <u>3775 F. Bright u</u>	new St.	ump	3 I	
·				EOF
City Turson, County Pim	a		12: 3 0NA	FIC
State AZ_Zip_85706 being duly sworn, depose eighteen years of age, and that all of the facts not forth	se and sav that I am a ci	tizen of the Unit	OT ed States	more than
U.S.C. 1001 pertaining to the filing of false, fictitious of	r fraudulent statements			
<ul> <li>correct according to the best of my knowledge, informa</li> <li>4. Owner's name and address (If not shown in Items 1-</li> </ul>	ation and heliet		States, are	true and
	-0 above).			······
5. That I am personally acquisited with the mining state			······	
5. That I am personally acquainted with the mining clair expense of the owner(s) of said claim(s). Said contigue	m(s). The work and improved and improved the second s	ovements were d on this docun	e made by a nent, are sit	and at the cuated in the
	lavada,		Arizona.	
	OUNTY RECORDER	TWP		050
No. NOMBER	ATA (If available)	1441	RNG	SEC
1 410307 Finch #3		13 N	30	8
2 410308 Finch #4	·	13 N	3W	8
- 3 407672 Finch #5		13 N	3W	8
- 4 407673 Finch #6		13 N	34	8
- 5 410309 Finch #7		121	34	Ŷ
6 410310 Finch #8		12 N	31.1	8
* PAMELA HAGAN MAR	RTINEZ		Form: MCF	

Revised Jan. 2006 Page 1 of 2

# AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK – page 2

H AZ STATE OFFICE HOENIX, ARIZONA BLM Date Stamp	•			<u>e</u> )
	Date	HOENIX. ARIZONA	112 AUG 3 T	1

ADI

/	7	407674	FINCH #9	13 N	30	8
-	8	410312	Javelina	 13 N	3W	18.
	9.	410311	JackRabbit	 13 N	3W	18
	10	407665	APAChe	13 N	3W	18

Z. That the following persons were employed to perform the work and improvements described herein: Edward Martinez, Hamela Martinez, Dominik Martinez, Lyns: Martinez, Christing Sanchez, Antino Veperi, Robert -Harnandez, Donald Holcomb, Bosietto (somb, Edwin Colby, Daris Halby

8. That the work and improvements performed were: Lop and scattered brush, road work

9. Dated: Signature: SUBSCRIBED ND SWORN TO before me, a Notary Public, this Bv: OFFICIAL SEAL Notary Public -JOANN JORDAN NOTARY PUBLIC - ARIZONA My Commission Expires YAVAPAI COUNTY My Comm. Expires Feb. 7, 2014 No. of Claims: 0 x \$10 =00 **Bureau of Land Management** Check No.: 491 SC Init. Arizona State Office Receipt No.: \_2646964 www.az.blm.gov For BLM Use Only

Form: MCF108 Revised Jan. 2006 Page 2 of 2

#### United States Department of the Interior Bureau of Land Management LANDS/RECREATION & PLANNING ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: 602-417-9200

Receipt

No:

2646964

Transaction #: 2727737 Date of Transaction: 08/31/2012

CUSTOMER:

DORIS COLBY PO BOX 495 VINKELMAN,AZ 85192-0011 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL		
1	1.00		WAIVER (30), NOI (30), POL (30) , TRF (12)	- n/a -	720.00		
	TOTAL: \$720.00						

PAYMENT INFORMATION						
1	AMOUNT:	720.00	POSTMARKED:	N/A		
	TYPE:	CHECK	RECEIVED:	08/31/2012		
	CHECK NO:	491				
		COLBY, DORIS PO BOX 495 WINKELMAN AZ 85192-0011 US				

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

	UNI. S	TATES			
Form 3830-2	DEPARTMENT OF			AMC 353	276
(September 2010)	BUREAU OF LAND			FORM APPROVED OMB NO. 1004-0114	
N	IAINTENANCE FEE WA	IVER CERTIFICA	TION	Expires: August 31, 201	3
	SEE INSTRUCTIO			(509) AMC 439	179
<ol> <li>The undersigned and United States of Amer</li> <li>The undersigned have filing this form, an aff</li> <li>The undersigned unde assessment year only)</li> <li>The undersigned under that a notice of intent</li> <li>The undersigned under fraudulent document</li> </ol>	all related parties owned ten of rica on September 1, <u>20</u> performed the assessment work fidavit of assessment work mu- erstand that if the assessment vo a notice of intent to hold recor- erstand that mill and tunnel sit to hold for these sites is require terstand and acknowledge that	or fewer mining claim 	s, mill, or tunnel site pr each mining claim December 30th follo ot yet come due unde uust be recorded by th upon this waiver and the December 30th i . 1212 and 18 U.S.C. n a fine of up to \$250	and ending on September 1, <u>20</u> <u>12</u> . es located and maintained on Federal lands i listed prior to filing this waiver and underst owing the filing of this waiver. er 30 U.S.C. 28 (for those claims in their first he December 30th following the filing of thi d be waived from payment of the maintenance immediately following the filing of this wai . 1001, the filing or recording of a false, fict 0,000, a prison term not to exceed five years ce fees is requested are: BLM RECORDATION SERIAL NUME <u>439998</u> <u>43988</u>	and that by st s waiver. ce fee, and ver. itious, or , or both.
7. Flour (	Gold (4)			43985	
8. FIDUL	Gold (5)			43986	
9. FLOUR	601d (6)			43987	
10.					
Dohis 1	) of the above mining claims an H, Co/b/ wner's Name - Please Print) /95 (Street or P.O. Box) 7 Sh A/2 (State)	d sites are:	Daris	(Owner's Signature)	
	wner's Name - Please Print)			(Owner's Signature)	
(0)	wher's Name - Flease Finity			29	
	(Street or P.O. Box)			ARIZO	
(City)	(State)	(Zip Code)		2 <u>2</u> 2 <u>7</u>	
(0)	wner's Name - Please Print)			(Owner's Signature)	
	(Street or P.O. Box)		C.	TEED NOONFUTER	
(City)	(State)	(Zip Code)		122 9-1-11	

(Continued on page 2)

t
(Owner's Name - Please Print)	(Ow	vner's Signature)	
(Street or P.O. Box)	(City)	(State)	(Zip Code)
	/		
(Owner's Name - Please Print)	(Ow	vner's Signature)	
(Street or P.O. Box)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Ov	mer's Signature)	
(Street or P.O. Box)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Ov	mer's Signature)	
(Street or P.O. Box)	(City)	(State)	(Zip Code)

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

#### INSTRUCTIONS

- 1. This certification is made under the provisions of §1744 of Title 43 and § 28-28k of Title 30 of the United States Code; and the regulations thereunder (43 CFR Part 3830).
- 2. The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.
- 3. The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.
- 4. All claim and site names and Bureau of Land Management (BLM) serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.
- 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.
- 6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.
- 7. This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2012, which begins on September 1, 2011, you must qualify for and file for a waiver no later than September 1, 2011, in the proper BLM State Office.)
- 8. For all mining claims which require assessment work, you must record an affidavit of labor on or before the December 30th immediately following the filing of this waiver. For all other mining claims or sites waived, you must record a notice of intent to hold on or before the December 30th immediately following the filing of this waiver.
- 9. Mill and tunnel sites may also be listed upon this waiver and be waived from payment of the maintenance fee. A notice of intent to hold for these sites is required to be filed by the December 30th following the filing of this waiver.

FOR OFFICIAL USE ONLY

		When Recorded Return Document to: Doris <u>J. Colby</u> <u>P.D. Box</u> <u>495</u> <u>Winkelmon</u> ; <u>Az.</u> <u>85192</u> Check here is this is a change of address.	B: 4830 P: 687 Ana Wayman-Truji OFFICIAL RECORDS OF YAVAPAI COUNTY \$19.00 DORIS COLBY 2011-0044702 B: 4830 P: 687 \$19.00 Page: 1 of 3 2011-0044702 COLBY Page: 1 of 3 2011-0044702 COLBY	ADL ADL
--	--	---	--	------------

AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK	[				
1. State of Arizona, County of Vava Vava		0	2		
2. I (Name) Daris H. Colley	BLM Date	to a constant	901		
3. Reside at (Address) 4244 Topol	Stamp	X. /	29	29	
Justanille Br. PORI 12-		22	$\supset$		
City Winterner County Dia		201	ö	torigang	
State Zip <u>85192</u> being duly sworn, depose and say that I am		$\geq$	28	<u>S</u>	

eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above).

5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the

	1	I (optional) Mining District;		County	, Arizona.	
Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	43979	OW/	152 15-1	13 N	511	10
2	43980	Commissary	140 1581	13 N	21/	18
3	43981	Commissarya	146 1417	13 1	211	10/1
4	3782	FlourGold	143 1172	14 N	211	10
- 3	13983	Mour Gold(2)	143 1349	12 N	11/1	10
4	3984	Flour Gold (3)	142 1200	13/1	200	18

-\* DORIS HAGAN COIBY

\$8

Form: MCF108 Revised Jan. 2006 Page 1 of 2

ps 9.1.11

#### AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2



Page: 2 of 3 2011-0044702

ADL

7	43985	Flour Gold (4)	43.985	13 N	3W	18
		Flour Cold (5)		131	3W	18
9		FlourGobl(6)	-	BN	34	18
10	Lace - Lace					

6. That between the dates starting at 12 o'clock noon on September 1, 20  $\underline{//}$  and ending at 12 o'clock noon on September 1, 20  $\underline{//}$  at least 2.500  $\underline{??}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partiy outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described herein: <u>NORIS HALAN</u> COLBY, MARY HAGAN LARMAN, PAMELA HAGAN MANTINEZ, DONN'E HOLCOME, RUSTE HOLCOME, <u>LETIVIA NIEMETH, TOM MILLER, AND DEEANN MILLER</u>.

\$19.00

8. That the work and improvements performed were: <u>IT WITH NEW FENCE</u> FROM MAIN SHAFT. REPLACED MONLYMENTS, CORNERS, CENTERS, EPC. AND REPLACED NEW STAKES. RENTED BACK HOE TO FILL EN THE TRENCH ON WEST SIDE OF THE MAIN SHAFT.

	, <u> </u>
9. Dated: 8-25-2011 Signature: Varia d	agan Colley
, — , ,	1 non lacht 11
SUBSCRIBED AND SWORN TO before me, a Notary F	Public, this $\frac{1}{\sqrt{1-1}}$ day of $\frac{1}{\sqrt{1-1}}$ $20$
By: Don's Hagan Colby	OFFICIAL SEAL
Notary PublicOUMOV d	JOANN JORDAN NOTARY PUBLIC - ARIZONA
My Commission Expires	My Comm. Expires Feb. 7, 2014
	No. of Claims: $\underline{Q} = x \$10 = \underline{QQ} \cdot \underline{OQ}$
Bureau of Land Management	Check No.:
Arizona State Office www.az.blm.gov	Receipt No.: 24 7961
	For BLM Use Only
	E MCE109

Form: MCF108 Revised Jan. 2006 Page 2 of 2

This form is available from the Arizona Department of Mines & Mineral Resources and may be reproduced.

