

NOTICE!!

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GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/15/2019



Box Number= AZ15053



Claim Begin-End: AMC412584-AMC412586

1 Initial Receipt



AZ15053-3

AMC412566-AMC413285

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:

2483677

Transaction #: 2560337

Date of Transaction: 12/16/2011

ENTERED INTO COMPUTER

CUSTOMER:

DEC 29 2011 *pb*

BEVERLY PAYNE

PO BOX 500

CHLORIDE, AZ 86431-0500 US

LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	3.00	LOCATABLE MINERALS / MINING CLAIMS- NEW, UNADJUD, ONE OR MORE AUTH NOS / NEW MINING CLAIM PROCESSING FEE \$15 CASES: AMC412584/\$15.00, AMC412585/\$15.00, AMC412586/\$15.00		- n/a -	45.00
2	3.00	LOCATABLE MINERALS / MINING CLAIMS- NEW, UNADJUD, ONE OR MORE AUTH NOS / NEW MINING CLAIM LOCATION FEE \$34 CASES: AMC412584/\$34.00, AMC412585/\$34.00, AMC412586/\$34.00		- n/a -	102.00
3	3.00	LOCATABLE MINERALS / MINING CLAIMS- NEW, UNADJUD, ONE OR MORE AUTH NOS / NEW MINING CLAIM MAINT FEE \$140 CASES: AMC412584/\$140.00, AMC412585/\$140.00, AMC412586/\$140.00		- n/a -	420.00
TOTAL:					\$567.00

PAYMENT INFORMATION

1	AMOUNT:	420.00	POSTMARKED:	12/14/2011
	TYPE:	CHECK	RECEIVED:	12/16/2011
	CHECK NO:	3679		
	NAME:	PAYNE, B PO BOX 22 KINGMAN AZ 86402 US		
2	AMOUNT:	147.00	POSTMARKED:	12/14/2011
	TYPE:	CHECK	RECEIVED:	12/16/2011
	CHECK NO:	3680		
	NAME:	PAYNE, B PO BOX 22		

	KINGMAN AZ 86402 US
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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

Claimant Name: Beverly E. Gregg Payne
 Address: PO Box 500
 City: Chloride State: Az Zip: 86431
 Telephone: 928-715-1965
 E-mail address: _____
 Signature: Beverly Payne

☐ Check here if this is a change of address.

BLM
Date
Stamp

2011 JUL 15 PM 2:50

RECEIVED
BLM AZ STATE OFFICE

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	VEW	Juno N	2011062736	24N	18W	33
2	VEW	Juno S	2011062738	24N	18W	33
3	VEW	Juno E	2011062737	24N	18W	33
4						
5						
6						
7						
8						
9						
10						

List additional claims on Form MCF114.

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

No. of Claims: 3 x \$140 = \$420
 Check No: 3679 Init. _____
 Receipt No.: _____
 For BLM Use Only

Form: MCF112
 Revised July 2009

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

MAINTENANCE FEE PAYMENT

Claimant Name: BEVERLY + GREGG PAYNE

Address: PO Box 500

City: CHLORIDE State: AZ Zip: 86431

Telephone: 928-715-1965

E-mail address: _____

Signature: Beverly Payne

☐ Check here if this is a change of address.

BLM
Date
Stamp

2011 OCT 19 PM 2:59

RECEIVED
BLM AZ STATE OFFICE

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	New	Javo N	2011062736	24N	18W	33
2	New	Javo S	2011062738	24N	18W	33
3	New	Javo E	2011062737	24N	18W	33
4						
5						
6						
7						
8						
9		Processing	3 @	F15	45	-0
10		New claims	3 @	F34	102	00

List additional claims on Form MCF114.

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

No. of Claims: 3 x ~~\$140~~ = \$147.00

Check No: 3680 Init. _____

Receipt No.: _____

For BLM Use Only

Form: MCF112

Revised July 2009

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

FEE# 2011062739

OFFICIAL RECORDS
OF MOHAVE COUNTY
CAROL MEIER,
COUNTY RECORDER



12/14/2011 09:52 AM Fee: \$14.00

PAGE: 1 of 2

NOTICE OF INTENTION TO HOLD MINING CLAIMS/SITES

When Recorded Return Document to:

Beverly Payne
PO Box 500
Chloride, Az 86431

BLM
Date
Stamp

RECEIVED
BLM DISTRICT OFFICE
2011 DEC 15 PM 2:59

☐ Check here if this is a change of address.

Telephone: 928-715-1965

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.
☐ 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		Juno N	2011062736	24N	18W	33
2		Juno S	2011062738	24N	18W	33
3		Juno E	2011062737	24N	18W	33
4						
5						
6						
7						
8						
9						
10						

NOTICE OF INTENTION TO HOLD MINING CLAIMS/SITES
page 2

BLM
Date
Stamp

1. State of Arizona, County of Mohave

2. I (Name) Beverly Payne

3. Reside at (Address) 5159 W. Tennessee (location)

City Chloride County Mohave State Az Zip 86431 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).

Beverly Payne - PO Box 500 (mail) Chloride Az 86431

5. Dated: 12/13 Signature: Beverly Payne

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

No. of Claims: 3 x \$10 = \$30.⁰⁰
Check No: _____ Init. _____
Receipt No.: _____
For BLM Use Only

Form: MCF110
Revised Jan. 2006
Page 2 of 2

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GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/15/2019



Box Number= AZ15053



Claim Begin-End: AMC412584-AMC412586

2 Correspondence



AZ15053-3

AMC412566-AMC413285

**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 5/15/2019



Box Number= AZ15053



Claim Begin-End: AMC412584-AMC412586

3 Transfers



AZ15053-3

AMC412566-AMC413285

Gregg Payne
7491 Hwy 238
Jacksonville, OR 97530

August 27, 2020

I, Gregg Payne, am co-owner of the Juno lode claims, Juno North AMC 412586, Juno South AMC 412585 and Juno East AMC 412584 as shown in Mohave County recorded "Location Notice for Lode Mining Claim" documents. I am also sole owner of the patented and deeded Juno Mine property located at 5159 W. Tennessee Ave, since 5/18/16, adjacent to these three lode claims.

I now wish to notice my Intent to Hold, sole ownership and maintenance responsibilities of these aforementioned lode claims, since my mother Beverly Payne unfortunately passed away last year. The claim maintenance fees for years 2020 and 2021 have already been paid online through the BLM Payment Portal.

Attached are the POA for my father Harold Payne, and my mother, Beverly Payne's Death Certificate.

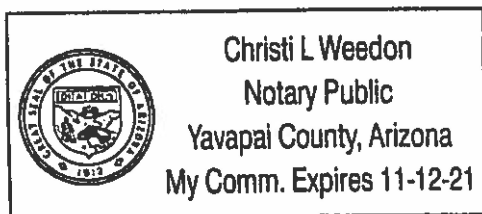
We also need to update our mailing address from Gregg Payne, PO Box 500, Chloride AZ 86431 to:

Gregg Payne
7491 Hwy 238
Jacksonville, OR 97530

Please update our phone contact and call the following number with any questions or if you would like more information:
Gregg Payne, (530) 228-3399.

Best regards,
Gregg Payne

Signature Gregg Payne Date 8/28/20



PHOENIX, ARIZONA

2020 SEP - 8 P 3:18

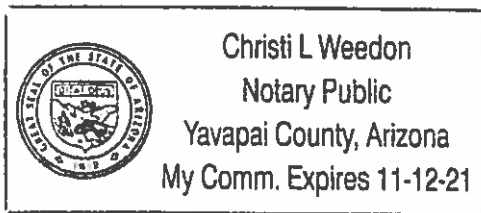
RECEIVED
BLM AZ STATE OFFICE

Acknowledgment for an individual acting as principal by an attorney in fact:

State of Arizona)
County of Yavapai)ss

The foregoing Notice of Intent regarding Juno Mine and the adjacent lode claims was acknowledged before me this 28th day of August, 2020, by Gregg Payne, as attorney in fact on behalf of Harold L. Payne, principal.

(Seal)



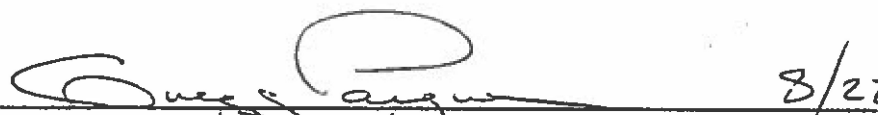
Christi L. Weedon
Notary Public

RECEIVED
BIRMINGHAM STATE OFFICE
2020 SEP - 8 P 3:18
PHOENIX, ARIZONA

August 27, 2020

I, Beverly Payne, hereby relinquish my rights in the following claims: Juno North AMC 412586, Juno South AMC 412585 and Juno East AMC 412584 as shown in Mohave County recorded "Location Notice for Lode Mining Claim" documents.

Signature

 8/27/20

Gregg Payne, Executor of Beverly Payne's Estate and
Power of Attorney for Beverly Payne's spouse, Harold Payne



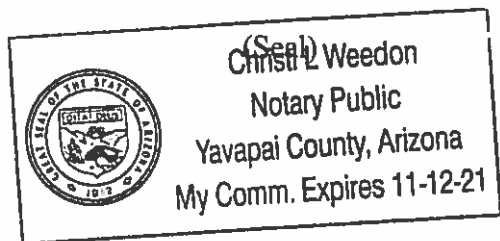
Christi L Weedon
Notary Public
Yavapai County, Arizona
My Comm. Expires 11-12-21

RECEIVED
BLM AZ STATE OFFICE
2020 SEP - 8 P 3:18
PHOENIX, ARIZONA

Acknowledgment by any public officer, trustee, or personal representative:

State of Arizona)
County of Yavapai)

The foregoing notice of requisishment to mining claims was acknowledged before me this 27th day of August, 2020 by Gregg Payne, Representative of the Estate of Beverly Payne.



Christi L. Weedon
Notary Public

RECEIVED
BLM AZ STAFF OFFICE
2020 SEP - 8 P 3:18
PHOENIX, ARIZONA

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

867298

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2019-017034

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Beverly	Middle Ione	Last Payne	Suffix	Death Date June 15, 2019	
	Sex Female		Age 78 years		Social Security Number		County of Death Jackson	
	Birthdate April 29, 1941		Birthplace Grand Haven, Michigan		City/Town Jacksonville		Was Decedent Ever in U.S. Armed Forces? No	
	Residence 7491 Hwy 238		State or Foreign Country Oregon		Zip Code + 4 97530		Inside City Limits? No	
	Residence County Jackson		Spouse's Name - Prior to First Marriage Harold L. Payne					
	Marital Status at Time of Death Married		Mother's Name Prior to First Marriage Adelaide Dorris Vandenberg					
	Father's Name Orin Elza Ressigule		Relationship to Decedent Son		Mailing Address 7491 Hwy 238, Jacksonville, OR 97530			
	Informant's Name Gregg Payne		Telephone Number Not Available					
	Place of Death Decedent's Residence - Hospice		Facility Name					
	Location of Death 7491 Hwy 238		City/Town or Location of Death Jacksonville		State Oregon		Zip Code + 4 97530	
	Method of Disposition Cremation		Place of Disposition Siskiyou Memorial Park Crematory		Location (City/Town and State) Medford, Oregon			
	Name and Complete Address of Funeral Facility Rogue Valley Cremation Service		2040 Milligan Way 201, Medford, Oregon 97504					
	Date of Disposition TBD		Funeral Director's Signature Nicholas W Preboski		Electronically Signed		OR License Number CO-3316	
	Registrar's Signature /S/ Mark Orndoff		Date Received June 21, 2019		Local File Number			
	Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 12:40 PM	
	CAUSE OF DEATH		IMMEDIATE CAUSE		Approximate Interval Onset to Death		Years	
	a. Alzheimer's Dementia							
	b. Due to (or as a consequence of) ↓							
	c. Due to (or as a consequence of) ↓							
	d. Due to (or as a consequence of) ↓							
	Other significant conditions contributing to death							
	Parkinson's Disease;							
	Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? Unknown			
	Date of Injury		Time of Injury		Place of Injury		Injury at Work?	
Location of injury								
Describe how injury occurred				If transportation injury, specify				
Name and Address of Certifier Albert Naumovich Rabinovich		965 Ellendale Drive, Medford, Oregon 97504		Date Signed June 18, 2019				
Name and Title of Attending Physician if Other than Certifier				License Number MD100799				
Medical Certifier /S/ Albert Naumovich Rabinovich		Title of Certifier M.D.						
Amendment								



20190629037

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

June 26, 2019

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER



9
2
WHEN RECORDED RETURN TO:

GREGG PAYNE
530 GAIL GARDNER WAY
PRESCOTT AZ 86305



FEE# 2017031892

OFFICIAL RECORDS
OF MOHAVE COUNTY
KRISTI BLAIR,
COUNTY RECORDER



07/05/2017 04:31 PM Fee: \$14.00

PAGE: 1 of 9

DURABLE GENERAL POWER OF ATTORNEY

Recorded by TICOR TITLE 470317050886

KMC

RECEIVED
BLM A7 STATE OFFICE
2020 SEP - 8 P 3:18
PHOENIX, ARIZONA

DURABLE GENERAL POWER OF ATTORNEY

(FOR MANAGEMENT OF PROPERTY AND PERSONAL AFFAIRS)

I, **Harold L. Payne**, intend to create a Durable Power of Attorney (herein referred to as "this Power"). This Power is effective immediately.

