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



Box Number= AZ15139



Claim Begin-End: AMC352844-AMC352844

1 Initial Receipt



CLAIM INDEX

DATE PREPARED: January 12, 2000

LEAD AMC NUMBER: AMC 352844

THRU

ENDING AMC NUMBER: AMC

AMC *CLOSURE NUMBER DECISION

CLAIM NAME LOCATORS OF RECORD

AMC 352844

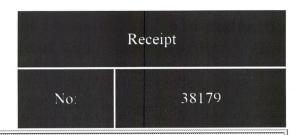
MICA ONE TWO THREE

DAVID H. FLANDERS EMILY FLANDERS MARK FLANDERS RAY FLANDERS ROSE FLANDERS

^{*}FOR BLM PURPOSES ONLY

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



Transaction #: 42408

Date of Transaction: 12/02/1999

Commodity: LOCATABLE MINERALS Subject: MINING CLAIMS

CUSTOMER: DAVID FLANDERS 1755 NE 10TH AVE HILLSBORO,OR 97124

LINE #	QTY	ACTION / PRODUCT	REMARKS	UNIT PRICE	TOTAL
1	: 1	CERTIFICATE OF LOCATION SVC CHARGE \$10 (1930)		\$10.00	\$10.00
2	1	LOCATION FEE \$25 (1993)		\$25.00	\$25,00
3	1	MAINTENANCE FEE \$100 (1993)		\$100.00	\$100.00

Transaction #: 42411

Date of Transaction: 12/02/1999

Commodity: IAC PRODUCTS Subject: COPIES

LINE #	QTY	ACTION / PRODUCT	REMARKS	UNIT PRICE	TOTAL
1	: ')	CASEFILE/DOCUMENT COPIES / COPIES (B/W UP TO 11X17)-\$.13/P		\$0.13	\$0.26
				TOTAL:	\$135,26

	PAYMENT INF	ORMATION
1	AMOUNT: \$135.26	POSTMARKED: N/A
	TYPE: CASH	RECEIVED: 12/02/1999
	NAME:	

·		
	REMARKS	F CAN DE CONTRACTOR OF THE PARTY OF THE PART
	KLMAKKS	

CASE SERIAL NUMBER INFORMATION						
TRNS#	LINE#	CASES				
42408	1	AMC352844				
42408	2	AMC352844				
42408	3	AMC352844				

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



Box Number= AZ15139



Claim Begin-End: AMC352844-AMC352844

2 Correspondence



U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** Domestic Mail Only

PS Form 3800, April 2015 PSN 7530-02-000-9047

0 E80

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For delivery information, visit our website at www.usps.com®.

Certified Mail Fee PHOE MINISTER AS BEEN SON Extra Services & Fees (check box, add Return Receipt (hardcopy) Return Receipt (elegroup) Return Receipt (electronic Postmark Here Adult Signature Restricted Delivery BELICE Postage RAY FLANDERS 333 Tota 33535 NW VADIS RD 7017 Seni **CORNELIUS OR 97113-6336** Stree 920/PB/AMC352844 City,

See Reverse for Instructions

Certified Mail service provides the following benefits: A receipt (this portion of the Certified Mail label). for an electronic return receipt, see a ret

 Electronic verification of delivery or attempted delivery.
 A record of delivery (including the recipient's

A unique identifier for your mailpiece.

- signature) that is retained by the Postal Service™ for a specified period. Important Reminders:
- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
 Certified Mail service is not available for
- international mail.

 Insurance coverage is not available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:

certain Priority Mail items.

 Return receipt service, which provides a record of delivery (including the recipient's signature).
 You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, Domestic Return Receipt; attach PS Form 3811 to your malipiece; for an electronic return receipt, see a retail associate for assistance. To receive a Auplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent

(not available at retail).

To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail tem at a Post Office" for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.

Product 10/5/17

OCT 1 1 2017

In Reply Refer To: 3800 (9200) PB AMC352844

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. 7017 0660 0000 3024 0839

NOTICE

RAY FLANDERS 33535 NW VADIS RD CORNELIUS, OR 97113-6336

MICA ONE TWO THREE AMC352844

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:

The waiver was filed on an expired form, you must provide the waiver information on the enclosed current form.