		E	3: 4830 P	L RECORDS OF YAVAPAI LBY 2011-0044703	1 04.44.20	4.00	1FP FP
	SHE TO		a III 61, 4 61	rage: 1 of 1 2011-004	(40,7,1127,1147 <u>)</u>	<b>·唐</b> 然 州· <b>山</b>	
	NANCE FEE PA	YMENT		F		<u> </u>	
Claimant	.1 1	INY Larma	17			Za	300
Address:	1	X 495	/			3	
City:		ate: 17. Zip: 85192	~	BLM Date	25	√ þ	
Telephon		0 954 3850		Stamp	VUOZIAV	ö	
E-mail ad Signature	1, 1	A Palli			2>	22	TOE
	C	a change of address.					
	1						
LINE NO.	AMC NUMBER	CLAIM/SITE NAME	CO	JNTY RECORDER A (If available)	TWP	RNG	SEC
1	353276	Chippewa	2 3	724147	13N	34	12/
2	353275	SIDUX	7	724118	13 N	34	101
3		. /		<del></del>	1.1.1	_ J MJ	14
4							
5							
6							
7							
8				· · · · · · · · · · · · · · · · · · ·			
9							
10							
ist additic	onal claims on Fo	rm MCF114.	No. o	f Claims: <u>}</u> c No: <u>C</u> . II	_ x \$140 =	2.87	0.00
Bureau of	Land Managem tate Office	ent	Recei	r No: <u>C. I</u> I pt No.: <u>ZU/</u> 79	nit. <u>40</u>	4	

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R2 9.1.11

Form: MCF112

United States Department of the Interior Bureau of Land Management LANDS/RECREATION & PLANNING ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: 602-417-9200

Receipt

No:

2417961

Transaction #: 2493351 Date of Transaction: 08/29/2011

CUSTOMER:

MARY LARMAN PO BOX 495 WINKELMAN,AZ 85292-0495 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL		
1	1.00	$IN(O) I N(H)M_{-}I (N(A))II(I) (N(H)A) (I)H N(I) (I)N(I) V / III$	MAINT WAIVER (9) 2012 / POL (9) 2011	- n/a -	90.00		
2	1.00		MAINT FEE PYMNT (2) 2012	- n/a -	280.00		
	TOTAL: \$370.00						

PAYMENT INFORMATION								
NOTE: Ite	NOTE: Items will appear on credit card statement as "Bureau of Land Mgmt CO".							
1	AMOUNT:	OUNT: 370.00 POSTMARKED: N/A						
	TYPE:	CREDIT CARD	RECEIVED:	08/29/2011				
	NAME: COLBY, DORIS							
		PO BOX 495						
		WINKELMAN AZ 85292-0495 US						
	CARD NO:	XXXXXXXXXXXX9958	AUTH CODE:	122221				
	NAME ON CARD:	DORIS H COLBY						
	EXPIRES:	10/2013						
	SIGNATURE:							

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

http://cbs.blm.gov/cgibin/cbsp/zorder search?screen mode=PAYMENT

1

		B: 4760 Ana Waym OFFICIAL DORIS H CO	P: 598 08 an-Trl 0 RECOF F DLBY 910	/26/2010 YAVAPAI C -4411233	02:35:05 OUNTY \$	PM M 14.00
		B: 4760 P \$14.00		08/26/2010 2010-4411	<b>02:35</b> :0	5 PM 1
2			A	me 3 me 4	5 <u>32</u> 3979	75
MAINTENANCE FEE PA	YMENT					119100
Claimant Name: Mo	rx Larman			nu	2010 AUG 30	AWTR
Address: $P, C, Box$	1495			NUENIX, ARIZONA	AUG	AZ
City: Winkelman st	tate: <u>AZ.</u> Zip: <u>8519</u> 2	had been	BLM Date	X. A	30	STA
Telephone: 1- 5-20	2 - poldr	D 15 2010	Stamp	RIZ	σ	TE
E-mail address:	SEP 15.2010 SI	PB 15 CM		NO.	بب	OFFICE
Signature: <u>Karus</u>	a change of address.	0 -		A		ICE
JUST Phone	a change of appress.					
LINE AMC NO. NUMBER	CLAIM/SITE NAME	COUNTY REC DATA (If avail		TWP	RNG	SEC
1 353276	Chippewa	37241	147	13N	3W	12/18
2 3532.75	SIOUX	37241	48	13N	3W	12/18
3						
4						
5						
6						
7						
8						
9						
10						
List additional claims on F	orm MCF114.	No. of Claims	2	x \$ <del>125</del> =	= 280	2
		Check No:	00T I	nit.	20	

This form is available from the Arizona Department of Mines and Mineral Resources and may be reproduced.



# Customer Name Update Jcreen

System ID:MC Name: LARMAN MARY Proprietor #: 2105342 Category: P - PRIVATE Address: PO BOX 495

Lookup

Renumber To:

Address Updated ENTERED INTO COMPUTER

City: WINKELMAN State: AZ Zip: 851920011

SEP 15 2010 PB

Save

Save/Override DataFlux

Delete Renumber

Customer details successfully saved for Customer Id 2105342

# Customer Name Update Screen

System ID:MC	
Name: LARMAN MARY	Lookup
Proprietor #: 2105342	Renumber To:
Category: P - PRIVATE	
Address: 1220 BREWER RD	E PREVIOUS ADDRESS
City: VAN ALSTYNE	SEP 15 21 10
State: TX	
Zip: 75495	
	Save Save/Override DataFlux
	Delete Renumber

Form 3830-2 (November 2007)	UN D STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT MAINTENANCE FEE WAIVER CERTIFICA	B: 4760 P: 597 \$19.00 Page:	3 o 2010-4411232 FORM OMB N	
	SEE INSTRUCTIONS ON PAGE 2		2010 Amc 43979	3
<ol> <li>The undersigned a United States of A</li> <li>The undersigned h filing this form; ar</li> <li>The undersigned u assessment year or</li> <li>The undersigned u that a notice of int</li> <li>The undersigned u fraudulent docume</li> </ol>	waiver is filed for the assessment year beginning at nor and all related parties owned ten or fewer mining claim merica on September 1, $20/10$ . have performed the assessment work required by law for a affidavit of assessment work must be recorded by the understand that if the assessment work obligation has no nly); a notice of intent to hold reciting this condition m understand that mill and tunnel sites may also be listed u ent to hold for these sites is required to be recorded by understand and acknowledge that pursuant to 43 U.S.C. ent with the Bureau of Land Management may result in s, mill or tunnel sites for which this waiver from payme	us, mill, or tunnel s or each mining clai December 30th fo ot yet come due un ust be recorded by upon this waiver au the December 30th 1212 and 18 U.S. a fine of up to \$2	An off and ending at noon of ites located and maintained on m listed prior to filing this wav llowing the filing of this waive der 30 U.S.C. 28 (for those clar the December 30th following the immediately following the fil C. 1001; the filing or recording 50,000, a prison term not to exconce fees is requested are:	Federal lands in the er and understand that by r. ims in their first the filing of this waiver. the maintenance fee; and ing of this waiver. of a false, fictitious, or seed five years, or both.
1 01121	CLAIM OR SITE NAME		BLM RECORDATION S	ERIAL NUMBER
<u>1. 0101</u>		$\checkmark$	43979	
2. Comm	ISSarx		43980	
3. Commi	SSary (2)		43981	
A. FIOUN	Gold		43982	
5. FLOUR	Gold (2)		1/2982	
5 FLANK	Gold (3)		1170811	
X. Flaun	Gold (4)		43107	
8. Elallia	0 11 ( )		43700	
- FIOUV	(50/d) $(5)$		43986	
10.	60/0 (b)		43787	
Doris	ts) of the above mining claims and sites are: $\frac{H}{Co/6} $ Owner's Name - Please Print) $\frac{495}{}$ (Street or P.O. Box) $\frac{71}{AL} = \frac{85/92}{}$ (State) (Zip Code)	Dor	(Owner's Signature)	Y
(0	wner's Name - Please Print)		(Owner's Signature)	
	(Street or P.O. Box)			
(City)	(State) (Zip Code)	ANOZIAA	РНОЕМІХ.	
(0	wner's Name - Please Print)	LI Ed	0E 90V <u>007</u> (Owner's Signature)	
	(Street or P.O. Box)	TE OFFICE VED	IEDER ATSIZA MU8	9/40-
(City)	(State) (Zip Code)	ENTEDE	D INTO COMPUT	D 12
(Continued on page 2)		SEP 15	2010 RB	

• •	<b>,</b> , ,	r 1		B: 4760 P Ana Waymar OFFICIAL P DORIS H COL	n-Tr RECC	08/26/20 lo OF YAVAPA 2010-441123	010 02:35 AI COUNTY 2		ADL
Change	Dor P.O. Win	1 <u>5</u> <u>BoX</u> 49 <u>KeIMa</u> eck here is this ne: <u>1-5</u>	n Document to: Co/bV 5 AZ 5 35/92 is a change of address. AO-957-3850	B: 4760 P \$19.00		08/26/ of 4 2010	2010 02:: -4411232		
馬									
\$8 \$5 \$1 \$1 \$1 \$1 \$1	1. State 2. I (Nam 3. Reside <u>U</u> City <u>U</u> State U.S.C. 10 correct a	of Arizona, Con he) <u>Aaria</u> e at (Address) <u>e at (Address)</u> <u>e at (Address)</u> e at (Address) <u>e at (Address)</u> e at (Address) <u>e at (Address)</u> <u>e at (Address)</u> <u>at (Address)</u>	DRMANCE OF ANNUAL WO unty of $\underline{}$ $\phantom{$	SI ss: So. Box 495 D'Nal pose and say that I am orth in this affidavit, sub s, or fraudulent stateme mation and belief.	iect to th	ne provision	is and pen	, more than	
Ĺ	expense	of the owner(s	acquainted with the mining of said claim(s). Said contine of said claim(s). Said contine of the said conti	guous group of claims,	improve listed or	n this docur	e made by nent, are s Arizona.	and at the situated in t	he
	Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDE DATA (If available)	R	TWP	RNG	SEC	]
	1	43979	OW/	152151		13 N	3W	18	ł

Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	43979	OW/	152 151	13 N	3W	18
2	43980	Commissary	140 1581	13 N	310	18/17
<i>,</i> 3	43981	COMMISSARYA	1461477	13 N	3W	18
4	43982	Flour Gold	143 11 73	13 N	310	18
.5	43983	Flour Golds	0 1431349	13 N	31	18
6	43984	Flour Gdd (3)	1431350	13 N	3 W	18

ENTERED INTO COMPUTER SEP 1 5 2010 05 Form: MCF108 Revised Jan. 2006 Page 1 of 2 AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

				BLM Date Stamp		2010 AUG 30 P 3: 1 PHOENIX, ARIZONA	BLM AZ STATE OFFICE
Z	43985	Flour Gold (4)	4398	5	131	31	18
8	43986	Flour Gold (5)	) 4398	6	13N	31	18
9	43981	FLOUR Gold (6)	43987	2	13N	3.11	18
10							

6. That between the dates starting at 12 o'clock noon on September 1, 20  $\frac{0}{2}$  and ending at 12 o'clock noon on September 1, 20  $\frac{10}{2}$  at least  $\frac{2320}{20}$  dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described herein: DORIS HASAN

Colly, Edwine Colly, Donnie Holcomb	* Rosie Holcomes
8. That the work and improvements performed were:	Collecting Samples, Filling in
TREACH HOLE, WITH beck ADE	. Used 995 to Locate Corneres?
Vieins, Used CANLERG, For mor	
9. Dated 08-30-2010 Signature: Loris to	, Colley
SUBSCRIBED AND SWORN TO before me, a Notary F	Public, this 30th day of August 20/0
By: Mara Inasa Fenance	
Notary Public State of anzena	NOTARY PUBLIC - State of Arizona PINAL COUNTY
My Commission Expires 07-01-2013	My Comm. Expires April 1, 2013
	No. of Claims: x $10 = -9000$
Bureau of Land Management Arizona State Office	Check No.: 384 Init. 50
www.az.blm.gov	Receipt No.: 3204760
	For BLM Use Only
•	

Form: MCF108 Revised Jan. 2006 Page 2 of 2

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## United States Department of the Interior Bureau of Land Management LANDS/RECREATION & PLANNING ONE N CENTRAL AVE

PHOENIX, AZ 85004 -2203 Phone:

2204760

Receipt

Transaction #: 2274732 Date of Transaction: 08/30/2010	ENTERED INTO COMPUTER
CUSTOMER: DORIS H COLBY PO BOX 495 WINKELMAN,AZ 85292-0495 US	SEP 15 2010 PB

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC43979/\$370.00		- n/a -	370.00
			ТОТА	L:	\$370.00

	PAYMENT INFORMATION						
1	AMOUNT:	370.00	POSTMARKED:	N/A			
	TYPE:	CHECK	RECEIVED:	08/30/2010			
	CHECK NO:	384					
	NAME:	COLBY, DORIS H PO BOX 495 WINKELMAN AZ 85292-0495 US					

REMARKS	

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

No:

Ana Wayman-Trujillo, Rec OFFICIAL RECORDS OF YAVAPHI COUNTY DORIS COLBY

3275 B-4689 P-.65 08/18/2009 02:26P 14.00 4336528



MFP

r

SEUD

#### MAINTENANCE FEE PAYMENT

TrMan Claimant Name: Address: h State: City: Telephone:

E-mail address: Signature:

00 AUG X, ARIZON N 0 BLM Date U Stamp 3 J 0

Check here if this is a change of address,

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	353276	Chippena	3724147	13N	3W	11/18
2	353275	SIOUX	3724148	13/V	3W	11/18
3						/
4		2010 (B. 5 20201 1000 mm				
5		ENTERED INTO COM	PUTER			
6		AUG 24 2009				
7						
8						
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10						

List additional claims on Form MCF114.