I give my Agent, and my successor Agents, the powers specified in this Power with the understanding that they will be used for my benefit and on my behalf and will be exercised only in a fiduciary capacity.

I. APPOINTMENT

1.A. Designation of Agent. I hereby designate and appoint **Gregg Stephan Payne** as my Attorney-in-Fact (hereinafter referred to in this power of attorney as "my Agent"). If **Gregg Stephan Payne** is unwilling or unable then I appoint **Jennifer L. Payne** to act as my Attorney-in-fact.

II. POWERS

2.A. Enumerated Powers. To exercise or perform any act, power, duty, right or obligation whatsoever that I now have for property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including, without limitation, the following specifically enumerated powers. I grant to my Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation hereby ratifying and confirming all that my Agent shall lawfully do or cause to be done by virtues of this power of attorney and the powers herein granted:

- (1) **Real and Personal Property.** To take any actions for the management or maintenance of any real or personal property in which I own an interest when this Power is executed, or in which I later acquire an interest, including the power to acquire, sell, and convey ownership of property; control the manner in which property is managed, maintained, and used; change the form of title in which property is held; satisfy and grant security interests and other encumbrances on property; accept or remove tenants; collect proceeds generated by property; ensure that any needed repairs are made to property; exercise rights of participation in real estate syndicates or the other real estate ventures; and make improvements to property.
- (2) **Motor Vehicles.** To apply for a Certificate of Title upon, and endorse and transfer title thereof, for any automobile, truck, pickup, van, motorcycle or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment.
- (3) **Financial Institutions.** To take any actions in connection with any financial institution in which I have an account or an interest in an account when this Power is executed, or

which I later acquire an account or an interest in an account, including the power to continue, modify, or terminate existing accounts; open new accounts; draw, endorse, and deposit checks drafts and other negotiable instruments (including, but not limited to, Social Security, government and insurance checks made payable to me); prepare financial statements; and, borrow money. For purposes of this paragraph, the term "financial institution" includes, but is not limited to, banks, trust companies, savings banks, commercial banks, building and loan associations, savings and loan companies or associations, credit unions, industrial loan companies, thrift companies and brokerage firms.

- (4) Safe Deposit Boxes. To have access at any time or times to any safe deposit box rented to me, wheresoever located, and to remove all or party of the contents thereof, and to surrender or relinquish any safe deposit box, and any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result or permitting my attorney to exercise this power.
- (5) Insurance and Annuities. To take any actions with respect to any insurance or annuity contracts in which I have an interest when this Power is executed, or in which I later acquire an interest, including the power to acquire additional insurance coverage of any type or additional annuities; continue existing insurance or annuity contracts; agree to modifications in the terms of insurance or annuity contracts in which I have an interest; borrow against insurance or annuity contracts in which I have an interest, to the extent allowed under the contract terms; change beneficiaries under existing contracts and name beneficiaries under new contracts, including the power to designate my Agent as the beneficiary; receive dividends, proceeds, and other benefits generated by the contract; and transfer interests in insurance or annuity contracts to the extent permitted under the terms of those contracts.
- (6) Beneficial Interests. To take any actions with respect to any probate estate, trust, conservatorship, guardianship, escrow, custodianship, or other fund/entity in which I have a beneficial interest when this Power is executed, or in which I later acquire an interest, including the power to accept, reject, disclaim, receive, receipt for, sell, assign, release, pledge, exchange or consent to a reduction in or modification of a share in or payment from the fund/entity; initiate, participate in, and oppose litigation to ascertain the meaning, validity, or effect of a deed, will, declaration of trust, or other instrument or transaction affecting my interest; initiate, participate in, and oppose litigation to remove, substitute, or surcharge a fiduciary; and conserve, invest, disburse, and use anything received for an authorized purpose.
- (7) Retirement Plans and Benefits. To take any actions to maintain or participate in any retirement plan in which I have an interest when this Power is executed, or in which I later acquire an interest, including the power to select the manner in which benefits under the plan are to be paid; designate beneficiaries under the plan, including the power to designate my Agent as the beneficiary; make voluntary contributions to the plan; make rollovers from one plan into another, and deal in any manner necessary with the Social

Security Administration.

- (8) Claims and Litigation. To take any actions with respect to any claim that I may have or that has been asserted against me and with respect to any legal proceeding in which I have an interest when this Power is executed, or in which I later acquire an interest, including the power to institute, prosecute, and defend legal proceedings and claims on my behalf; file actions to determine adverse claims, seek preliminary, provisional, or intermediate relief on my behalf; apply for the enforcement or satisfaction of judgments that have been rendered in my favor; participate fully in the development of claims and proceedings; submit any dispute in which I have an interest to arbitration; submit and accept settlement offers and participate in settlement negotiations; handle all procedural aspects, such as service of process, filing of appeals, stipulations, verifications, waivers, and all other matters in any way affecting the process of any claim or litigation; and satisfy judgments that have been rendered against me.
- (9) Tax Matters. For any tax year for which the statute of limitations has not run and to the tax year in which this durable power of attorney was executed and any subsequent tax year, to prepare and file any and all documents and take all actions that are necessary or that my Agent believes to be desirable with respect to my local, state, or federal tax liability, including the power to participate in audits; exercise my rights to protest and appeal assessments; pay amounts due to the appropriate taxing authority; execute waivers, consents, closing agreements, and similar documents related to my tax liability; participate in all procedural matters connected with my tax liability; and exercise any elections that may be available to me under applicable state or federal tax laws or regulations.
- (10) Personal and Family Maintenance. To conduct my personal affairs and to discharge any and all obligations I may owe to myself and to my family members and other third party persons who are customarily or legally entitled to my support when this Power is executed, or that are undertaken thereafter, including the power to take steps to ensure that our customary standard of living is maintained; continue existing charge accounts, open new charge accounts, and make payments thereon; provide for transportation; maintain correspondence; prepare, maintain, and preserve personal records and documents; and maintain membership in any social, religious, or professional organization and make contributions thereto.
- (11) Gifts. To make gifts, grants, or other transfers without consideration, of cash or other property, either outright or in trust, including the power to forgive indebtedness and consent to gift splitting under Internal Revenue Code Section 2513 or successor sections. The powers granted under this paragraph shall be exercised, if at all; in favor of my issue, any spouse of my issue and any other of my dependents, including my Agent. Any gifts made pursuant to this paragraph shall not be future interests within the meaning of Internal Revenue Code Section 2503, and the aggregate amount of any gifts made in any one calendar year to any one individual shall not exceed the amount that may be made free of federal gift tax. The limitations in the preceding sentence shall not apply to any

gifts that incur no federal gift tax, such as, for example, gifts that qualify for the unlimited federal gift tax marital deduction or charitable deduction.

- (12) **Transfer to Trust.** To transfer and convey to the Trustee or co-Trustees of the trust agreement hereinabove referenced any or all assets now or at any time or times hereafter standing in my name or representing my interest in assets owned jointly, commonly, or otherwise with any other person or persons, including, without limitation, real estate, ownership rights in insurance policies of all kinds, cash, checks (particularly government and insurance checks), stocks, bonds, securities, and properties of all kinds; and pursuant to such purpose to terminate savings, checking, safekeeping, agency, investment advisory, and custody accounts in my name, alone or with others, at any bank or broker, by directing that all or any part of the balance therein, including all cash, stocks, bonds, and other securities and property, subject to any indebtedness secured thereby, be transferred and delivered to said Trustee or co-Trustees.
- 2.B. **General Grant of Powers.** Except for those actions that conflict with or are limited by another provision in this Power, I give my Agent the power to act as my alter ego with respect to all matters and affairs that are not included in the other provisions in this Power, to the extent that a principal can act through an agent. This paragraph does not authorize my Agent to make health care decisions.
- 2.C. **Incidental Powers.** In connection with the exercise of any of the powers described in the preceding paragraphs, I give my Agent full authority, to the extent that a principal can act through an agent, to take all actions that my Agent believes necessary, proper, or convenient, to the extent that I could take such actions myself, including the power to prepare, execute, and file all documents and maintain records; enter into contracts; hire, discharge, and pay reasonable compensation to attorneys, accountants, expert witnesses, or other assistants, execute, acknowledge, seal, and deliver any instrument.

III. AMPLIFYING PROVISIONS

- 3.A. **Reimbursement for Costs and Expenses.** My Agent shall be entitled to reimbursement from my property for expenditures properly made in the execution of the powers conferred by me in this Power. My Agent shall keep records of any such expenditures and reimbursement.
- 3.B. **Compensation.** My Agent shall be entitled to compensation for the services rendered in the execution of any of the powers conferred by me in this Power. My Agent shall keep records of any such services.
- 3.C. **Reliance by Third Parties.** To induce third parties to rely upon the provisions of this Power, I, for myself and on behalf of my heirs, successors, and assigns, hereby waive any privilege that may attach to information requested by my Agent in the exercise of any of the powers described herein. Moreover, on behalf of my heirs, successors, and assigns, I hereby agree to hold harmless any third party who acts in reliance upon this Power for

damages or liability incurred as a result of that reliance.

- 3.D. **Ratification.** I ratify and confirm all that my Agent does or causes to be done under the authority granted in this Power. All instruments of any sort entered into in any manner by my Agent shall bind me, my estate, my heirs, successors, and assigns.
- 3.E. **Exculpation.** My Agent shall not be liable to me or any of my successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence.

IV. GENERAL PROVISIONS

- 4.A. **Nomination of Conservator.** If proceedings are initiated for the appointment of a conservator of my estate, I hereby nominate my Agent as such conservator. I hereby waive the requirement of a bond.
- 4.B. **Release of Healthcare Information.** I intend for my Agent to be treated as I would regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164. I authorize any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health provider, any insurance company and Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services or that has paid for or is seeking payment from me for such services to give, disclose, and release, either orally or in writing, to my Agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition.
- 4.C. **Photostatic Copies.** Persons dealing with my Agent may rely fully on a photostatic copy of this Power.
- 4.D. **Severability.** If any of the provisions of this Power are found to be invalid for any reason, such invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded.
- 4.E. **Governing Law.** All questions pertaining to validity, interpretation, and administration of this Power shall be determined in accordance with the laws of the State of Arizona.
- 4.F. **Understanding of Document.** I understand that this Power is an important legal document. This document provides my Agent with broad powers to dispose of, sell, convey, and encumber my real and personal property. I have the right to revoke or terminate this Power at any time.