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AC39317

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

Lucas Lucero

Deputy State Director

Lands, Minerals and Energy Division

Enclosure(s)

UNITED STATES DEPARTMENT OF INTERIOR

Bureau of Land Management Arizona State Office One North Central Avenue, Suite 800 Phoenix, Arizona 85004-4427

> OFFICIAL BUSINESS PENALTY FOR PRIVATE USE \$300



CERTIFIED MAIL



7017 0660 0000 3024 0839

neopost" **US POSTAGE**

0011/22/17

041L11101433

RAY FLANDERS 33535 NW VADIS RD CORNELIUS OR 97113-6336

NIXIE

UNCLAIMED UNABLE TO FORWARD

UNC 98168+644625 BC: 85004442700 *2414-00378-12-37

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
 Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: RAY FLANDERS 33535 NW VADIS RD CORNELIUS OR 97113-6336 920/PB/AMC352844 	A. Signature X B. Received by (Printed Name) D. Is delivery address different from it If YES, enter delivery address belance.	Agent Addresse C. Date of Delivery tem 1? Yes ow: No
9590 9402 1932 6123 9422 53	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restric Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation☐ Signature Confirmation☐ Signature Confirmation☐
7017 0660 0000 3024 0839	Mail Restricted Delivery	Restricted Delivery



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/



In Reply Refer To: 3800 (9200) PB AMC352844 OCT 1 1 2017



ROS undained UTF

CERTIFIED MAIL – RETURN RECEIPT REQUESTED NO. 7017 0660 0000 3024 0839

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Lucas Lucero

Deputy State Director

Lands, Minerals and Energy Division

Enclosure(s)

Form 3830-2 (November 2010)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



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

MAINTENANCE FEE WAIVER CERTIFICATION

SEE INSTRUCTIONS ON PAGE 2

1. This small miner waiver is filed for the assessment year beginning on September 1.2017 and ending on September 1, 2018
2. The undersigned and all related parties corned 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

b. 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 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 UK SITE NAME		BLM RECORDATION SER	IAI MINADED
1.	<u> </u>	22 TOO TON SER	TAL MOINIBEK
2. MICH - 1-2-3		352844	-
3.		3) & 6 7 /	
4.			
5.			
6.			
7.			
8.			
		777	G0
10.		<u> </u>	표
The owner(s) (claimants) of the above mining claims and sites are:		2817 SEP - 1	RECE Z STA
() Dieas Drint)		AR T	ATE
The state of the s		(Owner's Signature)	
(Owner's Mailing Address)	(City)	Q	(Zip Code)
David H Flanders		1.70	
David HFLanders (Owner's Name - Please Print) GENERAL DELIVERY	CHVE	(Owner's Signature) CNEEK A2	10/36361 8533
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
MANK FLAMBERS (Owner's Name - Please Print)	Mark	lad	
1755 NE 10+6 AUR	11/1/51340	(Owner's Signature)	97124
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
DAY FLAMBERS	floy	Landon	
33535 NW VADIS (A)	Ornelis	(Owner's Signature)	97/13
(Owner's Mailing Address)	(City)	(State)	(Zip Code)

DEPARTMENT OF THE INTERIOR **SUREAU OF LAND MANAGEME MINING CLAIMS**

(LIVE) Serial Register Page

01 05-10-1872;017STAT0091;30USC26,28,34

Case Type 384101: LODE CLAIM

Run Date/Time: 10/05/2017 04:26 PN

Claim Name: MICA ONE TWO THREE

Commodity:

Name & Address

FLANDERS RAY

FLANDERS MARK

FLANDERS DAVID H

Case Disposition: ACTIVE

Required Maintenance Fee: \$155.00

Total Acres 20.660 **Serial Number** AMC352844 Lead File Number AMC352844

Page 1 of 2

Int Rel

CLAIMANT CLAIMANT CLAIMANT

PRESCOTT, AZ 86301-9999 CORNELIUS, OR 97113-6336 HILLSBORO, OR 97124-1703

Mer Twp Rng Sec 14 0060N 0060E 025 Quadrant

NE, NW , SW , SE

GENERAL DELIVERY

33535 NW VADIS RD

1755 NE 10TH AVE

District/Field Office

HASSAYAMPA FO

County MARICOPA

Act Date	Code	Action	Action Remarks	Receipt Number
11/26/1999	403	LOCATION DATE		
12/02/1999	395	RECORDATION NOTICE RECD		
09/01/2017	483	SMALL MINER CERT FILED	2018	
08/31/2016	483	SMALL MINER CERT FILED	2017	
12/22/2016	480	EVID OF ASSMT FILED	2016	3728407
08/31/2015	. 483	SMALL MINER CERT FILED	2016	
12/30/2015	480	EVID OF ASSMT FILED	2015	3464335
08/13/2014	483	SMALL MINER CERT FILED	2015	
08/13/2014	480	EVID OF ASSMT FILED	2014	3101144
09/03/2013	483	SMALL MINER CERT FILED	2014	
09/04/2013	480	EVID OF ASSMT FILED	2013	2875841
08/30/2012	483	SMALL MINER CERT FILED	2013	·
08/30/2012	480	EVID OF ASSMT FILED	2012	2646099
09/01/2011	483	SMALL MINER CERT FILED	2012	
09/01/2011	480	EVID OF ASSMT FILED	2011	2424178
09/01/2010	483	SMALL MINER CERT FILED	2011	
09/01/2010	480	EVID OF ASSMT FILED	2010	2210594
09/01/2009	483	SMALL MINER CERT FILED	2010	
09/01/2009	480	EVID OF ASSMT FILED	2009	1995560
09/01/2008	483	SMALL MINER CERT FILED	2009	·
09/05/2008	480	EVID OF ASSMT FILED	2008	1781353
08/31/2007	483	SMALL MINER CERT FILED	2008	
08/31/2007	480	EVID OF ASSMT FILED	2007	1562312
08/22/2006	483	SMALL MINER CERT FILED	2007	
08/22/2006	480	EVID OF ASSMT FILED	2006	1341874
08/22/2005	483	SMALL MINER CERT FILED	2006	
08/22/2005	480	EVID OF ASSMT FILED	2005	1139635
09/01/2004	483	SMALL MINER CERT FILED	2005	
09/01/2004	480	EVID OF ASSMT FILED	2004	948974
08/09/2003	483	SMALL MINER CERT FILED	2004	
08/19/2003	480	EVID OF ASSMT FILED	2003	733706

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

PEPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMEN MINING CLAIMS

Run Date/Time:	10/05	/2017 04:26 PN	LIVE) Serial Register Page	<u> </u>	Page 2 of 2
08/26/2002	483	SMALL MINER CERT FILED	2003		
08/26/2002	480.	EVID OF ASSMT FILED	2002	548411	
08/24/2001	483	SMALL MINER CERT FILED	2002		
08/24/2001	480	EVID OF ASSMT FILED	2001	3,65051	
09/01/2000	483	SMALL MINER CERT FILED	2001		
07/26/2000	480	EVID OF ASSMT FILED	2000	158323	
12/02/1999	482	MAINTENANCE FEE/\$100	2000		•
09/01/2017	.247	FUTURE ACTION SUSPENSE	2018 WVR CORRECTION		
08/23/2017	170	ADDRESS CHANGE FILED	FLANDERS DAVID		
11/30/2016	113	ADDITIONAL INFO RECEIVED	2017 WVR NON EXP FORM		
08/31/2016	170	ADDRESS CHANGE FILED	DFLANDERS		
08/31/2016	396	TRF OF INTEREST FILED	FLANDERS ROSA	.3649503	
12/30/2015	488	ASSMT DOC RECEIVED	480;2015	3464356	
09/01/2010	313	INDIV CLAIMANT RELQ	FLANDERS EMILY		
08/09/2000	396	TRF OF INTEREST FILED	FLANDERS DAVID H	194555	,
12/02/1999	501	ACCT ADV IN LEAD FILE	AMC352844;		
12/02/1999	669	LAND STATUS CHECKED			
•			•	•	

Line Nr Remarks

0001 EMILY FLANDERS RELINQUISHED CLAIM 08/27/2010

USPS Tracking®

Track Another Package +

Tracking Number: 70170660000030240839

Remove X

Your item arrived at our USPS facility in PHOENIX AZ DISTRIBUTION CENTER on November 27, 2017 at 7:58 am. The item is currently in transit to the destination.

In-Transit

November 27, 2017 at 7:58 am ARRIVED AT USPS REGIONAL FACILITY PHOENIX AZ DISTRIBUTION CENTER

Tracking History

 \wedge

November 27, 2017, 7:58 am
Arrived at USPS Regional Facility
PHOENIX AZ DISTRIBUTION CENTER

YOur Item arrived at our USPS facility in PHOENIX AZ DISTRIBUTION CENTER on November 27, 2017 at 7:58 am. The item is currently in transit to the destination.