**Bureau of Land Management** Arizona State Office www.az.blm.gov

No. of Claims: $2 x = 280$
Check No: <u>347</u> Init. <u>50</u>
Receipt No.: 1982997
For BLM Use Only

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Form: MCF112 Revised July 2005

## **United States Department of the Interior** Bureau of Land Management, **BUSINESS & SUPPORT SVCS DIV** ONE N CENTRAL AVE SUITE 800 PHOENIX, AZ 85004 -4427 Phone: (602) 417-9200

Receipt

ENTERED INTO COMPUTER

PB

1982997

<b>Transaction #:</b> 2047077	
Date of Transaction: 08/20/2009	

CUSTOMER: MARY LARMAN PO BOX 495 WINKELMAN,AZ 85292-0495 US	AUG 24 2009
---	-------------

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC353276/\$280.00	MAINT (2)	- n/a -	280.00
	TOTAL: \$280.00				

	PAYMENT INFORMATION					
1	AMOUNT:	280.00	POSTMARKED:	N/A		
	TYPE:	CHECK	RECEIVED:	08/20/2009		
	CHECK NO: 347					
	NAME:	E: LARMAN, MARY PO BOX 495 WINKELMAN AZ 85292-0495 US				

	REMARKS		

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

No:

Ana Wayman-Truji Recorder OFFICIAL RECORDS OF YAVAPAI COUNTY DORIS COLBY MFP

B-4616 P-884 08/21/2008 11:41A 14.00 4258312

**B-4616 P-884** Page: 1 of 1 MFP 4258312 4258312

Amc	353	275	1
-----	-----	-----	---

# MAINTENANCE FEE PAYMENT

Signature:

\$5

\$1

lar man Claimant Name: Address: # City: WIN MZh State: Zip: Telephone: E-mail address

BLM Date Stamp	PHOENIX, ARIZONA	2008 AUG 21 P 3: 42	BLM AZ STATE OFFICE
		42	ICE

Check here if this is a change of address. r

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	353276	Chippewa	3124/41	15N	34	nla
2	353275	Sioux	3724148	1311 131	3W	11/10
3			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		JU	11/18
4						
5						
6						
7						
8						
9						
10						
t additio	nal claims on Fo	rm MCF114.	No. of Claims:	x \$125 =	250	00

**Bureau of Land Management** Arizona State Office www.az.blm.gov

No. of Claims: $2 \times 125 = 25000$
Check No: <u>C</u> Init. <u>S</u>
Receipt No.: 1767845
For BLM Use Only

ENTERED INTO COMPUTER 9/11/08 aB

Form: MCF112

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# United States Department of the Interior Bureau of Land Management BUSINESS & SUPPORT SVCS DIV ONE N CENTRAL AVE SUITE 800 PHOENIX, AZ 85004 -4427 Phone: (602) 417-9200

Receipt

No:

1767845

 Transaction #: 1825486

 Date of Transaction: 08/21/2008

 CUSTOMER:
 MARY LARMAN

 PO BOX 495

 WINKELMAN,AZ 85292

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) CASES: AMC353276/\$250.00	MAINT 2009 (2)	- n/a -	250.00
	TOTAL: \$250.00				

	PAYMENT INFORMATION							
NOTE: Ite	NOTE: Items will appear on credit card statement as "Bureau of Land Mgmt CO".							
1	AMOUNT: \$250.00 POSTMARKED: N/A							
	TYPE:	CREDIT CARD	RECEIVED:	08/21/2008				
		LARMAN, MARY PO BOX 495 WINKELMAN AZ 85292						
	CARD NO:	XXXXXXXXXXX5322	AUTH CODE:	173339				
	NAME ON CARD:	DORIS H COLBY						
EXPIRES: 10/31/2010								
	SIGNATURE:							

the second se		
	DEMADIZO	
	KEMAKKS	

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		THIS IS IN DONFORM RECORDED ON DAT IN BOOK 45 25 ANA WAYMAN-TRUJII	- mantailer	OF INSTA	RUM 11 MI 2:5	2 <b>75</b>
95	MAINTENANCE FEE PAYMENT         Claimant Name:       Mary       Larman         Address:       P.O.       Box       495         City:       Winkelman       State:       AZ       Zip:       85292         Telephone:	BLM Date Stamp	PHOENIX, ARIZONA	2001 JUL 24 P 2: 54	B.L.M. AZ STATE OFFICE	

COUNTY RECORDER

7

P

DATA (If available)

3

37

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Bureau of Land Management Arizona State Office www.az.blm.gov

List additional claims on Form MCF114.

No. of Claims: 2	x \$125 = 250
Check No: <u>307</u>	Init. tmc
Receipt No.: <u>1530</u>	238
For BLM Use Only	

TWP

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RNG

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3W

Form: MCF112 Revised July 2005

SEC

Check here if this is a change of address.

CLAIM/SITE NAME

Sion

AMC

NUMBER

3*53275* 

3276

LINE

NO.

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United States Department of the Interior Bureau of Land Management BUSINESS & SUPPORT SVCS DIV	r Receipt		
ONE N CENTRAL AVE SUITE 800 PHOENIX, AZ 85004 -4427 Phone: (602) 417-9200	No:	1530238	
Transaction #: 1581167 Date of Transaction: 07/24/2007	ENTERED INT	O COMPUTER	
CUSTOMER: MARY LARMAN BOX 495	AUG 01 2	007 (3	

BOX 495 WINKELMAN,AZ 85292

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL	
1	1.00	,	MAINT 2008/2	- n/a -	250.00	
	TOTAL: \$250.0					

	PAYMENT INFORMATION							
1	AMOUNT:	\$250.00	POSTMARKED:	N/A				
	TYPE:	CHECK	RECEIVED:	07/25/2007				
	CHECK NO:	CHECK NO: 207						
	NAME:	COLBY, DORIS H BOX 495						
		WINKELMAN AZ 85292						

# REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

FE							A	MC :	35327
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	MAINTI Claimar Address City: // Telepho E-mail ad Signatur	e: Bernic		RE IN AN Z	IIS IS A CONFO	RMED COPY O ATE S/2 9/ 50 BLM Date Stamp	FINSTRUM	ENT 3:32 DEPUT 2005 AUG	
	LINE NO.	AMC NUMBER	CLAIM/SITE NAME		COUNTY RE DATA (If avai	CORDER able)	TWP		SEC
	1	353276	Chippena		3726	1/11-5			
	2	353275	Sioux		3724	141	121	<u>31/</u>	74-18
	3	SEP 2	RED INTO COMPL	UTEE				SW	17+18
	5		J.J.						
	6								· · ·
	7								
	8								
	9								
	10								
Bu Ari	reau of L	al claims on For and Manageme te Office goy		Che Rec	of Claims: cck No: eipt No.: BLM Use Only	7 <u>80</u> Ini 3541		2 <del>.</del> 1117	2

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Form: MCF112 Revised July 2005

5

#### United States Department of the Interior Bureau of Land Management BUSINESS & SUPPORT SVCS DIV ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: (602) 417-9200

Receipt

No:

1354145

**Transaction #:** 1399533 **Date of Transaction:** 09/08/2006

 CUSTOMER:	ALBERT HECK
	BOX 1458
	KEARNY,AZ 85237

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00		MAINT 2007/2 ✔ POL 2006/9 WAV	- n/a -	340.00
	TOTAL: \$340				

		PAYMENT INFORMAT	ION
1	AMOUNT:	\$340.00	POSTMARKED: 08/29/2006
	TYPE:	CHECK	RECEIVED: 08/30/2006
	CHECK NO:	8780	
		HECK, ALBERT BOX 1458 KEARNY AZ 85237	

		_
	REMARKS	٦
K	CAMAR MILLEUMON, APAIT	Ē
Λ	app of warner beng -	
	is receipt was operated by the automated BIM Collections and Billing System and is a paper representation of a portion of the officie	-

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

AMC 353	275-353276- lead # AMC 353275
582	code Enter A
SEP	27 2006 ps

AMC 353275 AMC 43979 When Recorded Return Document to: ernice Heck Bax earny. RMED COPY OF INSTRUMENT 520-363-7588 NDATE 8/29/06TIME 3:32 Check here is this is a change of address. 30 PAGE 459-4 pre Telephone: 520-363-7588 TRUJILLO, RECORDER E-mail address: abudle negale oc. DEPUTY con 353275 AMC 439-AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK B PHOENIX, ARIZONA 1. State of Arizona, County of <u>Javapai</u>ss: 2. 1 (Name) <u>Albert or Bernice Heck</u> 3. Reside at (Address) <u>P.O. Box 1458</u> ζ AUG BLM Date В Stamp  $\triangleright$ <u>ڊ</u> City Kearny County Pinal С State AZzip 85237 being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above). 5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the Basin (optional) Mining District; Yavapai County, Arizona. Copper AMC OLAIMOITENAME COUNTYREOORDER Line

40

No.	NUMBER	CLAIMISHENAME	DATA (If available)	TWP	RNG	SEC
		Owl	152/51	13N	311	10
2	43980	Commissary	140/581	131	31	10
3	43981	Commissary (2)	146/477	13.11	311	18/17
4	43982	Flour Gold	143/173	1311	211	18
5	43983	Flour Gald (2)	143/349	1.2.10	34	18
6	43984	Flour Gold (3)	143/350	131	34	18

RE

MY's attached seneath

Form: MCF108 Revised Jan. 2006 Page 1 of 2

RE 9/29/06

AMC 353275 When Recorded Return Document to: AMC 43979 ernice Heck Bax FS Kearny AZ ORMED COPY OF INSTRUMENT COST 520-363-7.58 N DATE 8/29/06TIME 3:32 Check here is this is a change of address. 130 PAGE 459-4-pg \$8. Telephone: 520-363-7588 TRUJELO, RECORDER MAN E-mail address: abud 17 Qaegole pc. DEPUTY com AMC 439 19 AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK B 100 1. State of Arizona, County of <u>Javapai</u>ss: 2.1 (Name) <u>Albert or Bernice Heck</u> PHOENIX, ARIZONA 3 AUG BLM PD Nm Date S 8 m Stamp 3. Reside at (Address) P.O. Box 1458 TATE  $\triangleright$ OFF <u>.</u> City Kearny County Pinal CE СЛ State AZZip 85237 being duly sworn, depose and say that I am a citizen of the United States, more than eighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of 18 U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statements with the United States, are true and correct according to the best of my knowledge, information and belief. 4. Owner's name and address (If not shown in Items 1-3 above). 5. That I am personally acquainted with the mining claim(s). The work and improvements were made by and at the expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated in the Basin (optional) Mining District; Yakapan Copper County, Arizona. AMC Line COUNTY RECORDER CLAIM/SITE NAME NUMBER No. TWP DATA (If available) RNG SEC 1 152 13N 312 18 2 980 ssar 13N 312 8/17 3 ammissary 8 131 311 983 4 31 8 5 987 13N 34 8

314

13N

RE 9/29/06

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MKs attached beneath

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Form: MCF108 Revised Jan. 2006 Page 1 of 2

# AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK - page 2

PHOENIX, ARIZONA BLM Date Stamp Ъ م ഗ a 7 Flour Gold 46 478 31 18 3 8 laur 126 3 12 8 9 lour 31 8 10

6. That between the dates starting at 12 o'clock noon on September 1, 20 o 5 and ending at 12 o'clock noon on September 1, 20 o b at least 2 o o o a dollars worth of work and improvements were done and performed upon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, wholly or partly outside of a contiguous group of claims for the benefit of all, not including the location work.