DURABLE HEALTH CARE POWER OF ATTORNEY

Effective Date: October 28, 2014

Effective Place of Execution: STATE OF ARIZONA

I, **Harold L. Payne**, as principal, hereby appoint **Gregg Stephan Payne** as my agent for all matters relating to my health care; including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related health care. This power of attorney is effective on my inability to make or communicate health care decisions. All of my agent's actions under this power during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees and Personal Representatives as if I were alive, competent and acting for myself. If Gregg Stephan Payne is unable or unwilling to act then I appoint **Jennifer L. Payne** as my agent.

In addition to the powers hereinabove set forth, my agent has the full and immediate power and authority to do all of the following:

1. **Intent and Objective.** My intent and objective in executing this Durable Power of Attorney for Health Care is to designate persons whom I trust to make all medical decisions for me when I am physically or mentally unable to make those decisions for myself and to care for me in every way until such time as I am competent to make those decisions for myself. I intend that this document be effective at all times and in every place in the world.

2. **Declaration of Validity at Any Place and Under Any Circumstances.** I declare this to be a Durable Power of Attorney for Health Care under the provisions of any state or country I may be in at the time of my incapacity and that this Durable Power of Attorney for Health Care shall not be affected or revoked by the disability of the Principal.

3. **General Statement of Powers:** I specifically authorize said person to make health care decisions for me if I become incapable of giving informed consent with respect to:

- a. Requesting, receiving, and reviewing any information, verbal or written, regarding my physical condition or mental health, including, but not limited to, medical and hospital records, reports and charts;
- b. Consenting to disclosure of my medical records;
- c. Consenting, refusing to consent, and withdrawing consent to any treatment or care, which is meant to maintain, treat, or diagnose a physical or mental condition;
- d. Consenting to withdrawal or withholding treatment that would keep me alive;
- e. Disposing of my body or body parts as may be permitted by the laws of the state or country, where I may be incapacitated; and

- f. Making all decisions concerning whether I have an autopsy performed and the extent of that autopsy if so chosen.

4. **Specific Powers:** I expressly authorize my agent to:

- a. **Employ and Discharge Others.** Employ and discharge physicians, psychiatrists, dentists, nurses, therapists and other professionals that you, as Agent, may deem necessary for my physical, mental and emotional well-being, and to pay them, or any of them reasonable compensation.
- b. **Consent or Refuse Consent to My Medical Care.** Give or withhold consent to my medical care, surgery or other medical procedures or tests; to arrange for my hospitalization, convalescent care, or home care which I or you, as my agent, may have previously allowed or consent to which may have been guided in making such decisions by what I have told you about my personal preferences regarding such care. Based on those same preferences, you may also summon paramedics or other emergency medical personnel and seek emergency treatment for me or choose not to do so as you deem appropriate given my wishes and my medical status at the time of the decision you are authorized when dealing with hospitals and physicians to sign documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice" as well as any necessary waivers of or releases from liability required by the hospitals or to implement my wishes regarding medical treatment or non-treatment.
- c. **Consent or Refuse Consent to My Psychiatric Care.** Upon the execution of a certificate by two independent psychiatrists who have examined me who are licensed to practice in the state of my residence and in whose opinions I am in immediate need of hospitalization because of mental disorders, alcoholism or drug abuse, to arrange for voluntary admission to appropriate hospital or institution for treatment of the diagnosed problem or disorder; to arrange for private psychiatric and psychological treatment of me; refuse consent for any such hospitalization, institutionalization and private treatment, withdraw or change consent to such hospitalization, institutionalization and private treatment which I or you, as my Agent, may have given at an earlier time.
- d. **Refuse My Life-Prolonging Procedures.** Request that aggressive medical therapy not be instituted or be discontinued including (but not limited to) cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parenteral feeding, the use of respirators or ventilators, blood transfusions, nasogastric tube use, intravenous feeding, endotracheal tube use, antibiotics, and organ transplants. You should try to discuss the specifics of any such decision with me if I am able to communicate with you in any manner, even by blinking my eyes. If I am unconscious, comatose, senile or otherwise unreachable by such communication, you should make the decision guided primarily by any preferences which I may have previously expressed and secondarily by the information given by the physicians treating me as to my medical diagnosis and prognosis. You may specifically request

and concur with the writing of "no-code" (DO NOT RESUSCITATE) order by the attending or treating physician.

- e. **Provide Me Relief from Pain.** Consent to and arrange for the administration of pain-relieving drugs of any type or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction or even hasten the moment of (but not intentionally cause) my death. You may also consent to and arrange for unconventional pain-relief therapies such as biofeedback, guided imagery relaxation therapy, acupuncture or cutaneous stimulation and other therapies which I or you believe may be helpful to me.

5. **Release of Health Information.** Health Insurance Portability and Accountability Act Authorization. I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. My physician or other health care professional is by this document authorized to release any and all individually identifiable health information and any other medical records to my above named Agent, and know that I specifically authorize such release of records and any information as described in or governed by the rules formally known as the Health Insurance Portability and Accountability Act (HIPAA) [Public Law 104-191, 42 USC 1320d and 45 CFR 160-164]. I specifically authorize:

Any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company; Medicaid, Medicare, Supplemental Social Security, and Social Security Disability Insurance, and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me, or that has paid for, or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of any illness of any kind which I may have or have had in the past.

The authority given applies to all health care providers who are subject to the HIPAA regulations. This authority shall supersede any prior agreement that I may have made with any health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider(s).

6. **Third Party Reliance.** For the purpose of inducing any physician, hospital, bank, broker, custodian, insurer, lender, transfer agent, taxing authority, governmental agency or other party to act in accordance with the powers granted in this document, I hereby represent, warrant and agree that:

- a. If this document is revoked or amended for any reason, I, my estate, my heirs, successors, and assigns will hold such party or parties harmless from any loss

suffered or liability incurred by such party or parties in acting in accordance with this document prior to that party's receipt of written notice of any such termination or amendment.

- b. The powers conferred on you by this document may be exercised by you alone and your signature or act under the authority granted in this document may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf.
 - c. No person who acts in reliance upon any representation you make as to the scope of your authority granted under this document shall incur any liability to me, my estate, my heirs, successors or assigns for permitting you to exercise any such power, nor shall any person who deals with you be responsible to determine or ensure the proper applications of funds or property.
 - d. You shall have the right to seek appropriate court orders mandating acts which you deem appropriate if third party refuses to comply with actions taken by you which are authorized by this document, or enjoining acts by third parties which you have not authorized. In addition, you may bring legal action against any third party who fails to comply with actions I have authorized you to take and demand damages, including punitive damages, on my behalf for such noncompliance.
7. **Release of Liability.** Any physician, hospital or other health-care provider honoring this Power of Attorney is hereby fully released from any liability for damages or injuries resulting from honoring the directions of my Agent. My Agent is authorized to commence legal action for actual and punitive damages against any person who fails to honor this Power of Attorney.
8. **Photocopies.** My agent is authorized to make photocopies of this document as frequently and in such quantity as my agent shall deem appropriate. All photocopies shall have the same force and effect as any original. I specifically direct my agent to have a photocopy of this document place in my medical records if such a copy does not already constitute a part of my medical records.
9. **Effect of Recordation.** If this Power is recorded, it may be revoked only by an instrument revoking the same duly acknowledged by me and recorded in the same country or counties in which this Power was originally recorded.
10. **Revocation.** I revoke any prior Durable Power of Attorney for Health Care. This Durable Power of Attorney for Health Care supplements any General Power of Attorney I have executed to provide for other matters of concern should I be incapacitated and supplements any living will I have executed.

Nothing in this instrument shall be construed as creating in my Agent a general power of appointment exercisable in such Agent's own behalf, or for the benefit of my Agent's estate, heirs, or creditors.

If I have completed a living will for purposes of providing specific direction to my agent in situations that may occur during any period when I am unable to make or communicate health care decisions or after my death then I request that my agent follow my specific direction provided in any such living will.

Harold L. Payne
Harold L. Payne, Principal

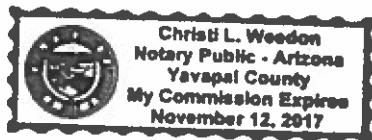
I affirm that this was signed or acknowledged in my presence, and that HAROLD L. PAYNE, the person signing this document (the principal), appears to be of sound mind and under no duress. I am not designated to make medical decisions on the principal's behalf. I am not directly involved with the provision of health care to the principal. I am not entitled to any portion of the principal's estate upon his decease, whether under any will or by operation of law. I am not related to the principal by blood, marriage, or adoption.

[Signature]
J. Payne Lutz
Yavapai County, Arizona
Witness

[Signature]
June Hicks
Yavapai County, Arizona
Witness

STATE OF ARIZONA)
)SS
County of Yavapai)

The foregoing instrument was acknowledged before me on this 28 day of October, 2014,
by Harold Payne and the witnesses.



Christ L. Weedon
Notary Public

James Lazok
Witness-Signature

Prescott Arizona

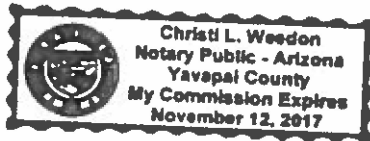
Julie Hicks
Printed

Yavapai County
Address

STATE OF ARIZONA)
)SS
County of Yavapai)

Before me, the undersigned authority, on this 28 day of October, 2014, personally appeared Harold L. Payne, the principal, and James Lazok and

Julie Hicks the witnesses, respectively, whose names are subscribed to the foregoing instrument in their respective capacities, and all of said persons being by me first duly sworn, the principal declared to me and to the said witnesses in my presence that the instrument is her Power of Attorney, and that the principal has willingly and voluntarily made and executed it as her free act and deed for the purposes therein expressed, and the witnesses declared to me that the witnesses were eighteen (18) years of age or over, and the witnesses are not related to the principal by blood or marriage, or related to the attorney-in-fact by blood or marriage.



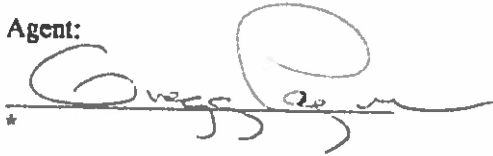
Christi L. Weedon
Notary Public

AGENT ADVISORY. Under Arizona law, an Agent may only receive money or other benefits from the Principal if the Power of Attorney or a written contract specifically authorizes those benefits. A.R.S. § 14-5506. Otherwise, an Agent could be criminally prosecuted and be personally liable for civil penalties, including the loss of the Agent's right to inherit from the principal, actual damages, attorney's fees, and additional damages up to two times the actual damages. A.R.S. § 46-456. An agent should carefully review these statutes or consult with a knowledgeable attorney prior to exercising the authority granted by this power of attorney.

Agent's Acknowledgement and Acceptance.

1. I have read and understand the above Advisory;
2. As an Agent, I stand in a relationship of trust and confidence to *, the Principal. I am a fiduciary and am obligated to act in the best interests of the Principal, with the obligation to preserve the Principal's assets and estate to the extent consistent with the Principal's own best interests during the Principal's lifetime; and
3. I hereby accept the above duties and responsibilities to act as an Agent for *.