November 25, 2017, 9:37 am In Transit to Destination

November 24, 2017, 6:37 pm
Departed USPS Regional Facility
PORTLAND DISTRIBUTION CENTER

November 24, 2017, 9:55 am In Transit to Destination

November 22, 2017, 7:51 am

Arrived at USPS Regional Facility
PORTLAND DISTRIBUTION CENTER

November 17, 2017, 11:10 am Unclaimed/Being Returned to Sender HILLSBORO, OR 97123

November 17, 2017, 11:03 am Unclaimed/Being Returned to Sender HILLSBORO, OR 97123

Reminder to Schedule Redelivery of your item

October 16, 2017, 3:05 pm Notice Left (No Authorized Recipient Available) CORNELIUS, OR 97113

October 16, 2017, 9:15 am In Transit to Destination

October 15, 2017, 9:15 pm Departed USPS Facility PORTLAND, OR 97220

October 15, 2017, 9:18 am In Transit to Destination October 14, 2017, 4:18 am
Arrived at USPS Facility
PORTLAND, OR 97220

October 13, 2017, 9:35 am
In Transit to Destination

October 13, 2017, 8:36 am
Departed USPS Regional Facility
PHOENIX AZ DISTRIBUTION CENTER

October 12, 2017, 6:31 pm
Arrived at USPS Regional Facility
PHOENIX AZ DISTRIBUTION CENTER

Product Information

Postal Product:

Features:
Certified Mail**
See Less ^

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Certified Mail Fee Extra Services & Fees (check box, a Return Receipt (hardcopy) Return Receipt (electronic Postmark Certified Mail Restricted Deliver Here Adult Signature Required Adult Signature Restricted Delivery \$ EDFFICE Postage DAVID H FLANDERS Total P GENERAL DELIVERY Sent To PRESCOTT AZ 86301-9999 Street & 920/PB/AMC352844 City, St.

PS Form 2000, April 2013 PSN 7530-02-000-9047

0815

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See Reverse for Instructions

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IMPORTANT: Save this receipt for your records.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece. or on the front if space permits. 1. Article Addressed to:
 - DAVID H FLANDERS GENERAL DELIVERY PRESCOTT AZ 86301-9999 920/PB/AMC352844



9590 9402 1932 6123 9422 77

2. Article Number (Transfer from service label)

7017 0660 0000 3024

0815

3. Service Type

□ Adult Signature

Certified Mail®

☐ Collect on Delivery

Mail

Mail Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent Received by (Printed Name) Is delivery address different from

If YES, enter delivery address below: OCT 23 2017

> ☐ Priority Mail Express® ☐ Registered Mail™

☐ Adult Signature Restricted Deliver □ Registered Mail Restricted □ Certified Mail Restricted Delivery

Delivery Return Receipt for Merchandise ☐ Collect on Delivery Restricted Delivery

□ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt





United States Postal Service

Sender Please print your name, address, and ZIP+4® in this box®

U.S. DEPARTMENT OF THE INTERIOR

PREAU OF LAND MANAGEMENT

AN IZONA STATE OFFICE

ONE NORTH CENTRAL AVENUE, SUITE 800

PHOENIX, AZ 85004-4427

Consum 10/5/17

Physican 10/5/17

HTMORE 10/11/17

OCT 1 1 2017

In Reply Refer To: 3800 (9200) PB AMC352844

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. 7017 0660 0000 3024 0815

NOTICE

DAVID H FLANDERS GENERAL DELIVERY PRESCOTT, AZ 86301-9999

MICA ONE TWO THREE AMC352844

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DD 12/22/17

11/24/17 WVIC Concession 1/2

C393

PB

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

Lucas Lucero

Deputy State Director
Lands, Minerals and Energy Division

Enclosure(s)



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 1 2017





In Reply Refer To: 3800 (9200) PB AMC352844

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Lucas Lucero

Deputy State Director
Lands, Minerals and Energy Division

Enclosure(s)

Form 3830-2 (November 2010)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



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

MAINTENANCE FEE WAIVER CERTIFICATION

SEE INSTRUCTIONS ON PAGE 2

1. This small miner waiver is filed for the assessment year beginning on September 1. 2013

The undersigned and all related parties of wheel 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, 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 UK SITE NAME	BLM RECORDATION SERIAL NUMBER
1. 10000 100	25. ACCOLDATION SENIAL NUMBER
2. MICH - 1-2-3	352844
4.	
5.	
6.	
7.	
8.	
10.	He He
The owner(s) (claimants) of the above mining claims and sites are:	PHOENIX.
	-I F
The service in Pleace Drinth	(Owner's Stelature)
	(Owner's Stelature)
(Owner's Mailing Address)	(City) (Zip Code)
David H Flanders	David WF-lunder T
(Owner's Name - Please Print)	CAVE CREEK AZ 8533
GENERAL DELIVERY (Owner's Mailing Address)	
100	(City) (State) (Zip Code)
MARK FLAMBERS	Mart Flas
(Owner's Name - Please Print)	(Owner's Signature)
1755 NZ 10+L AVR	H1//5/340 OVE 97/24
(Owner's Mailing Address)	(City) (State) (Zip Code)
DAY FLAMIENS	flay of ander
(Owner's Name - Please Print)	(Owner's Signature)
33535 NO VADIS RD	Larnetus Ove 971/3
(Owner's Mailing Address) Continued on page 2)	(City) (State) (Zip Code)