7. That the following persons were employed to perform the work and improvements described herein: Alberta ernice, Edwingel loris Colby berry 8. That the work and improvements performed were: Backhoe 17 on OD aun Gold (1). In shar 9. Dated: 29 Clauge Of Signature: A SUBSCRIBED AND SWORN TO before me, a Notary Public, this day of 20 0 NOF. Notary Public My Commission Expires No. of Claims: Bureau of Land Management x \$10 = Arizona State Office Check No .: Init www.az.blm.gov Receipt No.: OFFICIAL SEAL MARI MAHAFFEY For BLM Use Only Notary Public - State of Arizona YAVAPAI COUNTY

My Comm. Expires Dec. 4, 2007

Form: MCF108 Revised Jan. 2006 Page 2 of 2

This form is available from the Arizona Department of Mines & Mineral Resources and may be reproduced.

FEE	Amc 353275
Return to MAINTENANCE FEE PAYMENT Claimant Name: Mary Larman Address: P.O. Box 1458 City: Kearny State: A2 Zip: 85237 Telephone: 520-363-7588 E-mail address: abwdl Papeople pc. Signature: Bernice Heat	BLM EN UG ARE
LINE AMC NO. NUMBER CLAIM/SITE NAME 1 353276 Chippema 2 353275 Sigury 3 ENTERED INTO COMPU 4 SEP 27 2006 B	$ \begin{array}{c c} \hline & & & & & \\ \hline & & & & & \\ \hline \hline & & & & \\ \hline & & & & \\ \hline $
6 7 8 9 10	
List additional claims on Form MCF114. Bureau of Land Management Arizona State Office www.az.blm.gov	No. of Claims: $2 \times 125 = 250$ Check No: $8780$ Init. $100$ Receipt No.: $1354145$ For BLM Use Only

This form is available from the Arizona Department of Mines and Mineral Resources and may be reproduced.

Form: MCF112 Revised July 2005

#### United States Department of the Interior Bureau of Land Management BUSINESS & SUPPORT SVCS DIV ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: (602) 417-9200

No:

1354145

Receipt

Transaction #: 1399533 Date of Transaction: 09/08/2006

> CUSTOMER: ALBERT HECK BOX 1458 KEARNY,AZ 85237

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL	
1	1.00		MAINT 2007/2 🗸 POL 2006/9 WAV	- n/a -	340.00	
	TOTAL: \$340.00					

		PAYMENT INFORMATION		
1	AMOUNT:	\$340.00	POSTMARKED:	08/29/2006
	TYPE:	CHECK	RECEIVED:	08/30/2006
	CHECK NO:	8780		
		HECK, ALBERT BOX 1458 KEARNY AZ 85237		

#### REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

AM	353275-353276-lead # AMC 353275	-
	582 cade Enteral	
	SEP 27 2006 PB	

AMC 353275

### MAINTENANCE FEE PAYMENT

Mining Claim Maintenance Fee Payment of \$100 per claim or site is due on or before September 1, 20<u>05</u>, in lieu of assessment work for the upcoming assessment year beginning September 1 of the year noted above.

-

BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE 222 NORTH CENTRAL AVENUE PHOENIX, AZ 85004 602-417-9200 www.az.blm.gov	NO. OF CLAIMS:	X BLM USE ONLY         X		20
BLM SERIAL NUMBERS	NAME OF CLAIMS/SITES	COUNTY BOOK/DOCKET & OR FEE NUMBER		
1. AMC 353276	Chippewa	3724/4	17	
2. AMC 353275	<u>Chippewa</u> Stoux	3724/4	1.8	_
3. AMC	-) / e a /		0	
4 AMC				
5. AMC 6. AMC				
6. AMC				
7. AMC				
8. AMC				
9. AMC				
10. AMC				
List additional claims on the reverse side of	f this form.			
CHECK HERE IF THIS IS	A CHANGE OF ADDRESS	5		
CLAIMANT'S NAME: Manuelan				ω
CLAIMANT'S NAME: <u>Mary Lar</u> ADDRESS: <u>P.O. Box 1458</u> CITY: <u>Kearny</u> STATE: <u>A</u>	na n		2005 PH	L.M.
CITY: hearny State	47 710.80027		AUG	ARE
PHONE: <u>520-363-7588</u>	<u>[]</u> 211. <u>05807</u>		NG AUG 24 PHOENIX. A	ST
A				VED
Signature: Bernice Hear	K		2 12:	OFFICE
To record with the County, one claimant or agent must sign.	an	BLM DATE STAMP	ω ω	ICE
				]
		NITEDED IN CO.	PITER	
		ENTEREDINU	A R Days & Days & C	
		Philos MA		

ITY: Kearny	STATE: _	AZ_	_ZIP: <u>\$5237</u>	IS THIS A NEW ADDRESS	
-					
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				IS THIS A NEW ADDRESS	
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XITY:	STATE:	····	ZIP:	IS THIS A NEW ADDRESS	
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IAME:		ADDRESS: _		· · · · · · · · · · · · · · · · · · ·	
CITY:	STATE:		ZIP:	IS THIS A NEW ADDRESS	
IAME:		ADDRESS:	·		
SITY:	STATE:		ZIP:	IS THIS A NEW ADDRESS	
IAME:		ADDRESS:			
XITY:	STATE:		ZIP:	IS THIS A NEW ADDRESS	
				FOR BLM USE ONLY	
				INTO COMPUTER: VERIFIED:	
August 28, 2002					<u>    i                                </u>



Ana Wayman-Trujillo, Recorder OFFICIAL RECORDS OF YAVAPAI COUNTY BERNICE HECK MFP

**B-4308 P-920** 09/08/2005 03:45P 14.00 3911168



### **MAINTENANCE FEE PAYMENT**

Mining Claim Maintenance Fee Payment of \$100 per claim or site is due on or before September 1, 20<u>05</u>, in lieu of assessment work for the upcoming assessment year beginning September 1 of the year noted above.

BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE 222 NORTH CENTRAL AVENUE PHOENIX, AZ 85004 602-417-9200 www.az.blm.gov	NO. OF CLAIMS:	BLM USE ONLY 725 2 X \$100 = \$ 2 CHECK NO.:		0
NUMBERS         1. AMC 353276				
List additional claims on the reverse side of this is CHECK HERE IF THIS IS A CH CLAIMANT'S NAME: <u>Mary Larma</u> ADDRESS: <u>P.O. Boy 1458</u> CITY: <u>Kearny</u> STATE: <u>A Z</u> PHONE: <u>S2O-363-7588</u> Signature: <u>Bernice Mech</u> To record with the County, one claimant or an	ANGE OF ADDRESS	BLM DATE STAMP	2005 AUG 24 P 12: 3	B.L.M. AZ STATE OFFICE
agent must sign.	ſ.K.	NAJ	ũ	m

				B-4308 P-92 Page: 2 of 2 MFP 39111	2 <b>0</b> 68
NAME: Mary La	rman	ADDRESS: _	P.O. 1	Box 1458	
CITY: Kearny	STATE:	AZ	ZIP: <u>852</u>	Boy 1458 37 IS THIS A NEW ADDRESS	
NAME:	,	ADDRESS:			
CITY:	STATE:		ZIP:	IS THIS A NEW ADDRESS	
NAME:		ADDRESS: _			
CITY:	STATE:		ZIP:	IS THIS A NEW ADDRESS	
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			DATE ENT	FOR BLM USE ONLY	
	62 VON 20	07	INITIALS:	VERIFIED:	
August 20, 2002	- CNV				
	,1	1			

الت مش 3830-2       UNITED STATES DEPARTMENT OF THE IN         (الله: الله: اللله: الله: الل	NTERIOR T
MAINTENANCE FEE WAIVER CERTIFIC	FORM APPROVED
SEE INSTRUCTIONS ON REVERS	Expires: December 31, 20
1_ This small miner waiver is filed for the assessment year beginning at noon	
<ol> <li>2_ The undersigned and all related parties owned ten or fewer mining claims. States of America on September 1,2005.</li> <li>3_ The undersigned have performed the assessment work required by law fo filing this form; an affidavit of assessment work must be recorded by the I</li> <li>4_ The undersigned understand that if the assessment work obligation has no year only); a notice of intent to hold reciting this condition must be record.</li> <li>5. The undersigned understand that mill and tunnel sites may also be listed up a notice of intent to hold for these sites is required to be recorded by the Definition.</li> </ol>	s, mill, or tunnel sites located and maintained on Federal lands in the or each mining claim listed <b>prior to filing this waiver</b> and understand December 30th following the filing of this waiver. by yet come due under 30 U.S.C. 28 (for those claims in their first as and by the December 30th following the filing of this waiver. pon this waiver and be waived from payment of the maintenance fee; ecember 30th immediately following the filing of this waiver.
<ol> <li>6. The undersigned understand and acknowledge that pursuant to 43 U.S.C fraudulent document with the Bureau of Land Management may result in a</li> <li>7. The mining claims, mill or tunnel sites for which this waiver from payment</li> </ol>	a fine of up to \$250,000, a prison term not to exceed five years, or bot
CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUM
1.	
2.	
3.	
4.	
5.	
6.	
7. X	
8.	
9.	
10.	
The owner(s) (claimants) of the above mining claims and sites are:	
(Owner's Name - Please Print)	
(evider 5 France - Fredse F Finit)	(Owner's Signature)
(Street or P.O. Box)	
(City) (State) / (Zip Code)	
(Owner's Name - Please Print)	
(Owner's Name - Flease Frinc)	(Owner's Signature)
(Street or P.O. Box)	
(City) (State) (Zip Code)	
(Owner's Name - Please Print)	(Owner's Signature)
(Street or P.O. Box)	
(City) (State) (Zip Code)	
(City) (State) (Zip Code)	