Agent:


*

7 21 15
Date

RECEIVED
BLM AZ STATE OFFICE
2020 SEP - 8 P 13:19
PHOENIX, ARIZONA

ADVISORY NOTICE TO AGENT

THERE HAVE BEEN RECENT CHANGES MADE TO ARS §14-5506, A STATUTE WHICH GOVERNS THE EXERCISE OF POWERS OF ATTORNEY. UNDER THAT NEW STATUTE, AN AGENT CANNOT RECEIVE ANY BENEFITS FROM THE PRINCIPAL UNLESS THOSE BENEFITS ARE SPECIFICALLY IDENTIFIED IN DETAIL WITHIN THIS INSTRUMENT OR WITHIN A WRITTEN CONTRACT. OTHERWISE, THE AGENT COULD BE SUBJECT TO CRIMINAL PROSECUTION OR SUBJECT TO THE PENALTY PROVISIONS OF ARS §46-456, WHICH AUTHORIZES THE LOSS OF THE AGENT'S RIGHTS TO INHERIT FROM THE PRINCIPAL AS WELL AS PAYMENT OF TREBLE DAMAGES AND ATTORNEY'S FEES. AN AGENT SHOULD CAREFULLY REVIEW THESE STATUTES OR CONSULT WITH AN ATTORNEY PRIOR TO EXERCISING THE AUTHORITY GRANTED BY THIS POWER OF ATTORNEY.

IN WITNESS WHEREOF, I, **Harold L. Payne**, the principal, sign my name to this instrument on this 28 day of October, 2014, and being first duly sworn, do hereby declare to the undersigned authority and below named witness that I sign and execute this instrument as my Power of Attorney, that I execute it as my free and voluntary act for the purposes expressed herein and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Harold L. Payne
Harold L. Payne, Principal

The principal is personally known to me or satisfactorily proven to be the principal and appears to be of sound mind. I am eighteen (18) years of age or older. I am not related to the principal by blood or marriage, or related to the attorney-in-fact by blood or marriage. The principal has declared to me that this instrument is her Power of Attorney granting to the named attorney-in-fact the power and authority specified herein, and that she has willingly made and executed it as her free and voluntary act for the purposes herein expressed.

Dated: _____

Witness-Signature

Printed

Prescott Arizona

Yavapai County
Address

NOTICE!!

These documents have been scanned!

Do not place un-scanned documents beneath this notice!

Do not remove this notice from this file!

GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/15/2019



Box Number= AZ15053



Claim Begin-End: AMC412584-AMC412586

4 Miscellaneous



AZ15053-3

AMC412566-AMC413285

**NO
DOCUMENTS
FOUND**

NO DOCUMENTS FOUND
NO DOCUMENTS FOUND

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GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/15/2019



Box Number= AZ15053



Claim Begin-End: AMC412584-AMC412586

5 Annual Filings



AZ15053-3

AMC412566-AMC413285

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS

Run Date/Time: 8/6/2019

MC Maintenance Fees Paid Through the BLM Pay Portal
(by Date Paid)

Page 14 Of 102

CBS Receipt: 4504262

Printed For Lead File # AMC412584

Agency Tracking ID: 1562725177

Assessment Year: 2020

Paid On: 7/10/2019

Number of BLM Serial Nr: 3

Total Amount Paid: \$495.00

Claim Name	BLM Serial No	Lead File No	Amount Paid
JUNO E	AMC412584	AMC412584	\$165.00
JUNO S	AMC412585	AMC412584	\$165.00
JUNO N	AMC412586	AMC412584	\$165.00

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:

4504262

Transaction #: 4624639**Date of Transaction:** 07/09/2019**CUSTOMER:**

GREGG PAYNE
 7491 HWY 238
 JACKSONVILLE,OR 97530 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: AMC412584/\$495.00		- n/a -	495.00
TOTAL:					\$495.00

PAYMENT INFORMATION

NOTE: Items will appear on credit card statement as "BLM O Mining Claim".

1	AMOUNT:	495.00	POSTMARKED:	N/A
	TYPE:	CREDIT CARD	RECEIVED:	07/09/2019
	NAME:	GREGG PAYNE 7491 HWY 238 JACKSONVILLE OR 97530 US		
	CARD NO:	XXXXXXXXXXXX8788	AUTH CODE:	608908
	NAME ON CARD:	GREGG PAYNE		
	SIGNATURE:	INTERNET		

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.

Run Date: 07/23/18

Run Time: 04:31 PM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 4193453

Printed For Lead File # AMC412584

Agency Tracking ID: 1529428577

Assessment Year: 2019

Number of BLM Serial Nr: 3

Paid On: 06/19/2018

Total Amount Paid: \$465.00

Claim Name	BLM Serial No	Lead File No	Amount Paid
JUNO E	AMC412584	AMC412584	\$155.00
JUNO S	AMC412585	AMC412584	\$155.00
JUNO N	AMC412586	AMC412584	\$155.00

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:

4193453

Transaction #: 4308209**Date of Transaction:** 06/19/2018

CUSTOMER:

GREGG PAYNE

PO BOX 500

CHLORIDE, AZ 86431 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: AMC412584/\$465.00		- n/a -	465.00
TOTAL:					\$465.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".			
1	AMOUNT:	465.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 06/19/2018
	NAME:	GREGG PAYNE PO BOX 500 CHLORIDE AZ 86431 US	
	CARD NO:	XXXXXXXXXXXX8788	AUTH CODE: 060401
	NAME ON CARD:	GREGG PAYNE	
	SIGNATURE:		

REMARKS

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Run Date: 07/20/17

Run Time: 10:48 AM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 3870326

Printed For Lead File # AMC412584

Agency Tracking ID: 1498257368

Assessment Year: 2018

Number of BLM Serial Nr: 3

Paid On: 06/23/2017

Total Amount Paid: \$465.00

Claim Name	BLM Serial No	Lead File No	Amount Paid
JUNO E	AMC412584	AMC412584	\$155.00
JUNO S	AMC412585	AMC412584	\$155.00
JUNO N	AMC412586	AMC412584	\$155.00

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: 3870326

Transaction #: 3979306	
Date of Transaction: 06/23/2017	
CUSTOMER:	
	GREGG PAYNE 530 GAIL GARDNER WAY PRESCOTT, AZ 86305 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: AMC412584/\$465.00		- n/a -	465.00
TOTAL:					\$465.00

PAYMENT INFORMATION				
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".				
1	AMOUNT:	465.00	POSTMARKED:	N/A
	TYPE:	CREDIT CARD	RECEIVED:	06/23/2017
	NAME:	GREGG PAYNE 530 GAIL GARDNER WAY PRESCOTT AZ 86305 US		
	CARD NO:	XXXXXXXXXXXX8788	AUTH CODE:	745194
	NAME ON CARD:	GREGG PAYNE		
	EXPIRES:	03/2020		
	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.

Run Date: 08/25/16

Run Time: 05:50 AM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 3619231

Printed For Lead File # **AMC412584**

Agency Tracking ID: 1470067295

Assessment Year: 2017

Number of BLM Serial Nr: 3

Paid On: 08/01/2016

Total Amount Paid: \$465.00

Claim Name	BLM Serial No	Lead File No	Amount Paid
JUNO E	AMC412584	AMC412584	\$155.00
JUNO S	AMC412585	AMC412584	\$155.00
JUNO N	AMC412586	AMC412584	\$155.00

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: 3619231

Transaction #: 3722867	
Date of Transaction: 08/01/2016	
CUSTOMER:	
	GREGG PAYNE 530 GAIL GARDNER WAY PRESCOTT, AZ 86305 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: AMC412584/\$465.00		- n/a -	465.00
TOTAL:					\$465.00

PAYMENT INFORMATION				
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".				
1	AMOUNT:	465.00	POSTMARKED:	N/A
	TYPE:	CREDIT CARD	RECEIVED:	08/01/2016
	NAME:	GREGG PAYNE 530 GAIL GARDNER WAY PRESCOTT AZ 86305 US		
	CARD NO:	XXXXXXXXXXXX8788	AUTH CODE:	727910
	NAME ON CARD:	GREGG PAYNE		
	EXPIRES:	05/2018		
	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.

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: 3342701

Transaction #: 3440406	
Date of Transaction: 07/14/2015	
CUSTOMER:	
	GREGG S PAYNE 530 GAIL GARDNER WAY PRESCOTT, AZ 86305 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: AMC412584/\$465.00		- n/a -	465.00
TOTAL:					\$465.00

PAYMENT INFORMATION				
NOTE: Items will appear on credit card statement as "BLM O Mining Claim".				
1	AMOUNT:	465.00	POSTMARKED:	N/A
	TYPE:	CREDIT CARD	RECEIVED:	07/14/2015
	NAME:	GREGG S PAYNE 530 GAIL GARDNER WAY PRESCOTT AZ 86305 US		
	CARD NO:	XXXXXXXXXXXX8788	AUTH CODE:	514940
	NAME ON CARD:	GREGG S PAYNE		
	EXPIRES:	05/2018		
	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.

Run Date: 07/23/15

Run Time: 01:44 PM

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 3342701

Printed For Lead File # AMC412584

Agency Tracking ID: 1436905053

Assessment Year: 2016

Number of BLM Serial Nr: 3

Paid On: 07/14/2015

Total Amount Paid: \$465.00

Claim Name	BLM Serial No	Lead File No	Amount Paid
JUNO E	AMC412584	AMC412584	\$155.00
JUNO S	AMC412585	AMC412584	\$155.00
JUNO N	AMC412586	AMC412584	\$155.00

Run Date: 08/07/14

16

Run Time: 09:36 AM

412584

**DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MINING CLAIMS**

MC Maintenance Fees Paid Through the BLM Pay Portal

CBS Receipt: 3093179

Agency Tracking ID: 1668999160

Assessment Year: 2015

Paid On : 08/04/2014

Number of BLM Serial Nr: 3

Total Amount Paid: \$465.00

Claim Name	BLM Serial No	Lead File No	Case Type	Amount Paid
JUNO E	AMC412584	AMC412584	384101	\$155.00
JUNO S	AMC412585			\$155.00
JUNO N	AMC412586			\$155.00

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: 3093179

Transaction #: 3184625	
Date of Transaction: 08/04/2014	
CUSTOMER:	
	BEVERLY PAYNE PO BOX 500 CHLORIDE, AZ 86431

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: AMC412586/\$465.00		- n/a -	465.00
TOTAL:					\$465.00

PAYMENT INFORMATION			
NOTE: Items will appear on credit card statement as "BLM Denver, Colorado".			
1	AMOUNT:	465.00	POSTMARKED: N/A
	TYPE:	CREDIT CARD	RECEIVED: 08/04/2014
	NAME:	BEVERLY PAYNE PO BOX 500 CHLORIDE AZ 86431	
	CARD NO:	XXXXXXXXXXXX5876	AUTH CODE: 678820
	NAME ON CARD:	BEVERLY PAYNE	
	EXPIRES:	03/2017	
	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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MAINTENANCE FEE PAYMENT FORM FOR
LODE CLAIMS, MILL SITES, AND TUNNEL SITES

AMC 412584

Remitter Name: GREGE OR BEVERLY PAYNE

Mailing Address: PO Box 500

City, State, Zip: CHLORIDE AZ 86431

☐ Check here if this is a change of address.


FEE# 2013038580

OFFICIAL RECORDS
OF MOHAVE COUNTY
CAROL MEIER,
COUNTY RECORDER



07/22/2013 10:05 AM Fee: \$10.00

PAGE: 1 of 1

No. of claims/sites 3
x \$140 per claim/site
Total due BLM \$ 420.00

1. The maintenance fee may be paid by cash, check, money order, Bureau of Land Management (BLM) Declining Deposit Account, or credit card (VISA, American Express, Discover, or MasterCard). Payments must be remitted to the BLM State Office where your claim or site is recorded and received on or before September 1. If the payment is mailed, the envelope must be postmarked by a bona fide delivery service on or before September 1 and received at the proper BLM State Office within 15 calendar days after the due date. Payments may also be made by telephone using a credit card. A complete listing of BLM State Offices with their addresses and phone numbers can be found at <http://www.blm.gov>.
2. The maintenance fee for the following claim(s)/site(s) applies to the assessment year 2013.

CLAIM/SITE NAME	BLM SERIAL NO.
Juno E	AMC 412584
Juno S	AMC 412585
Juno N	AMC 412586

Use a separate sheet for additional claim/site names, serial numbers, and claimant names and addresses.

(Continued on page 2)

ENTERED INTO COMPUTER AUG 07 2013
TS

RECEIVED
BLM AZ STATE OFFICE
2013 JUL 26 P 2:47
PHOENIX, ARIZONA

Receipt # 2841649
MCL

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: 2841649

Transaction #: 2927260	
Date of Transaction: 07/29/2013	
CUSTOMER:	
	BEVERLY PAYNE PO BOX 500 CHLORIDE, AZ 86431-0500 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: AMC412584/\$420.00	MAINT FEE PYMNT (3) 2014	- n/a -	420.00
TOTAL:					\$420.00

PAYMENT INFORMATION				
1	AMOUNT:	420.00	POSTMARKED:	07/24/2013
	TYPE:	CHECK	RECEIVED:	07/26/2013
	CHECK NO:	1205		
	NAME:	PAYNE, HAROLD L PO BOX 500 CHLORIDE AZ 86431-0500 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 412584

RECEIVED
BLM AZ STATE OFFICE

2012 SEP -4 P 2:45

MAINTENANCE FEE PAYMENT

Claimant Name: Beverly Payne

Address: PO Box 500

City: Chloride State: Az Zip: 86431

Telephone: 928-715-1965 (or 1966)

E-mail address: _____

Signature: Beverly Payne

☐ Check here if this is a change of address.

PHOENIX, ARIZONA

RECEIVED
BLM AZ STATE OFFICE
2012 SEP -4 P 2:46

BLM
Date
Stamp

LINE NO.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	412586	Juno N	2012042142	24N	18W	33
2	412586	Juno S	2012042143	24N	18W	33
3	412584	Juno E	2012042144	24N	18W	33
4						
5						
6						
7						
8						
9						
10						

List additional claims on Form MCF114.

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

No. of Claims: 3 x \$140 = \$420.00

Check No: 3730 Init. AH

Receipt No.: 2649716

For BLM Use Only

Form: MCF112
Revised July 2009

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

ENTERED IN COMPUTER

RE 9-12-12

NOTICE OF INTENTION TO HOLD MINING CLAIMS/SITES

When Recorded Return Document to:

Beverly & Gregg Payne
PO Box 500
Chloride Az 86431

BLM
Date
Stamp

PHOENIX, ARIZONA

2012 SEP -4 P 2:45

RECEIVED
BLM AZ STATE OFFICE☐ Check here if this is a change of address.

Telephone: _____

E-mail Address _____

I (We) intend to hold the claims(s) and/or site(s) listed below for the calendar year 2013, 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.)

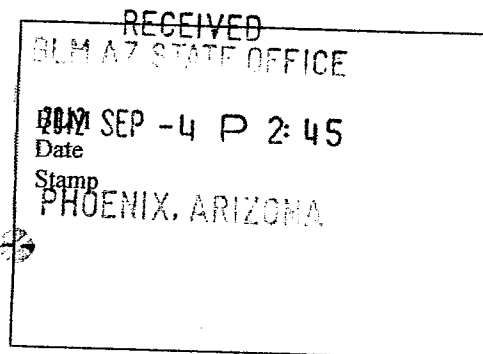
Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORDER DATA (If available)	TWP	RNG	SEC
1	412586	Juno N	2012042142	24N	18W	33
2	412585	Juno S	2012042143	24N	18W	33
3	412584	Juno E	2012042144	24N	18W	33
4						
5						
6						
7						
8						
9						
10						

Form: MCF110

Revised Jan.2006

Page 1 of 2

NOTICE OF INTENTION TO HOLD MINING CLAIMS/SITES
page 2



1. State of Arizona, County of MOHAVE

2. I (Name) Beverly Payne

3. Reside at (Address) PO Box 500

City Chloride County Mohave State Az Zip 86413

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).

5. Dated: 8-13-12 Signature: Beverly Payne

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

No. of Claims: 3 x \$10 = \$ 30.⁰⁰
Check No: 3731 Init. _____
Receipt No.: 2649716
For BLM Use Only

Form: MCF110
Revised Jan. 2006
Page 2 of 2

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

NOTICE!!

These documents have been scanned!

Do not place un-scanned documents beneath this notice!

Do not remove this notice from this file!

GPO Jacket No. 560-102
Print Order 61540
Rise Business Services, LLC
Job=AZ15 5/15/2019



Box Number= AZ15053



Claim Begin-End: AMC412584-AMC412586

6 Location Notices-Amendments and Supporting Documents



AZ15053-3

AMC412566-AMC413285

MINING CLAIM STATUS REPORT

DATA ENTERED DEC 29 2011 *pb*

MTP Checked by DEC 29 2011 *pb*

GEO Checked by DEC 29 2011 *pb*

LEAD SERIAL NUMBER AMC 412584 thru AMC 412586

OF CLAIMS & TYPE

3 LODE
PLACER
ASSOCIATION PLACER
MILL SITE
TUNNEL SITE

CHARGES

Location Fee @ \$34 = \$ 102.00
Processing Fee @ \$15 = \$ 45.00
Maintenance Fee @ \$140 = \$ 420.00
Overage (+) \$
Shortage (-) \$
Other Fees \$
TOTAL \$ 567.00

ARE THERE ENOUGH LOCATORS?

Yes ☐ No ☐

DOCUMENTS RECEIVED VIA -

Over-the-Counter ☐ Mail ☒

TIMELY FILED?

Yes ☒ No ☐

LEGAL DESCRIPTION - T 24N R 18W SEC 33
T R SEC
T R SEC
T R SEC

BLM ☐ FOREST SERVICE ☐ SUBJ TO PL 359: Yes ☐ No ☐

WILDERNESS AREA: No ☐ Yes ☐

SPLIT ESTATE - N/A ☐ SX ☐ PX ☐ SRHA ☐ OTHER ☐

Proper Notice Filed if Located on SHRA Lands? N/A ☐ Yes ☐ No ☐

RECONVEYED MINERALS ON BLM LANDS REQUIRE OPENING ORDERS FROM 1944 TO 1993 -

Open to Entry on: N/A ☐

COMMENTS/STATUS - VOID ☐ PARTIALLY VOID ☐ PVT MINERALS ☐ WITHDRAWN LANDS ☐

OTHER ☐ Juno E hopefully is south of the patented Juno mine. From reviewing the other notices it appears that the locators know where Juno mine is.

Claimant acknowledges that portions of the following claims(s) site(s) may be void or voidable.

Printed Name of Claimant Signature of Claimant

***** FINAL ADJUDICATION *****

DATE 5/30/2012 INITIALS TS

AMC412584

2.
Hold for Bev
est 4077

FEE# 2012042142

OFFICIAL RECORDS
OF MOHAVE COUNTY
CAROL MEIER,
COUNTY RECORDER



08/13/2012 10:44 AM Fee: \$10.00

PAGE: 1 of 2

LOCATION NOTICE FOR LODE MINING CLAIM

NOTICE IS HEREBY GIVEN that the Juno N

_____ lode mining claim has been located

by Beverly & Gregg Payne whose current mailing

address is PO Box 500

Chloride Az 86431

The general course of this claim is NW SE and it is situated in Mohave County, Arizona. This claim is 1,500 feet in length and 600 feet in width. This claim runs from the location monument on which this location notice is posted approximately 1,500 feet in a NW direction to the mid NW end line and 300 feet in a NE direction to the NE end line. This claim is marked by six monuments, one at each corner and one at the center of each end line of the claim.

The location monument on which this notice is posted is situated within Section 33, Township 24 N, Range 18 W, Gila Salt River Base and Meridian, Arizona and this claim encompasses portions of the following quarter section (s), section (s), Township (s) and Range (s) NW 4 of SE 4 - SE 4 of NW 4 - SW 4 of NE 4 & NE 4 of SW 4.

Gila Salt River Base and Meridian, Arizona.

The locality of this claim with reference to some natural object or permanent monument and additional information (if any) concerning its locality are as follows: Southern boundary contiguous with Northern boundary of patented Juno mine.

DATED AND POSTED on the ground this 13th day of August, 2012.

LOCATOR (s) Beverly Payne - Gregg Payne

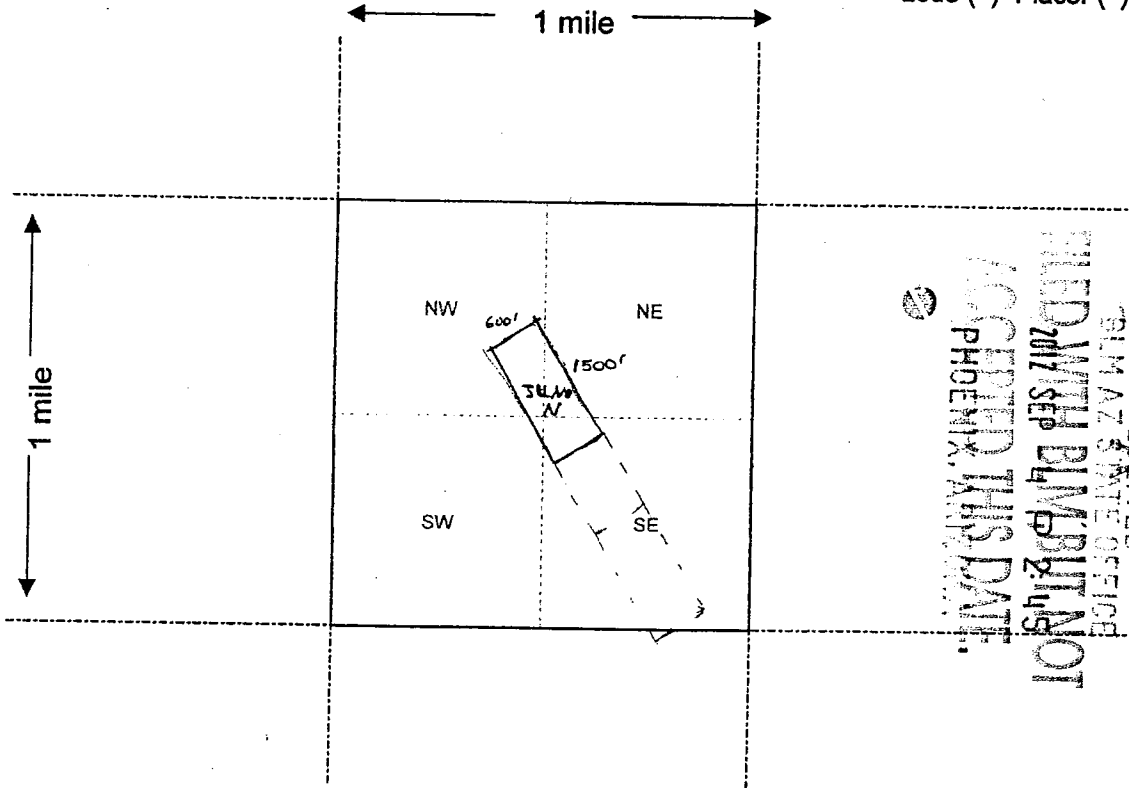
BLM
Date
Stamp

RECEIVED
BUREAU OF LAND MANAGEMENT
U.S. DEPARTMENT OF THE INTERIOR
PHOENIX, ARIZONA
SEP - 4 2012
FILED
ACCEPTED
2012 SEP - 4

Form MCF100
Revised July 2005

MINING CLAIM MAP

Lode () Placer ()



Scale : 1" = 2000 feet



1. The above map depicts the JUNO N mining claim, which is located in Section (s) 33, Township 24 N, Range 18 W, Gila and Salt River Base and Meridian, MOHAVE County, Arizona.
2. The type of corner and location monuments used are as follows: 5' x 2" plastic pipe in rocks
3. The bearings and distances in degrees and feet between claim corners are as depicted on the map.