(Owner's Name - Please Print)	(Own	er's Signature)	
(Street or P.O. Box)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owne	er's Signature)	
(Street or P.O. Box)	(City)		
	(Спу)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owne	er's Signature)	
(Street or P.O. Box)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owner	r's Signature)	
(Street or P.O. Box)	(City)		
INSTI	RUCTIONS	(State)	(Zip Code)
<ol> <li>This certification is made under the provisions of § 1744 of Title 43 and § 28- 28k of Title 30 of the United States Code; and the regulations thereunder (43 CFR Part 3830).</li> <li>The claimant(s) must fill in the dates in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought.</li> <li>The claimant(s) must fill in the date in paragraph 2 for the beginning of the assessment year for which this waiver is sought.</li> <li>All claim and site names and Bureau of Land Management (BLM) serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.</li> <li>All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.</li> <li>This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver.</li> </ol>	<ol> <li>This form must be filed no la assessment year in the BLM Stat recorded, or the waiver cannot be waiver for the assessment year 2 1999, you must qualify for and 1999, in the proper BLM State Off</li> <li>For all mining claims which recaffidavit of labor on or before the filing of this waiver. For all oth record a notice of intent to hold a following the filing of this waiver.</li> <li>Mill and tunnel sites may also be payment of the maintenance fee. required to be filed by the December of the second se</li></ol>	2000, which begins at not file for a waiver no later fice). quire assessment work, yu e December 30th immedi er mining claims or sites on or before the Decembe	Additional and a september 1, than September 1, than September 1, and a september 1, and a september 1, and a september 1, and a september 2, and
NOTICE/BURDEN	HOURS STATEMENT		
The Privacy Act of 1974, as amended, and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with the information required by this certification of waiver from rental fees. <b>AUTHORITY:</b> 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830. <b>PRINCIPLE PURPOSE:</b> This information is to be used to verify that the owner(s) (claimants) of a mining claim has complied with 30 U.S.C. 28f and is entitled to perform assessment work in lieu of paying the maintenance fee for the mining claims listed on this form.	The Paperwork Reduction Act of 1995 This information is being collected to for a waiver from the payment of \$10 established in 30 U.S.C. 28f and the im response to this request is required in benefit. BLM would like you to know that you Federal agency-sponsored information of OMB control number.	allow the BLM to determ 0 per mining claim or sin pplementing regulations a accordance with the stat	nine if you qualify te maintenance fee t 43 CFR 3830. A ute to obtain your
<b>ROUTINE USE:</b> (1)Adjudication of the claimant(s) certification of waiver from paying the maintenance fee otherwise required by 30 U.S.C. 28f. (2) Disclosure may be made to appropriate Federal agencies when location is made within the agency's geographic area of responsibility. (3) Information from the record and/or the record will be transferred to the appropriate Federal, State, or local agency, or a member of the public in response to a specific request for pertinent information. (4) Information may also be provided to the Department of Justice or in a proceeding before a court or adjudicative body; or to Federal, State, local or	Public reporting burden for this form hours) per response, including time maintaining data, and completing an regarding this burden estimate, or ar Department of the Interior, Bureau o Information Collection Clearance Office St, N.W., Washington, D.C. 20240.	d reviewing the form. y other aspect of this f	Direct comments form, to the U.S.
EFFECT OF NOT PROVIDING INFORMATION: Disclosure of this nformation is required by 30 U.S.C. 28f and 43 CFR Part 3830 for those qualified laimants wishing to take the small miner waiver allowed. Failure to supply the nformation required in this form to support the claimants certification of waiver		µS 9UA 2005 ₩ 78483049	
being disallowed and the mining claims subject to forfeiture by BLM under 30 U.S.C. 28i.	TE OFFICE	RECEIV B.L.M. AZ STA	

## United States Department of the Interior Bureau of Land Management

BUSINESS & SUPPORT SVCS DIV 222 N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: (602) 417-9200

	R	eceipt		
No:		11364	435	

Transaction #: 1175574	
Date of Transaction: 08/24/2005	
CUSTOMER: ALBERT E HECK	
BOX 1458	
KEARNY,AZ 85237	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) CASES: AMC353276/\$250.00	MAINT 2006 - 2	- n/a -	250.00
2	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) CASES: AMC353276/\$45.00	WAIVER/POL 2005 - 9	- n/a -	45.00

1 AMOUN	NT: \$295.00	POSTMARKED: N/A
IXI	PE: CHECK	RECEIVED: 08/24/2005
CHECK N	<b>IO:</b> 8611	
NAN	1E: HECK, ALBERT E BOX 1458	

REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

# **MAINTENANCE FEE PAYMENT**



Mining Claim Maintenance Fee Payment of \$100 per claim or site is due on or before September 1, 20 04, in lieu of assessment work for the upcoming assessment year beginning September 1 of the year noted above.

BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE 222 NORTH CENTRAL AVENUE PHOENIX, AZ 85004 602-417-9200 www.az.blm.gov	FOR BLM USE ONLY NO. OF CLAIMS:X \$100 = \$X RECEIPT NO.:X CHECK NO.: INIT:					
BLM SERIAL NUMBERS	NAME OF CLAIMS/SITES	COUNTY BOOK/DOCKET & PAGE OR FEE NUMBER				
1. AMC <u>353276</u>	Chippewa	3724/47				
2. AMC <u>353275</u>	Sioux	3724/48				
3. AMC						
4. AMC						
5. AMC						
6. AMC						
7. AMC						
8. AMC						
9. AMC						
10. AMC						
List additional claims on the reverse side						
CLAIMANT'S NAME: Mary Larman	S A CHANGE OF ADDRESS					
ADDRESS: PO Box 1458		이 집에 가슴을 가 많다.				
CITY: <u>Kearny</u> STATE: PHONE: <u>520-363-7588</u> . Signature: <u>Bernice</u>	in the second	PHOENIX, ANDENIX, ANIZONA STATE OFFICE ANDZIAA				
To record with the County, one claimant of agent must sign.	pr an 🗸 🗸	·BLM′ DATE STAMP				
	191					
		ZDE 8/30/04				

NAME: Mary Larman		ADDRESS:	PO Box	1458		
CITY: <u>Kearny</u>	STATE:	AZ	_ ZIP: <u>852</u>	37	IS THIS A NEW ADDRESS	
NAME:		ADDRESS: _				
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NAME:		ADDRESS:		<u>,</u>	· · · · · · · · · · · · · · · · · · ·	
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CITY:						
				. <del></del>	FOR BLM USE ONLY	
					INTO COMPUTER: VERIFIED:	
August 28, 2002						

۲

# **BERNICE HECK**

PO Box 1458 Kearny, AZ 85237 520-363-7588

August 1, 2004

To whom it may concern:

Please send me a copy of the Maintenance Fee Payment form.

Sincerely,

Jennice Black

AUG يــــ >ö 80

.....

Albert & Bernice Heck P.O. Box 1458 Kearny, Arizona 85237





2004 AUG 17 A 10.08

LAND

Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203

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United States Department of the Interior Bureau of Land Management BUSINESS & SUPPORT SVCS DIV	Receipt		
222 N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: (602) 417-9200	No:	931651	
Transaction #: 965919 Date of Transaction: 08/18/2004			
CUSTOMER: ALBERT E HECK BOX 1458			

KEARNY, AZ 85237

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
T	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) CASES: AMC353276/\$250.00	MAINT 2005 (2)	- n/a -	250.00
		CASES: AMC353276/\$250.00		TO	TOTAL:

		PAYMENT INFORMA	TION	
1	AMOUNT:	\$250.00	POSTMARKED:	08/16/2004
	TYPE:	CHECK	RECEIVED:	08/17/2004
	CHECK NO:	8376		
		HECK, BERNICE S BOX 1458 KEARNY AZ 85237		

#### REMARKS

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

Receipt

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Bernice Heck P.O. Box 1458 Nearmy, of 85237

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FEE		
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/ 4 \$ N	AINTENANCE FEE	PAYME

3619377 BK 4064 PG 349 Yavapai County, Arizona Patsy Jenney-Colon, Recorder 08/19/2003 12:45P PAGE 1 0F 2 BERNICE HECK RECORDING FEE 5.00 SURCHARGE 8.00 POSTAGE 1.00

#### ENT

Mining Claim Maintenance Fee Payment of \$100 per claim or site is due on or before September 1, 2003, in lieu of assessment work for the upcoming assessment year beginning September 1 of the year noted above.

BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE 222 NORTH CENTRAL AVENUE PHOENIX, AZ 85004 602-417-9200 www.az.blm.gov	NO. OF CLAIMS:	LM USE ONLY X \$100 = \$ <u>200</u> CHECK NO.:
BLM SERIAL NAMI NUMBERS	e of claims/sites	COUNTY BOOK/DOCKET & PAGE OR FEE NUMBER
1. AMC 353276 Chi	ippewa	3724/47
2. AMC 353275 Sic	oux	3724/48
3. AMC		
4. AMC		
5. AMC	······	
6. AMC		
7. AMC		
8. AMC		
9. AMC		
10. AMC		······
List additional claims on the reverse side of this t		
CLAIMANT'S NAME: Mary Larman		
ADDRESS: P.O. Box 1458		
CITY: Kearny STATE: AZ	ZIP:85237	
PHONE: <u>520-363-7588</u> Signature: <u>Demice Dece</u> To record with the County, one claimant or an agent must sign.		LAND MANAGEMENT LAND MANAGEMENT DURE ALL OF BLM DATE REFIGE BLM DATE REFIGE

PAGE 2 OF 2 BK 4064 PG 349 FEE#3619377

NAME: <u>Mary Larman</u>		ADDRESS:	P.O. Box 1	458	
CITY: Kearny	STATE: _	AZ	ZIP: 85237	IS THIS A NEW ADDRESS	
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CITY:					
NAME:		ADDRESS: _			
CITY:					
NAME:		ADDRESS: _			
CITY:					
				FOR BLM USE ONLY	
			DATE ENTER	ED INTO COMPUTER:	
			INITIALS:	VERIFIED:	

August 28, 2002

AMC 353275

BERNICE HECK P.O. Box 1458 Kearny, AZ 85237 520-363-7588

August 18, 2003

2000

To Whom it may concern;

Please send me a copy of the Maintenance Fee Payment form.

Sincerely,

Bernice Heck

2003 AUG 22 A 11: 02



United States Department of the Inte Bureau of Land Management BUSINESS & SUPPORT SVCS DIV 222 N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: (602) 417-9200	erior Receipt No: 736783
Transaction #: 766279 Date of Transaction: 08/22/2003	
CUSTOMER: BERNICE S HECK BOX 1458 KEARNY,AZ 85237	

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) <b>CASES:</b> AMC353276/\$200.00	MAINT 2004 (2)	- n/a -	200.00
; ;			ΤΟΤ	'AL: \$2	200.00

a a New A	an a	PAYMENT INFORMATION		
1	AMOUNT:	\$200.00	POSTMARKED:	08/20/2003
	TYPE:	CHECK	RECEIVED:	08/22/2003
	CHECK NO:	8230	999, 999 999 999 999 999 999 999 999 99	
		HECK, ALBERT BOX 1458 KEARNY AZ 85237		

REMARKS	

This receipt was generated by the automated BLM Collections and Billing System and is a paper representation of a portion of the official electronic record contained therein.