Form MCF100a
Revised July 2005

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

2
Hold for Bev
ext 4077

FEE# 2012042144

OFFICIAL RECORDS
OF MOHAVE COUNTY
CAROL MEIER,
COUNTY RECORDER



08/13/2012 10:44 AM Fee: \$10.00

PAGE: 1 of 2

LOCATION NOTICE FOR LODE MINING CLAIM

NOTICE IS HEREBY GIVEN that the SUNO E
_____ lode mining claim has been located
by Beverly & Gregg Payne whose current mailing
address is PO Box 500
Chloride Az 86431

BLM
Date
Stamp

RECEIVED
BLM AZ STATE OFFICE
2012 SEP 13 PM 2:46
PHOENIX, ARIZONA

The general course of this claim is NW SE and it is situated in Mohave
County, Arizona. This claim is 1,500 feet in length and 600 feet in width. This claim runs
from the location monument on which this location notice is posted approximately 300 feet in a
NE direction to the NE end line and 300 feet in a SE direction to the
SW end line. This claim is marked by six monuments, one at each corner and one at the center of each
end line of the claim.

The location monument on which this notice is posted is situated within Section 33, Township 24
N, Range 18 W, Gila Salt River Base and Meridian, Arizona and this claim encompasses portions
of the following quarter section (s), section (s), Township (s) and Range (s) SW 4 of NE 4 - NW 4 of
SE 4 & NE 4 of SE 4

Gila Salt River Base and Meridian, Arizona.

The locality of this claim with reference to some natural object or permanent monument and additional information
(if any) concerning its locality are as follows: SE by border near gravel mine road

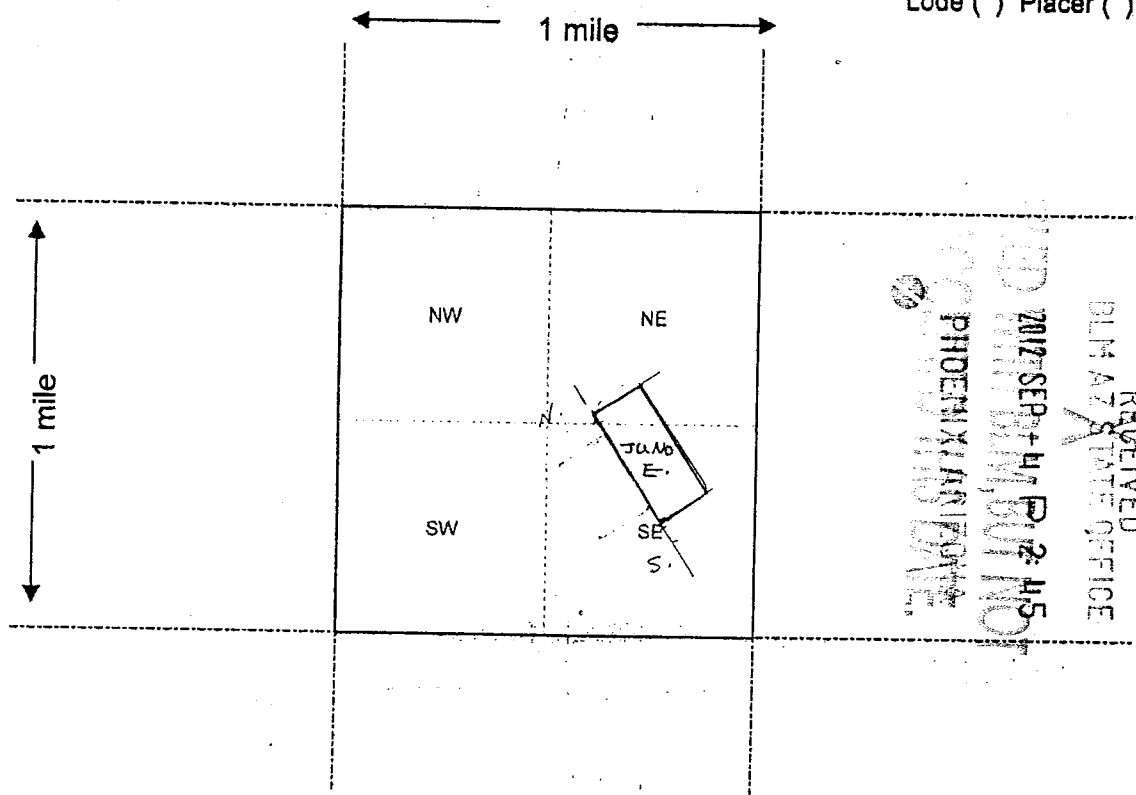
DATED AND POSTED on the ground this 13th day of August, 2012.

LOCATOR (s) Beverly & Gregg Payne

Form MCF100
Revised July 2005

MINING CLAIM MAP

Lode () Placer ()



Scale : 1" = 2000 feet



1. The above map depicts the Juvo E mining claim, which is located in Section (s) 33, Township 24 N, Range 18 W, Gila and Salt River Base and Meridian, MOHAVE County, Arizona.
2. The type of corner and location monuments used are as follows: 5' x 2" plastic pipe in rocks
3. The bearings and distances in degrees and feet between claim corners are as depicted on the map.

Form MCF100a
Revised July 2005

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

Hold
Beverly 4077



FEE# 2012042143

OFFICIAL RECORDS
OF MOHAVE COUNTY
CAROL MEIER,
COUNTY RECORDER



08/13/2012 10:44 AM Fee: \$10.00

PAGE: 1 of 2

LOCATION NOTICE FOR LODE MINING CLAIM

NOTICE IS HEREBY GIVEN that the Juno S.

_____ lode mining claim has been located

by Beverly & Gregg Payne whose current mailing

address is PO Box 500

Chloride Az 86431

The general course of this claim is NW SE and it is situated in Mohave

County, Arizona. This claim is 1,500 feet in length and 600 feet in width. This claim runs

from the location monument on which this location notice is posted approximately 300 feet in a

NE direction to the SE end line and 300 feet in a SW direction to the

SW end line. This claim is marked by six monuments, one at each corner and one at the center of each end line of the claim.

The location monument on which this notice is posted is situated within Section 33, Township 24 N, Range 18 W, Gila Salt River Base and Meridian, Arizona and this claim encompasses portions

of the following quarter section (s), section (s), Township (s) and Range (s) SE 4 of SE 4 -

NE 4 of SW 4.

Gila Salt River Base and Meridian, Arizona.

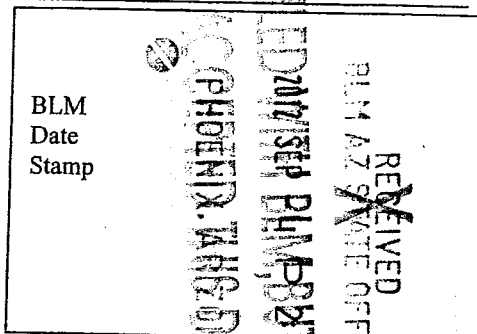
The locality of this claim with reference to some natural object or permanent monument and additional information

(if any) concerning its locality are as follows: Northern boundary is contiguous

with Southern boundary of patented Juno mine.

DATED AND POSTED on the ground this 13 day of August, 2012.

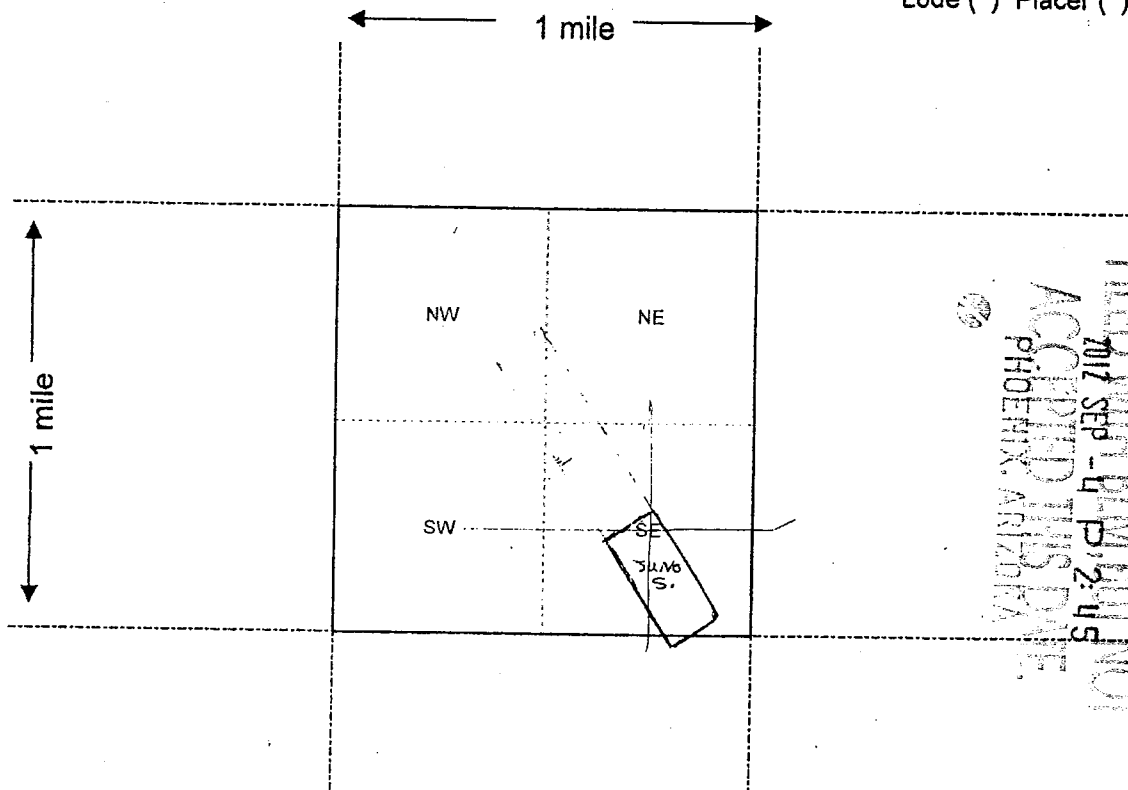
LOCATOR (s) Beverly & Gregg Payne



Form MCF100
Revised July 2005

MINING CLAIM MAP

Lode () Placer ()



Scale : 1" = 2000 feet



1. The above map depicts the Juno S. mining claim, which is located in Section (s) 33, Township 24 N, Range 18 W, Gila and Salt River Base and Meridian, MOHAVE County, Arizona.
2. The type of corner and location monuments used are as follows: 5' x 2" plastic pipe in rocks
3. The bearings and distances in degrees and feet between claim corners are as depicted on the map.

Form MCF100a
Revised July 2005

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

RECEIVED
ARIZONA STATE OFFICE
PHOENIX, ARIZONA
SEP 14 2 45 PM '07
ACCEPTED THIS DATE

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: 2649716

Transaction #: 2730518

Date of Transaction: 09/05/2012

CUSTOMER:

BEVERLY PAYNE
 PO BOX 500
 CHLORIDE, AZ 86431-0500 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: AMC412586/\$450.00	MAINT FEE PYMNT (3) 2013 / NOI (3) 2013	- n/a -	450.00
TOTAL:					\$450.00

PAYMENT INFORMATION			
1	AMOUNT:	420.00	POSTMARKED: N/A
	TYPE:	CHECK	RECEIVED: 09/04/2012
	CHECK NO:	3730	
	NAME:	PAYNE, B	
2	AMOUNT:	30.00	POSTMARKED: N/A
	TYPE:	CHECK	RECEIVED: 09/04/2012
	CHECK NO:	3731	
	NAME:	PAYNE, B	

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.



FEE# 2011062737

OFFICIAL RECORDS
OF MOHAVE COUNTY
CAROL MEIER,
COUNTY RECORDER



12/14/2011 09:52 AM Fee: \$14.00

PAGE: 1 of 2

LOCATION NOTICE FOR LODE MINING CLAIM

NOTICE IS HEREBY GIVEN that the SUNO E

_____ lode mining claim has been located

by Beverly & Gregg Payne whose current mailing
address is PO Box 500

Chloride Az 86431

The general course of this claim is NW SE and it is situated in Mohave

County, Arizona. This claim is 1500 feet in length and 600 feet in width. This claim runs

from the location monument on which this location notice is posted approximately 300 feet in a

NE direction to the NE end line and 300 feet in a SE direction to the

SW end line. This claim is marked by six monuments, one at each corner and one at the center of each
end line of the claim.

The location monument on which this notice is posted is situated within Section 33, Township 24

N, Range 18 W, Gila Salt River Base and Meridian, Arizona and this claim encompasses portions

of the following quarter section (s), section (s), Township (s) and Range (s) SW4 of NE4 - NW4 of

SE4 & NE4 of SE4

Gila Salt River Base and Meridian, Arizona.

The locality of this claim with reference to some natural object or permanent monument and additional information

(if any) concerning its locality are as follows: SE by border near gravel mine road.

DATED AND POSTED on the ground this 14th day of December, 2011.

LOCATOR (s) Beverly & Gregg Payne

BLM
Date
Stamp

2011 DEC 15 PM 2:58

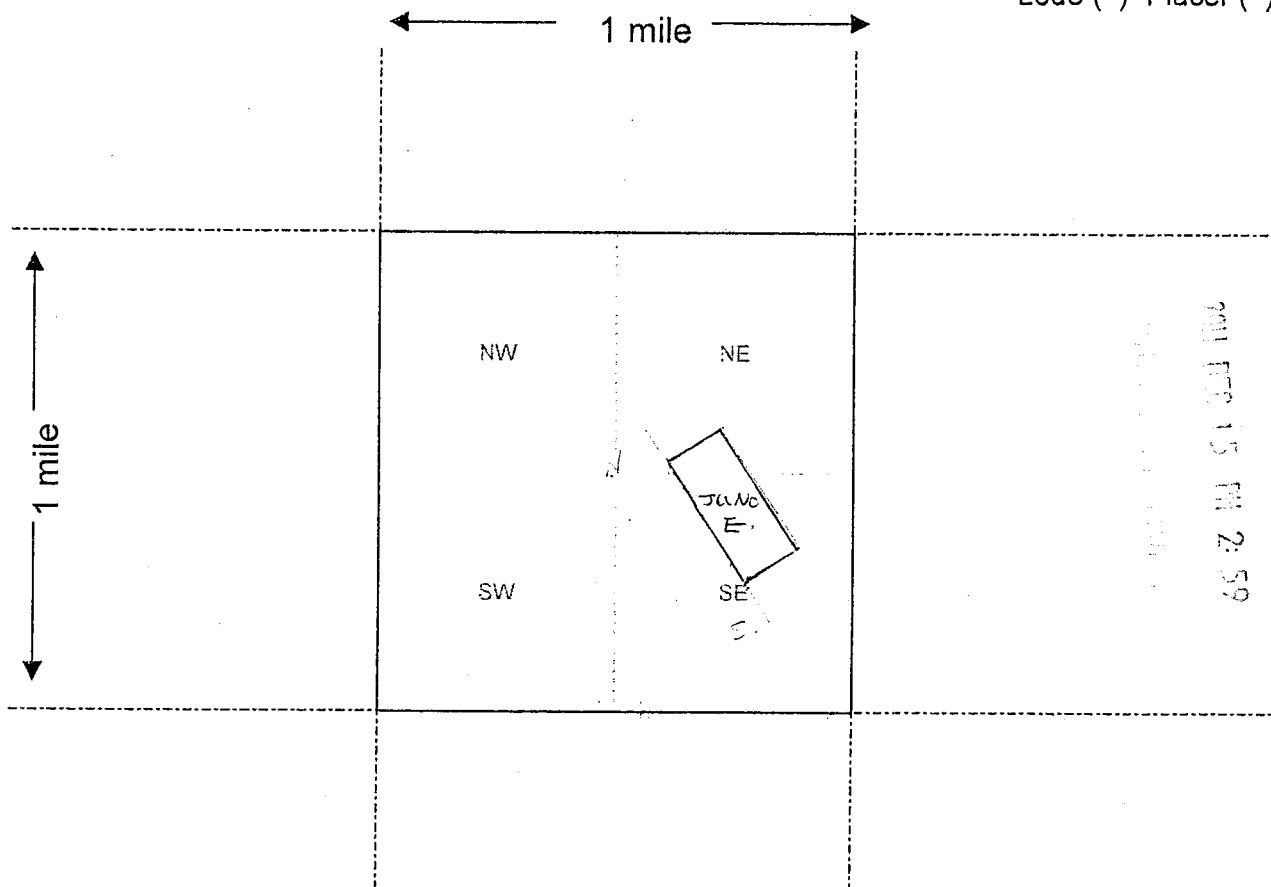
RECEIVED
PLATON SERVICE

AMC412584

Form MCF100
Revised July 2005

MINING CLAIM MAP

Lode () Placer ()



Scale : 1" = 2000 feet



1. The above map depicts the Juno E mining claim, which is located in Section (s) 33, Township 24 N, Range 18 W, Gila and Salt River Base and Meridian, MOHAVE County, Arizona.
2. The type of corner and location monuments used are as follows: 5' x 2" plastic pipe in rocks
3. The bearings and distances in degrees and feet between claim corners are as depicted on the map.

Form MCF100a
Revised July 2005

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

RECEIVED
BLM / MOHAVE OFFICE
2011 FEB 15 PM 2:59

AMC412584

FEE# 2011062738

OFFICIAL RECORDS
OF MOHAVE COUNTY
CAROL MEIER,
COUNTY RECORDER



12/14/2011 09:52 AM Fee: \$14.00

PAGE: 1 of 2

LOCATION NOTICE FOR LODE MINING CLAIM

NOTICE IS HEREBY GIVEN that the Juno S.

lode mining claim has been located

by Beverly & Gregg Payne whose current mailing
address is PO Box 500

Chloride Az 86431

BLM
Date
Stamp

DEC 15 PM 2:57

RECEIVED
BLM OFFICE

The general course of this claim is NW SE and it is situated in Mohave

County, Arizona. This claim is 1,500 feet in length and 600 feet in width. This claim runs

from the location monument on which this location notice is posted approximately 300 feet in a

NE direction to the SE end line and 300 feet in a SW direction to the

SW end line. This claim is marked by six monuments, one at each corner and one at the center of each
end line of the claim.

The location monument on which this notice is posted is situated within Section 33, Township 24N

N, Range 18 W, Gila Salt River Base and Meridian, Arizona and this claim encompasses portions

of the following quarter section (s), section (s), Township (s) and Range (s) SE 4 of SE 4 -

NE 4 of SW 4

Gila Salt River Base and Meridian, Arizona.

The locality of this claim with reference to some natural object or permanent monument and additional information

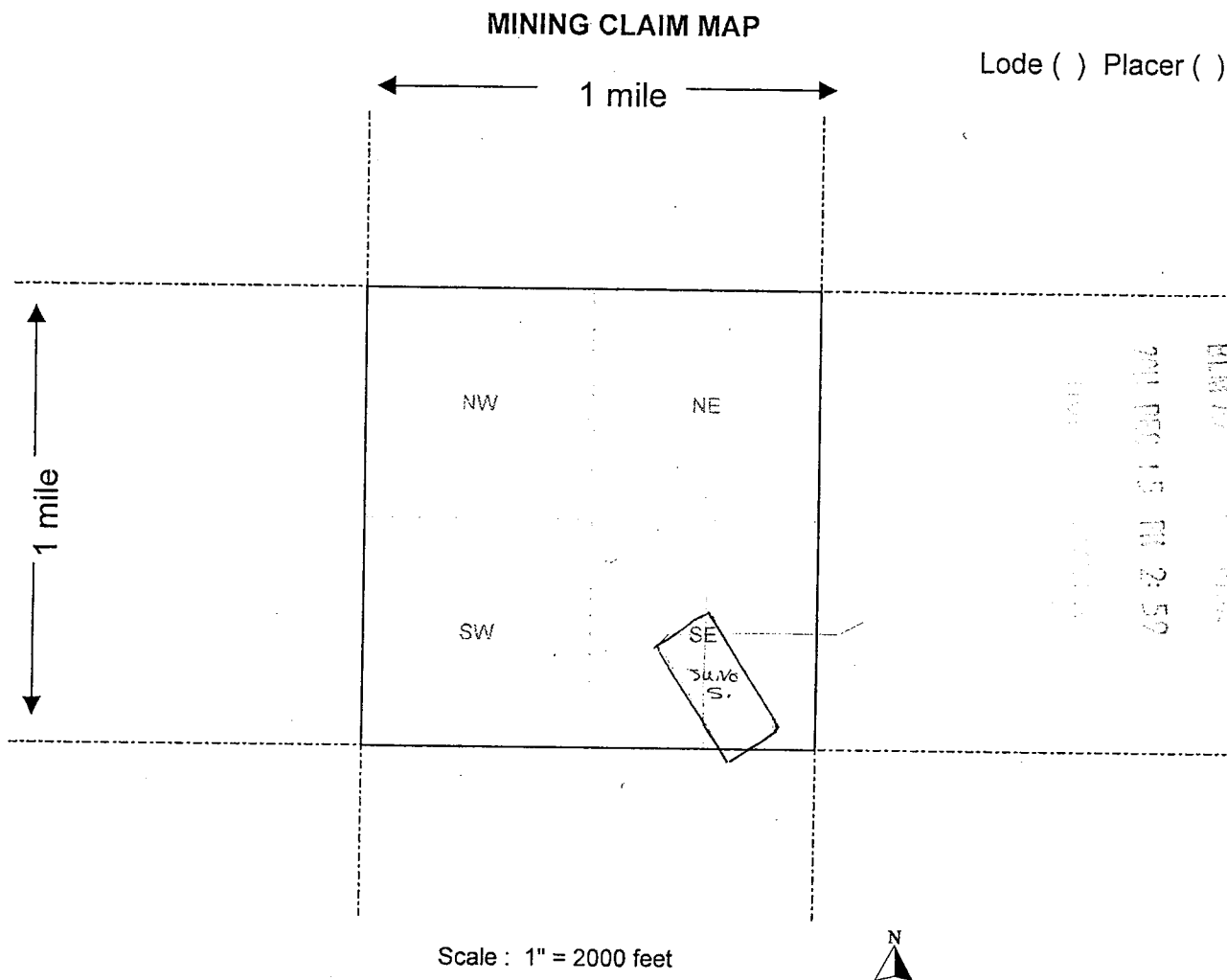
(if any) concerning its locality are as follows: northern boundary contiguous
with southern boundary of patented Juno mine.

DATED AND POSTED on the ground this 14 day of December, 2011.

LOCATOR (s) Beverly & Gregg Payne

Form MCF100
Revised July 2005

AMC412585



AMC412585

- The above map depicts the Juno S. mining claim, which is located in Section (s) 33, Township 24 N, Range 18 W, Gila and Salt River Base and Meridian, MOHAVE County, Arizona.
- The type of corner and location monuments used are as follows: 5' x 2" plastic pipe in rocks
- The bearings and distances in degrees and feet between claim corners are as depicted on the map.