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Receipt No.	533721
Trans No.	558042

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two and Jack Inco	<b>F</b> 11	-	TT	9

AMC Number	Code	Amount
353275-353276	482	200.00
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OTAL:	YXY	\$/////
Date of Doc 8502	2	
Date of Rec't 8607		
Amount Rec'd	0	
Amount Earned 200-00	:	
480 POL 481 NOI 482 MAINT 396 TRANS 635 AMEND		

AMC Number		Code	Amount
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TOTAL:			<b>S</b>
Date Entered:	0111 10	2TK	
Date Verified:	8/20/02 a	B	
Date Verified:	8/20/02 aE	3	· ·
Date Earned:			
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22JMF

## MAINTENANCE FEE PAYMENT Sept. 01,2001

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IN LIEU O	ENANCE FEE PAYMENT DUI F ASSESSMENT WORK FOR EGINNING SEPTEMBER 1 OI	THE UPCOMING ASSESS	MENT
BUREAU OF LAND MAN ARIZONA STATE OFFICE 222 NORTH CENTRAL AV PHOENIX, AZ 85004-2003	e Venue ,	COUNT: 2 \$ 20 FOR OFFICIAL USE ONL	
THE CLAIMS ARE SITUA	TED IN AVA Pai COUNTY,	ARIZONA.	
BLM SERIAL NUMBERS	/	S OF CLAIMS OR SITES	
а мс <u>353275</u> тн соинту воок/dock	RU A MC <u>353276</u> ЕТ <u>3724</u> , PAGE(S) OR FEE	NO(S) 47+48	
А МСТН СОUNTY ВООК/ДОСК	RU A MC, PAGE(S) OR FEE	NO(S)	
	VE NUMBERS LIST SEPARATELY	BELOW:	
	NAME OF CLAIMS/SITES	COUNTY BOOK/DOCKET OR FEE NU	
л мс <u>353276</u>	Chippewa. Sioux	372.4/4	17
л мс <u>353275</u>	Sioux	3724/4	8
A MC			
А МС			
A MC		· .	
А МС			
CLAIMANT'S NAME:	Mary Larman		
ADDRESS: P.O. Bo	21458 CITY: HIS IS A PHONE: (520) 3	Kearny VNOZINST	ATTU AL
CHECK HERE IF T CHANGE OF ADD	HIS IS A PHONE: (520) 3 RESS		
SIGNATURE: TO RECORD WITH THE COUNT	Y, ONE CLAIMANT OR THE AGENT MUS		
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43 C	FR 3833.0-5(c) (August 30, 1994)	REQUIRES T	HAT THE NAMES OF ALL	OF THE OWNERS AND T	HEIR
CON	RENT ADDRESSES SHALL BE FILED BY THE REGULATIONS	IDENTIFIED	ON ALL INSTRUMENTS R	REQUIRED TO BE RECOR	DED
	ΛA	i		!	
	IMANT'S NAME: //arv RESS: P.O. Bax 1458	Larm	CITY: Kearny		
$\square$	CHECK HERE IF THIS	PHONE: (.5	20) 363-75818	STATE: <u>A z</u> . ZIP: <u>85237</u> IS	:
L]	CHANGE OF ADDRESS				,
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To Whom it may concern; Please send us a copy of the MAINTENANCE FEE PAYMENT form. Thank You.

Mary Larman P.O. Box 1458 Kearny, Arizona 85237

Sincerely, ary x



#### MAINTENANCE FEE PAYMENT

Sept. 01,2003 \$100.00 MAINTENANCE FEE PAYMENT DUE ON OR BEFORE AUGUST 31, 19-IN LIEU OF ASSESSMENT WORK FOR THE UPCOMING ASSESSMENT YEAR BEGINNING SEPTEMBER 1 OF THE YEAR NOTED ABOVE. BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE 200 222 NORTH CENTRAL AVENUE PHOENIX, AZ 85004-2003 COUNT: s\_200 INT FOR OFFICIAL USE ONLY THE CLAIMS ARE SITUATED IN AVAPAL COUNTY, ARIZONA. BLM SERIAL NUMBERS NAMES OF CLAIMS OR SITES A MC <u>353275</u> THRU A MC <u>353276</u> COUNTY BOOK/DOCKET <u>3724</u>, PAGE(S) OR FEE NO(S) <u>47+48</u> A MC \_THRU A MC \_\_\_ COUNTY BOOK/DOCKET \_\_\_\_, PAGE(S) OR FEE NO(S) (OR) IF NOT CONSECUTIVE NUMBERS LIST SEPARATELY BELOW: COUNTY BLM BOOK/DOCKET & PAGE SERIAL NUMBERS NAME OF CLAIMS/SITES OR FEE NUMBER л мс 353276 ppeura Ch: A MC 353775

A MC A MC \_ A MC A MC A MC A MC A MC A MC \_\_\_\_ A MC A MĆ CLAIMANT'S NAME: Mary Larman ADDRESS: P. C. Box 1458 CITY: Kearny \_\_\_\_\_ STATE: <u>A.z</u>-\_\_\_\_\_ZI<u>P; 8523</u>7 PHONE: (521) 363-7528 CHECK HERE IF THIS IS A CHANGE OF ADDRESS TIME STAMP SIGNATURE: ŝ TO RECORD WITH THE COUNTY, ONE CLAIMANT OR THE AGENT MUST SIGN -LIST ALL ADDITIONAL OWNERS ON REVERSE SIDE OF THIS FORM FOR OFFICIAL USE ONLY ENTERED INTO COMPUTER: \_\_\_\_\_\_

INITIALS

VERIFIED

# 43 CFR 3833.0-5(c) (August 30, 1994) REQUIRES THAT THE NAMES OF ALL OF THE OWNERS AND THEIR CURRENT ADDRESSES SHALL BE IDENTIFIED ON ALL INSTRUMENTS REQUIRED TO BE RECORDED OR FILED BY THE REGULATIONS, 43 CFR SUBPART 3833.

CLAIMANT'S NAME: MaryADDRESS:  $\underline{P.O. Box 1453}$ CHECK HERE IF THIS Larman CITY: Kearny PHONE: (520) 36 3-758 3 STATE: <u>A</u>\_\_\_\_ ZIP: <u>23237</u> IS CHANGE OF ADDRESS CLAIMANT'S NAME:\_\_\_\_ ADDRESS:\_ \_ CITY:\_\_ STATE: CHECK HERE IF THIS PHONE: ( ) ZIP: IS CHANGE OF ADDRESS CLAIMANT'S NAME:\_ ADDRESS: CITY:\_\_ STATE: \_\_\_\_ CHECK HERE IF THIS PHONE: ( ) \_ ZIP:\_\_ IS CHANGE OF ADDRESS CLAIMANT'S NAME:\_ ADDRESS: \_ CITY:\_ STATE: CHECK HERE IF THIS PHONE: ( ) ZIP: \_IS CHANGE OF ADDRESS CLAIMANT'S NAME:\_\_\_\_ ADDRESS:\_\_ CITY: \_ STATE: \_\_\_\_\_ CHECK HERE IF THIS PHONE: ( ZIP: ) IS CHANGE OF ADDRESS CLAIMANT'S NAME:\_\_\_\_ ADDRESS:\_ \_ CITY:\_\_\_ STATE: CHECK HERE IF THIS PHONE: ( ) ZIP:\_ IS CHANGE OF ADDRESS CLAIMANT'S NAME:\_\_\_\_\_ ADDRESS:\_ \_\_ CITY:\_\_\_ \_ STATE: \_\_\_\_ CHECK HERE IF THIS PHONE: ( ZIP: ) IS CHANGE OF ADDRESS CLAIMANT'S NAME:\_\_\_\_ ADDRESS: CITY:\_\_ \_ STATE: \_ CHECK HERE IF THIS PHONE: ( ZIP: IS CHANGE OF ADDRESS

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#### United States Department of the Interior Bureau of Land Management BUSINESS & SUPPORT SVCS DIV 222 N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: (602) 417-9200

and the second second second		
No:	533721	

Transaction #: 558042 Date of Transaction: 08/05/2002

CUSTOMER:	MARY LARMAN
and the second se	BOX 1458
	KEARNY, AZ 85237

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) CASES: AMC353276/\$200.00	MAINT 2003 (2)	- n/a -	200.00
			TOTAL	: \$	200.00

		PAYMENT INFORMATIC	N	
1	AMOUNT:	\$200.00	POSTMARKED:	08/02/2002
	TYPE:	CHECK	RECEIVED:	08/05/2002
	CHECK NO:	04577062004		*******
		HECK, BERNICE BOX 1458 KEARNY AZ 85237		

REMARKS

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Receipt No.	369047
Trans No.	383636



35327

AMC Number	Code	Amount
363278-353276	482	20000
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OTAL:		\$ LAND
Date of Doc 8174101		
Date of Rec't 8730		
Amount Rec'd00.00		
Amount Earned		*
480 POL 481 NOJ 482 MAINT 396 TRANS 635 AMEND		

AMC Number	Code	Amount
-		
:		
FOTAL:		\$

Date Entered: 10/5/01 Date Verified:

fuic fermeu.\_

Sent to Accts: \_\_\_\_\_

Date Earned: \_\_\_\_\_

NOTES:

## MAINTENANCE FEE PAYMENT

\$100.00 MAINTENANCE FEE PAYMENT DUE ON OR BEFORE SEP 01.2000 IN LIEU OF ASSESSMENT WORK FOR THE UPCOMING ASSESSMENT YEAR BEGINNING SEPTEMBER 1 OF THE YEAR NOTED ABOVE.

	Construction of the local data and the second
Bureau Of Land Management Arizona State Office 222 North Central Avenue Phoenix, AZ. 85004-2203	200
Phoenix, AZ. 85004-2203 THE CLAIMS ARE SITUATED IN <u>avapai</u> COUNTY, COUNT: <u>FOR OFFICIAL</u> ARIZONA.	USE ONLY
BLM SERIAL NUMBERS NAMES OF CLAIMS OR S	ITES
A MC <u>3.5.3.27.5</u> THRU A MC <u>3.53.276</u>	
COUNTY BOOK/DOCKET 3724 PAGE(S) OR FEE NO(S) 47	248
A MCTHRU A MC	
COUNTY BOOK/DOCKET, PAGE(S) OR FEE NO(S)	
(OR) IF NOT CONSECUTIVE NUMBERS LIST SEPARATELY BELOW:	
BLM SERIAL NUMBERS NAME OF CLAIMS/SITES	COUNTY BOOK/DOCKET & PAGE OR FEE NUMBER
AMC.353276 С.h. pewa	3724/47
амс <u>353276 С. реша</u> амс <u>353275 Sioux</u>	3724/48
A MC	
CLAIMANT'S NAME: Mary Larman	
CLAIMANT'S NAME: Mary Larman ADDRESS: P.O. Box 1458 CITY: Kear	<u>из у</u> STATE: <u>А</u>
CHECK HERE IF THIS PHONE: $(5-20)$ $363-7588$ IS A CHANGE OF ADDRESS	ZIP: 8523
SIGNATURE: <u>Mary Laboration</u> TO RECORD WITH THE COUNTY, ONE CLAIMANT OR THE AGENT MUST SIGN	TIME STAMP 00. 11 10 LZ 01 11 91
LIST ALL ADDITIONAL OWNERS ON REVERSE SIDE OF THIS FORM FOR OFFICIAL USE ONLY	RECEIVED RECEIVED RECEIVED
ENTERED INTO COMPUTER: 8/17/00 / INITIALS VERIFIED	Carrier of

43 CFR 3833.0-5(e) (August 30, 1994) REQUIRES THAT THE NAMES OF ALL OF THE OWNERS AND THEIR CURRENT ADDRESSES SHALL BE IDENTIFIED ON ALL INSTRUMENTS REQUIRED TO BE RECORDED OR FILED BY THE REGULATIONS, 43 CFR SUBPART 3833.

1

CLAIMANT'S NAME: Mary	1 Larmar	2	<u></u>	
ADDRESS: P.O. Box 1	458	CITY: Kearny		STATE: <u>4.2</u>
CHECK HERE IF THIS IS CHANGE OF ADDRES	PHONE: <u>(5</u> 2	10) 363-7588	ZIP:_	85237
CLAIMANT'S NAME:				
ADDRESS:	· •			STATE:
CHECK HERE IF THIS IS CHANGE OF ADDRES	PHONE: <u>(</u> S	)	ZIP:_	
CLAIMANT'S NAME:		. •	•	
ADDRESS:		CITY:		STATE:
CHECK HERE IF THIS IS CHANGE OF ADDRES	PHONE: (	)	ZIP:_	
CLAIMANT'S NAME:		·		
ADDRESS:				STATE:
CHECK HERE IF THIS IS CHANGE OF ADDRESS	PHONE: (	<b>)</b>		
CLAIMANT'S NAME:				
ADDRESS:		CITY:		STATE:
CHECK HERE IF THIS IS CHANGE OF ADDRESS	PHONE: (	)		
CLAIMANT'S NAME:				
ADDRESS:				
CHECK HERE IF THIS IS CHANGE OF ADDRESS	PHONE: (		ZIP:	
CLAIMANT'S NAME:			•	
ADDRESS:		CITY:		STATE:
		)		

L CHECK HERE IF THIS IS CHANGE OF ADDRESS 3

To Whom it may Concern; Please send me a copy of the Maintenance Lee Payment 4 Sincerely Bernice Heck Mrs. Bernice Heck P.O. Box 1458 Kearny, AZ 85237 106 11 10 PH FIS 01

United States Department of the Interior Bureau of Land Management BUSINESS & SUPPORT SVCS DIV 222 N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: (602) 417-9200		Receipt				
		No:	3650	)47		
Transac Date of		383656 ction: 08/25	/2001			
	С	USTOMER:	MARY LARMAN BOX 1458 KEARNY,AZ 85237			
LINE #	QTY	COMMOD	ITY / SUBJECT / ACTION / PRODUCT	REMARKS	UNIT PRICE	TOTAL
1 1.00 LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) (2)			MAINT 2002 (2)	- n/a -	\$200.00	
					TOTAL:	\$200.00

2

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		PAYMENT INFORMAT	ION	
1	AMOUNT:	\$200.00	POSTMARKED:	08/21/2001
	TYPE:	CHECK	RECEIVED:	08/24/2001
	CHECK NO:	7990		
		LARMAN, EULIS G BOX 1458 KEARNY AZ 85237		

#### REMARKS

#### PHONE: SEE DOC

		CASE SERIAL NUMBER INFORMATION
TRNS #	LINE #	CASES
383656	1	AMC353275/\$200.00

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## NOTICE!!

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GPO Jacket No. 560-102 Print Order 61540 Rise Business Services, LLC Job=AZ15 7/2/2019

Box Number= AZ15138

### 

#### Claim Begin-End: AMC353275-AMC353276

5 Miscellaneous



AZ15138-3 AMC353193-AMC353776

CONVERSATION RECO	тіме 10:00А	A.M.	DATE 03/27/2000	
TYPECONFERENCE				PHONE INCOMING
Location of Visit/Conference:				<u>X</u> OUTGOING
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU MARY LARMAN	ORGANIZATION (office, de etc.)	pt., bureau,	теlерноі 903-364	
SUBJECT	- <b>-</b>			
ADDRESS				
SUMMARY				
HER NEW CLAIM LETTER WAS RET	URNED TO THE BLM	AS UNDELI	VERABL	LE AS
ADDRESSED. HER NEW ADDRESS I	S:			
MARY LARMAN				
1220 BREWER RD.				
VAN ALSTYNE, TX 75495				
				,
	- u .			
<u> </u>				
ACTION REQUIRED				
NAME OF PERSON DOCUMENTING CONVERSATION Lea R. Lucy	SIGNATURE			DATE 03/27/2000
ACTION TAKEN				

#### United States Department of the Interior BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE 222 North Central Avenue Phoenix, Arizona 85004-2203

March 16, 2000

In Reply Refer To: 3800 (952.3)

CLAIMANT(S):	Mary Larman
	Rt. 1 Box 173E
	Van Alstyne, TX 75495

The enclosed claim index is provided to identify the owner's name, address, and AMC number assigned to the claim(s). If the name and/or address is incorrect, please advise.

If you have any questions, please call Mining Claims Adjudication at (602) 417-9518.

Enclosure

%Interest

#### DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** Serial Register Page - Live Data - Mining Claim

01 05-10-1872;017STAT0091;30USC26,28,34 Casetype 384101:LODE CLAIM Claim Name: SIOUX Commodity : **Case Disposition: ACTIVE** 

Serial Number AMC353275

Int Rel

CLAIMANT

Name & Address LARMAN MARY RT 1 BOX 173E VAN ALSTYNE TX 75495

<u>MerTwp Rng Sec</u>	Quadrant	District/Resource Area	County
14 0130N 0030W 017	NW	PHOENIX FIELD OFFICE	YAVAPAI
14 0130N 0030W 018	NE	PHOENIX FIELD OFFICE	YAVAPAI

Act Date	Code	Action	Action Remarks
12/28/1999	403	LOCATION DATE	
01/31/2000	395	RECORDATION NOTICE RECD	
01/31/2000	482	RENTAL/MAINTENANCE FEE	2000
01/31/2000	501	ACCT ADV IN LEAD FILE	AMC353275-353276;
01/31/2000	669	LAND STATUS CHECKED	almood
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		and the second sec	
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#### DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** Serial Register Page - Live Data - Mining Claim

01 05-10-1872;017STAT0091;30USC26,28,34 Casetype 384101:LODE CLAIM Claim Name: CHIPPEWA Commodity : **Case Disposition: ACTIVE** 

Serial Number AMC353276

Name & Address			Int Rel	%Interest
LARMAN MARY	RT 1 BOX 173E	VAN ALSTYNE TX 75495	CLAIMANT	

MerTwp Rng Sec	Quadrant	District/Resource Area	County
14 0130N 0030W 017	NW	PHOENIX FIELD OFFICE	YAVAPAI
14 0130N 0030W 018	NE	PHOENIX FIELD OFFICE	YAVAPAI

Act Date	_Code	Action	Action Remarks
12/28/1999	403	LOCATION DATE	
01/31/2000	395	RECORDATION NOTICE RECD	
01/31/2000	482	RENTAL/MAINTENANCE FEE	2000
01/31/2000	501	ACCT ADV IN LEAD FILE	AMC353275;
01/31/2000	669	LAND STATUS CHECKED	

	11 5	05		
Receipt #:	 101	2	14	

Lead #:\_\_\_\_

353275

Amount Received: 200.00

Date: 8/11/00

Transaction #: \_\_\_\_\_ 180332-

AMC #	Code	\$\$\$\$\$
353275 - 353276	482	200

AMC #	Code	\$\$\$\$\$
5	i.	
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Total: \_ <u>200.0</u>

Entered:

<u>8/17/00</u> Date

P-18-00 Date Verified: 10

Sent to Accounts: 8-18-00 Date

Earned by Accounts:\_\_

480----\$5 481----\$5

482----\$100

396----\$5

635----\$5

379----Refund

Date

#### UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE

IN REPLY REFER TO: AMC 353275

lemorand	
To:	Case File
From:	
Subject	: Documentation of Telephone Conversation
Name of	Person Contacted: Mary Larman
Telepho	ne Number of Person Contacted: <u>1-903-364-5585</u>
	Contact:
Summary	: her mining claim location
nas	
	of claim. I called re: this, she
wa	nts lode and will send some
	sw-up documentation to that
	ect. She will also record a
	rected notice w/ the county.
	Bounce Rech will perd verification that
2/2000	
HINC	353 275-353276 are to filed as Brow Claims.
	-

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U	Bu	tates Department of the Interior reau of Land Management SINESS & SUPPORT SVCS DIV		Receipt	
		222 N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: (602) 417-9200	No:	64	283
	Transac dity: LC	73310 etion: 01/31/2000 OCATABLE MINERALS Subject: MIN TOMER: MARY LARMAN RT 1, BOX 173E VAN ALSTYNE,TX 75495	ING CLAIMS		
LINE #	QTY	ACTION / PRODUCT	REMARKS	UNIT PRICE	TOTAL
1	2	CERTIFICATE OF LOCATION SVC CHARGE \$10 (1930)		\$10.00	\$20.00
2	2	LOCATION FEE \$25 (1993)		\$25.00	\$50.00
3	2	MAINTENANCE FEE \$100 (1993)		\$100.00	\$200.00
				TOTAL:	\$270.00

		PAYMENT INFORMATIO			
1	AMOUNT:	\$270.00	POSTMARKED:	N/A	
	TYPE:	CHECK		01/31/2	
	CHECK NO:	I			
		LARMAN, MARY RT 1, BOX 173E VAN ALSTYNE TX 75495	ARIZ STATE PHOENIX	FEB 18 10	LAND MAN
			P T R	10	a
a martine		REMARKS			1.1
			ationa Date	ő	

CASE SERIAL NUMBER INFORMATION							
TRNS #	LINE #	CASES					
73310	1	AMC353275, AMC353276					
73310	2	AMC353275 , AMC353276					
73310	3	AMC353275 , AMC353276					

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GPO Jacket No. 560-102 Print Order 61540 Rise Business Services, LLC Job=AZ15 7/2/2019

Box Number= AZ15138

Claim Begin-End: AMC353275-AMC353276

6 Location Notices-Amendments and Supporting Documents



AZ15138-3 AMC353193-AMC353776

MINING CLAIM STATU	JS REPORT		us Checked By: MTP Checked By: GEO Checked By: Preadjudication By: Final Adjudication By:	2/2000
LEAD SERIAL NO. AMC353275	THROUG	H AMC	353276	W1 2000
	\$ \$ \$ \$ \$ \$ \$	Service Fe Claim Mair <b>TOTAL FE</b> Copy Fees	; I Shortage □	3/(01
OVER-THE-COUNTER: D MAIL: D	Timely Filed:	YES of	NO 🗆	
LEGAL DESCRIPTION: $TRS$	T T AL FOREST Ø OTHER □ NO Ø E: YES □	R R R R Na NA Sp Sp NO D	S S S scott me A ecify ecify	
STATUS:  PARTIALLY VOID  O    PRIVATE MINERALS  WITHDRAWN  O    COMMENTS:				

County	Recordation	Inftion:
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•

RECEIVED B.L.M. AZ STATE OFFICE 2000 JAN 31 A 10: 33 PHOENIX, ARIZONA

NOTICE OF MINING CLAIM LOCATION HOST 6
TYPE OF NOTICE: & Location /_/ Amendment /_/ Relocation
TYPE OF CLAIM OR SITE: Placer & Lode // Millsite // Tunnelsite
The name, address and telephone number of the name(s) to be considered owner(s) is: PLEASE PRINT (show additional owners on attached sheet)
Name: <u>Mary Larman</u> Address: <u>RI Box 173 E.</u> City/State/Zip Code: <u>Van Alstyne, Texas 75495</u> Telephone Number (include area code): <u>1-903-364-5585</u>
The name of the claim: <u>Sioux</u>
The date of location is:
The claim is $1500$ feet long and $600$ feet wide. The distance from the location monument to each end of the claim is $750$ feet in a <u>western</u> direction. The <u>NE</u> corner of the claim is $600$ feet in a <u>SE</u> direction
The claim is $1500$ feet long and $600$ feet wide. The distance from the location monument to each end of the claim is $750$ feet in a <u>western</u> direction. The <u>N.E.</u> corner of the claim is <u>600 Acet in a S.E. direction</u>
The claim is $1500$ feet long and $600$ feet wide. The distance from the location monument to each end of the claim is $750$ feet in a <u>easterly</u> direction and $750$ feet in a <u>western</u> direction. The <u>NEE</u> corner of the claim is $600$ feet in a <u>SEE direction</u>
The claim is $1500$ feet long and $600$ feet wide. The distance from the location monument to each end of the claim is $750$ feet in a <u>western</u> direction. The <u>N.E.</u> corner of the claim is $600 \text{ feet in a. S.E. direction}$ from a survey monument or permanent natural object described as <u>Old Worden</u> <u>cabin site. The worth side of the Sioux joins the chipped</u> on the worth The general course of the claim is from the <u>1500 E.W.</u> to the <u>600 N.S</u> The location of the claim is in Section(s) <u>18</u> , Quarter Section(s) <u>N.E.</u> <u></u> , Township(s) <u>13N</u> , Range(s) <u>3W</u> , Gila and Salt
The claim is $1500$ feet long and $600$ feet wide. The distance from the location monument to each end of the claim is $750$ feet in a <u>easterly</u> direction and $750$ feet in a <u>western</u> direction. The <u>N.E.</u> corner of the claim is $600$ feet in a. S.E. direction from a survey monument or permanent natural object described as <u>Old Warden</u> <u>Cabin site. The worth side of the Sioux joins the chipper</u> on the North The general course of the claim is from the <u>1500 E.W.</u> to the <u>600 NS</u> The location of the claim is in Section(s) <u>18</u> , Range(s) <u>3W</u> , Gila and Salt River Meridian, <u>Yavapar</u> County, State of Arizona.
The claim is $1500$ feet long and $600$ feet wide. The distance from the location monument to each end of the claim is $750$ feet in a <u>western</u> direction. The <u>N.E.</u> corner of the claim is $600 \text{ feet in a. S.E. direction}$ from a survey monument or permanent natural object described as <u>Old Worden</u> <u>cabin site. The worth side of the Sioux joins the chipped</u> on the worth The general course of the claim is from the <u>1500 E.W.</u> to the <u>600 N.S</u> The location of the claim is in Section(s) <u>18</u> , Quarter Section(s) <u>N.E.</u> <u></u> , Township(s) <u>13N</u> , Range(s) <u>3W</u> , Gila and Salt
The claim is $1500$ feet long and $600$ feet wide. The distance from the location monument to each end of the claim is $750$ feet in a <u>easterly</u> direction and $750$ feet in a <u>western</u> direction. The <u>N.E.</u> corner of the claim is $600$ feet in a. S.E. direction from a survey monument or permanent natural object described as <u>Old Warden</u> <u>Cabin site. The worth side of the Sioux joins the chipper</u> on the North The general course of the claim is from the <u>1500 E.W.</u> to the <u>600 NS</u> The location of the claim is in Section(s) <u>18</u> , Range(s) <u>3W</u> , Gila and Salt River Meridian, <u>Yavapar</u> County, State of Arizona.