Form MCF100a
Revised July 2005

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



FEE# 2011062736

OFFICIAL RECORDS
OF MOHAVE COUNTY
CAROL MEIER,
COUNTY RECORDER

12/14/2011 09:52 AM Fee: \$14.00

PAGE: 1 of 2

LOCATION NOTICE FOR LOPE MINING CLAIM

NOTICE IS HEREBY GIVEN that the Juno N

_____ lode mining claim has been located

by Beverly & Gregg Payne whose current mailing
address is PO Box 500Chloride Az 86431BLM
Date
Stamp

DEC 15 PM 2:59

RECEIVED
BLM AZ
OFFICEThe general course of this claim is NW SE and it is situated in MohaveCounty, Arizona. This claim is 1,500 feet in length and 600 feet in width. This claim runsfrom the location monument on which this location notice is posted approximately 1500 feet in aNW direction to the midNW end line and 300 feet in a NE direction to theNE end line. This claim is marked by six monuments, one at each corner and one at the center of each
end line of the claim.The location monument on which this notice is posted is situated within Section 33, Township 24N, Range 18 W, Gila Salt River Base and Meridian, Arizona and this claim encompasses portionsof the following quarter section (s), section (s), Township (s) and Range (s) NN4 of SE4 - SE4 of NW4 -SW4 of NE4 & NE4 of SW4

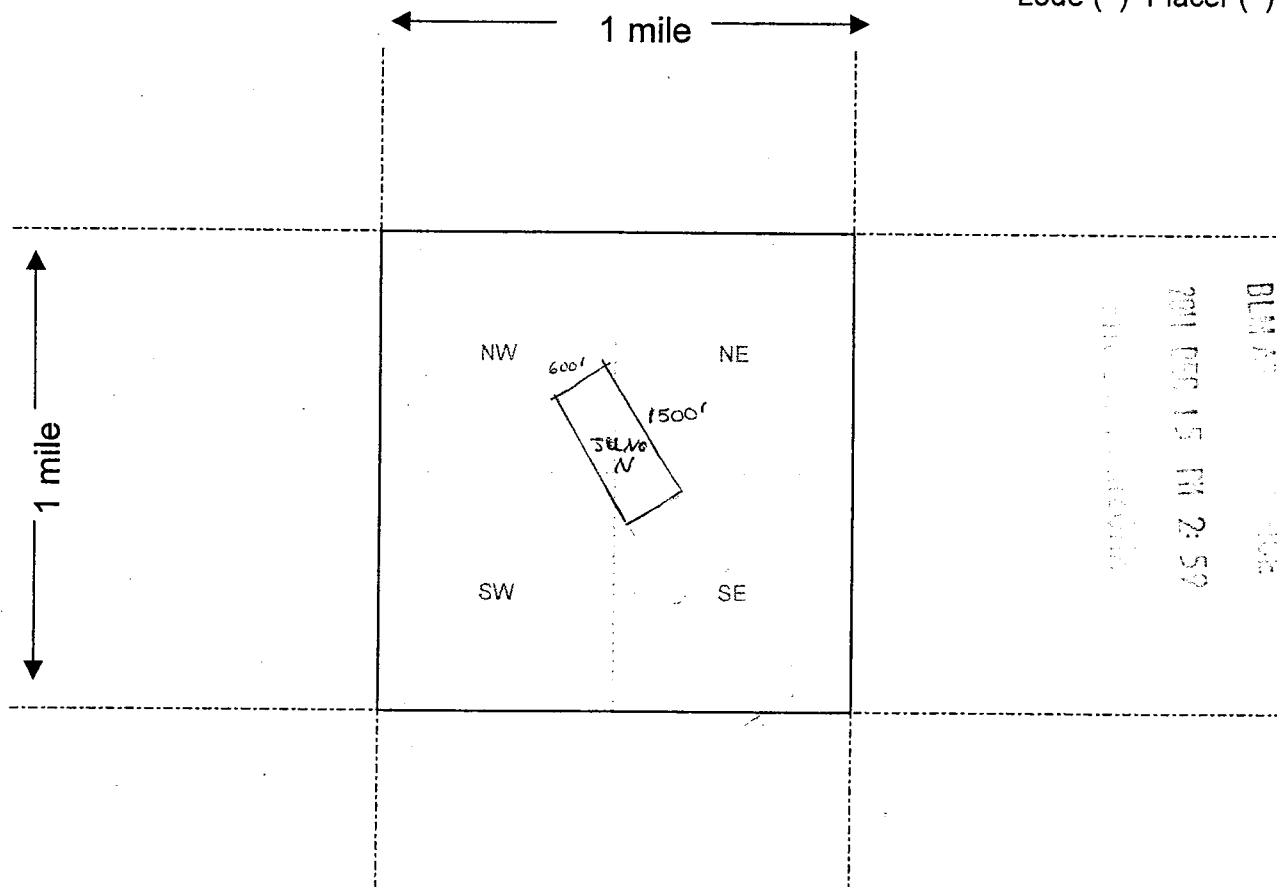
Gila Salt River Base and Meridian, Arizona.

The locality of this claim with reference to some natural object or permanent monument and additional information
(if any) concerning its locality are as follows: Southern boundary contiguous withNorthern boundary of patented Juno mineDATED AND POSTED on the ground this 14th day of Dec, 2011.LOCATOR (s) Beverly Payne - Gregg PayneForm MCF100
Revised July 2005

AMC412586

MINING CLAIM MAP

Lode () Placer ()



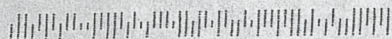
1. The above map depicts the Juno N mining claim, which is located in Section (s) 33, Township 24 N, Range 18 W, Gila and Salt River Base and Meridian, MOHAVE County, Arizona.
2. The type of corner and location monuments used are as follows: 5' x 2" plastic pipe in rocks
3. The bearings and distances in degrees and feet between claim corners are as depicted on the map.

Form MCF100a
Revised July 2005

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

AMC412586

BEVERLY & GREGG PAYNE
PO Box 500
CHLORIDE AZ 86431



BUREAU OF LAND MANAGEMENT
AZ OFFICE - MINES ATTN: TONY SMITH
ONE NORTH CENTRAL AVENUE SUITE 800
PHOENIX AZ 85004-4427

931-7933



RECEIVED
BLM AZ STATE OFFICE
2011 DEC 15 PM 2:50



RUN TIME: 10:28 AM

DEPARTMENT OF INTERIOR
BUREAU OF LAND MANAGEMENT

RUN DATE: 12/29/2011
Page 1 of 1

Input Parameters for Geographic Report with Land

System Id = CR

Admin State = AZ

Geo State = AZ

Casetype Begins With

Case Disp Txt = AUTHORIZED, CANCELLED, EXPIRED, PENDING, REJECTED, RELINQUISHED, WITHDRAWN

Mer Twp Rng =

Section =

Mtrs = 14 0240N 0180W 033, 14 0240N 0180W 999

Commodity =

Commodity Txt =

Pending Org =

Pend Org Decode =

Total Rows Returned: 3

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

RUN TIME: 10:28 AM

Adm State: AZ

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

RUN DATE: 12/29/2011
Page 1 of 1

Serial Number: AZA 033610

Total Case Acres: 1.090

<u>Casetype</u>	<u>Case Disp</u>	14	0240N	0180W	<u>Sect</u>	<u>Sur Typ</u>	<u>Sur Num</u>	<u>Suff</u>	<u>Subdivision</u>	<u>Act Pend</u>
287001	AUTHORIZED				033	ALIQ LOTS			NESE; 2,4;	

Serial Number: AZA 035831

Total Case Acres: 30.000

<u>Casetype</u>	<u>Case Disp</u>	14	0240N	0180W	<u>Sect</u>	<u>Sur Typ</u>	<u>Sur Num</u>	<u>Suff</u>	<u>Subdivision</u>	<u>Act Pend</u>
361113	AUTHORIZED				033	ALIQ			E2;	

MOHAVE COUNTY

MTP
SUPPL SECS 27,33,34

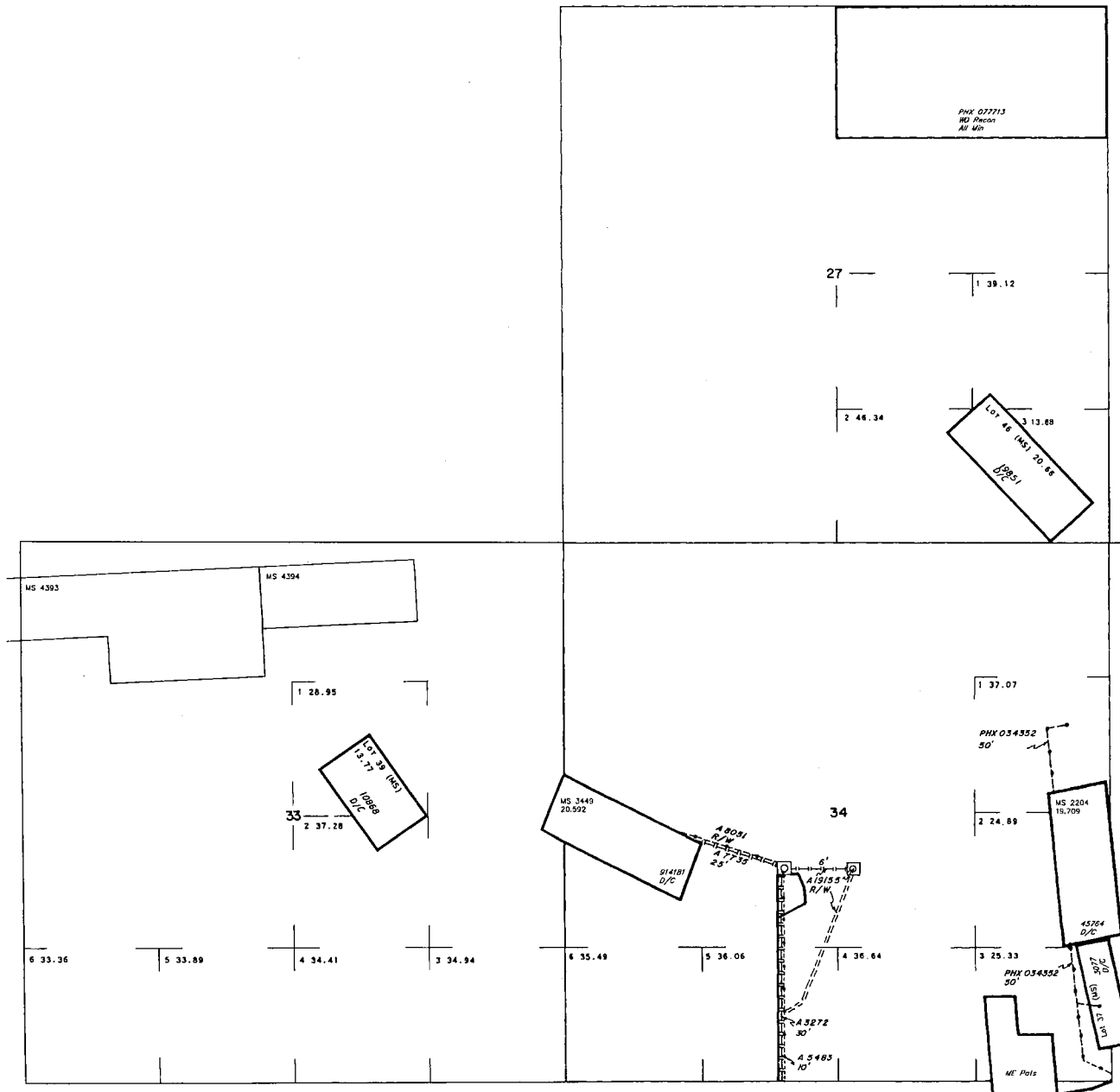
[illegible]

DIST NO 2

GRAZING DIST NO 2

Lds Pat under Small Tract Act are not open to mineral entry—are Subj to Mineral Leasing Act

MDS 455 SW
456 SE



SCALE in chains

5 0 5 10 20

WARNING STATEMENT
This plot is the Bureau's Record of Title, and should be used only as a graphic display of the township survey data. Records hereon do not reflect title changes which may have been affected by lateral movements of rivers or other bodies of water. Refer to the cadastral surveys for official survey information.

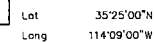
NO 2

CURRENT TO	GS	GSR Mer
10-15-2003	PV	T 24 N
		R 18 W

MOHAVE COUNTY

[illegible]

456 SE



WARNING STATEMENT
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CURRENT TO	GS	GSR Mer
10-14-2003	PV	T 24 N
		R 18 W