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		RECEIVED
		B.L.M. AZ STATE OFFICE
		2000 JAN 31 A 10: 33
	• • • • • • • • • • • • • • • • • • •	PHOENIX, ARIZONA
	NOTICE OF MINING CLAIM LOCATION	- <u>-</u> -
1	. TYPE OF NOTICE: 🖄 Location /_/ Amendment /_/ Relocation	AND MREC BUR EB 18
2.	TYPE OF CLAIM OR SITE: Placer & Lode /_/ Millsite /_/ Tunnelsite	
3.	The name, address and telephone number of the name(s) to be considered owner(s) PLEASE PRINT (show additional owners on attached sheet)	
	Name: Mary Larman	
	City/State/Zip Code: <u>Van Alstyne</u> , <u>Texas</u> <u>75495</u> Telephone Number (include area codé): <u>1-903-364-5585</u>	
4.	The name of the claim:	
5.	The date of location is: 28 Dec 1999	······································
6.	The claim is $1500$ feet long and <u>600</u> feet wide. The distance monument to each end of the claim is <u>750</u> feet in a <u>Feet in a</u> direction.	te from the location
7.	The Southeast corner of the claim is <u>200 feet</u> in a Want	
	from a survey monument or permanent natural object described as <u>Old Ward</u>	The second se
8.	Sile. The N. sideline Sigur Common 5. Side Ch.	ppeura.
9.	The location of the claim is in Section () to the <u>600</u>	<u> 1 5</u>
	The location of the claim is in Section(s), Township(s), Range(s), Quarter Section(s), Range(s), Rang	N.E.
10.	Is the claim filed under Public Law 2500	_, Ona and Salt
11.	Monument types are white 2x4 stakes	
Date	50m 2000 m	Locator Agent /

1.	The name of the claim is <u>Chippewa</u>
2.	The <u>S.E.</u> corner of the claim is <u>200</u> feet in a <u>Westerly</u> direction to a survey monument or permanent object as described as <u>Old Wardon Cabin site. The</u> <u>M. sideline of Sioux common S. side Chippeura</u>
3.	The type of location monument is $2x4$ post a stane
4.	The bearing and distance between the corners of the claim are beginning at the <u>M.E.</u> corner of the claim, <u>600</u> feet in a <u>southerly</u> direction to the <u>s.E.</u> corner, then <u>1500</u> feet in a <u>westerly</u> direction to the <u>S.M.</u> corner, then <u>600</u> feet in a <u>Mactherly</u> direction to the <u>M.M.</u> corner, then <u>1500</u> feet in a <u>Easterly</u> direction to the point of beginning.

5. Please indicate the distance and bearings between claim corners and a recognized survey monument or landmark. Indicate the distance from the location monument to each end of the claim.



County Recordation Information:

B.L.M. AZ STATE OFFICE 2000 JAN 31 A 10: 33 PHOENIX, ARIZONA

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NOTICE OF MINING CLAIM LOCATION	NO	TICE	OF	MINING	<b>CLAIM</b>	LOCA	TION.
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- 1. TYPE OF NOTICE: M Location /\_/ Amendment /\_/ Relocation
- 2. TYPE OF CLAIM OR SITE: M Placer M Lode /\_/ Millsite /\_/ Tunnelsite
- 3. The name, address and telephone number of the name(s) to be considered owner(s) is: PLEASE PRINT (show additional owners on attached sheet)

Name: <u>Mary Larman</u> Address: <u>RI Box 173 E.</u> City/State/Zip Code: <u>Van Alstyne</u>, <u>Texas</u> 75495 Telephone Number (include area code): <u>1-903-364-5585</u>

- 4. The name of the claim: <u>Sioux</u>
- 5. The date of location is: <u>28 Dec/999</u>
- 6. The claim is 1500 feet long and 600 feet wide. The distance from the location monument to each end of the claim is 750 feet in a <u>easterly</u> direction and 750 feet in a <u>western</u> direction.
- 7. The <u>N.E.</u> corner of the claim is <u>600 Feet in a. S.E. direction</u>

from a survey monument or permanent natural object described as <u>Old Warden</u> <u>Cabin site. The worth side of the Sious joins the chippern</u> on the worth

- 8. The general course of the claim is from the 1.500 E.W. to the 600 N.S
- 9. The location of the claim is in Section(s) <u>18</u>, Quarter Section(s) <u>M.E.</u> \_\_\_\_\_, Township(s) <u>13N</u>, Range(s) <u>3</u>M, Gila and Salt River Meridian, <u>Yavapa.</u> County, State of Arizona.
- 10. Is the claim filed under Public Law 359? /\_/ yes /\_/ no
- 11. Monument types are White 2x4 stakes

1 Locator Date 5 Jan 2000 Signature Mary Larmon / / Agent Only

1.	The name of the claim is
2.	The <u>NE</u> corner of the claim is <u>600</u> feet in a <u>SE</u> direction to a survey monument or permanent object as described as <u>Old Warden cabin site</u> <u>The north side of the Sioux joins the chippers on</u> the north
3.	The type of location monument is $2x4 post$
4.	The bearing and distance between the corners of the claim are beginning at the $\underline{N.E.}$ corner of the claim, $\underline{600}$ feet in a <u>southerly</u> direction to the <u>s.E.</u> corner, then <u>1500</u> feet in a <u>westerly</u> direction to the <u>s.W.</u> corner, then <u>600</u> feet in a <u>westerly</u> direction to the <u>N.W.</u> corner, then
	1500 feet in a <u>Casterly</u> direction to the point of beginning.

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MINING CLAIM LOCATION

5. Please indicate the distance and bearings between claim corners and a recognized survey monument or landmark. Indicate the distance from the location monument to each end of the claim.



County Recordation Information:

RECEIVED B.L.M. AZ STATE OFFICE

2000 JAN 31 A 10: 33

PHOENIX, ARIZONA

#### NOTICE OF MINING CLAIM LOCATION

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- 1. TYPE OF NOTICE: 🔀 Location /\_/ Amendment /\_/ Relocation
- TYPE OF CLAIM OR SITE: My Placer My Lode /\_/ Millsite /\_/ Tunnelsite 2.
- 3. The name, address and telephone number of the name(s) to be considered owner(s) is: PLEASE PRINT (show additional owners on attached sheet)

	Name: Mary Larman
	Address: $R \neq 1' Box 173 \not\in$
	City/State/Zip Code: <u>Van Alstyne, Texas 75495</u> Telephone Number (include area code): <u>1-903-364-5585</u>
4.	The name of the claim: <u>Chippe.wa</u>
5.	The date of location is: <u>28 Dec. 1999</u>
6.	The claim is $1.500$ feet long and $600$ feet wide. The distance from the location monument to each end of the claim is $750$ feet in a $12257$ direction and $12257$ feet in a $12257$ direction and $12257$ direction and $12257$ feet in a $12257$ direction and $12257$ direction and $12257$ feet in a $12257$ direction and $12257$ feet in a $12257$ direction and $12257$ direction and $12257$ feet in a $12257$ direction and $12257$ feet in a $12257$ direction and $12257$ dir
7.	The <u>Southeast</u> corner of the claim is <u>200 feet in a Westerly</u> <u>direction</u> from a survey monument or permanent natural object described as <u>Old Wardon Cabin</u> <u>site. The N. sideline Sioux common S. Side Chippewa</u> .
8.	The general course of the claim is from the <u>1500 E W</u> to the <u>600 M.S</u> .
9.	The location of the claim is in Section(s) 18, Quarter Section(s) <u>N.E.</u> , Township(s) <u>130</u> , Range(s) <u>300</u> , Gila and Salt River Meridian, <u>Yavapai</u> County, State of Arizona.
10.	Is the claim filed under Public Law 359? /_/ yes /_/ no
11.	Monument types are white 2x4 stakes
Da	te 5 Jan 2000 Signature Mary Lormon 1/ Agent Only

	MAP MINING CLAIM LOCATION
1.	The name of the claim is <u>Chippewa</u>
2.	The <u>S.E.</u> corner of the claim is <u>200</u> feet in a <u>Westerly</u> direction to a survey monument or permanent object as described as <u>Old Wardon Cabin site.</u> The <u>M. sideline of Sigux common S. side Chippeura</u>
3.	The type of location monument is $2x4$ post a stone
4.	The bearing and distance between the corners of the claim are beginning at the <u>N.E.</u> corner of the claim, <u>600</u> feet in a <u>southerly</u> direction to the <u>S.E.</u> corner, then <u>1500</u> feet in a <u>westerly</u> direction to the <u>S.W</u> corner, then <u>600</u> feet in a <u>Martherly</u> direction to the <u>M.W</u> corner, then <u>1500</u> feet in a <u>Easterly</u> direction to the point of beginning.

5. Please indicate the distance and bearings between claim corners and a recognized survey monument or landmark. Indicate the distance from the location monument to each end of the claim.



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#### UNITED STATES DEPARTMENT OF INTERIOR BUREAU OF LAND MANAGEMENT GEOGRAPHIC REPORT WITH LAND Sorted by Meridian Township Range

Page: 1

Serial Nur Total Case		007799FD							
<u>Casetype</u>	<u>Case Disp</u>	14	0130N	0030W	<u>SECT</u>	SUR TYP SUR NR	<u>SUF</u>	SUBDIVISION	ACT PEND
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							2	LOT 2, LESS AND EXCEPTING	
							3	THEREFROM PORTIONS OF	

4 MS 4488;

#### Input Parameters for Geographic Report with Land

Admin State: AZ Geographic State: Case Disposition: Case Type: Commodity Code: Pending Action: MTR: MTRS: 14 0130N 0030W 018

**Total Rows Returned: 0** 

NO DATA WAS FOUND FOR QUERY

NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM

## TOWNSHIP 13 NORTH RANGE 3 WEST OF THE GILA AND SALT RIVER MERIDIAN, ARIZONA



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38	13N	3W	12	E'ANE'4. NE'4SE'4		
39	13N	3W	12	SW4 SE4		
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40	13N	3W	14	E'ANE'SW'		
	13N	3₩	14	NW4SE4		
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