DEPARTMENT OF THE INTERIOR 3UREAU OF LAND MANAGEME MINING CLAIMS

Run Date/Time: 10/05/2017 04:26 PN

(LIVE) Serial Register Page

01 05-10-1872;017STAT0091;30USC26,28,34

Case Type 384101: LODE CLAIM Claim Name: MICA ONE TWO THREE

Commodity:

Name & Address

Case Disposition: ACTIVE

Required Maintenance Fee: \$155.00

Total Acres 20.660 Serial Number AMC352844

Page 1 of 2

Lead File Number AMC352844

Int Rel

FLANDERS DAVID H GENERAL DELIVERY PRESCOTT, AZ 86301-9999 CLAIMANT CORNELIUS, OR 97113-6336 FLANDERS RAY 33535 NW VADIS RD CLAIMANT FLANDERS MARK 1755 NE 10TH AVE HILLSBORO, OR 97124-1703 CLAIMANT

Mer Twp Rng Sec Quadrant District/Field Office County 14 0060N 0060E 025 NE, NW , SW , SE HASSAYAMPA FO MARICOPA

Act Date	Code	Action	Action Remarks	Receipt Number
11/26/1999	403	LOCATION DATE		
12/02/1999	395	RECORDATION NOTICE RECD		
09/01/2017	483	SMALL MINER CERT FILED	2018	
08/31/2016	483	SMALL MINER CERT FILED	2017	
12/22/2016	480	EVID OF ASSMT FILED	2016	3728407
08/31/2015	483	SMALL MINER CERT FILED	2016	
12/30/2015	480	EVID OF ASSMT FILED	2015	3464335
08/13/2014	483	SMALL MINER CERT FILED	2015	
08/13/2014	480	EVID OF ASSMT FILED	2014	3101144
09/03/2013	483	SMALL MINER CERT FILED	2014	
09/04/2013	480	EVID OF ASSMT FILED	2013	2875841
08/30/2012	483	SMALL MINER CERT FILED	2013	
08/30/2012	480	EVID OF ASSMT FILED	2012	2646099
09/01/2011	483	SMALL MINER CERT FILED	2012	
09/01/2011	480	EVID OF ASSMT FILED	2011	2424178
09/01/2010	483	SMALL MINER CERT FILED	2011	
09/01/2010	480	EVID OF ASSMT FILED	2010	2210594
09/01/2009	483	SMALL MINER CERT FILED	2010	
09/01/2009	480	EVID OF ASSMT FILED	2009	1995560
09/01/2008	483	SMALL MINER CERT FILED	2009	
09/05/2008	480	EVID OF ASSMT FILED	2008	1781353
08/31/2007	483	SMALL MINER CERT FILED	2008	
08/31/2007	480	EVID OF ASSMT FILED	2007	1562312
08/22/2006	483	SMALL MINER CERT FILED	2007	
08/22/2006	480	EVID OF ASSMT FILED	2006	1341874
08/22/2005	483	SMALL MINER CERT FILED	2006	
08/22/2005	480	EVID OF ASSMT FILED	2005	1139635
09/01/2004	483	SMALL MINER CERT FILED	2005	
09/01/2004	480	EVID OF ASSMT FILED	2004	948974
08/09/2003	483	SMALL MINER CERT FILED	2004	
08/19/2003	480	EVID OF ASSMT FILED	2003	733706

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PEPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMEN MINING CLAIMS

Run Date/Time:	10/05	5/2017 04:26 PN	(LIVE) Serial Register Page	Page 2 of 2
08/26/2002	483	SMALL MINER CERT FILED	2003	
08/26/2002	480	EVID OF ASSMT FILED	2002	548411
08/24/2001	483	SMALL MINER CERT FILED	2002	
08/24/2001	480	EVID OF ASSMT FILED	2001	3,65051
09/01/2000	483	SMALL MINER CERT FILED	2001	
07/26/2000	4.80	EVID OF ASSMT FILED	2000	158323
12/02/1999	482	MAINTENANCE FEE/\$100	2000	· ·
09/01/2017	247	FUTURE ACTION SUSPENSE	2018 WVR CORRECTION	
08/23/2017	170	ADDRESS CHANGE FILED	FLANDERS DAVID	
11/30/2016	113	ADDITIONAL INFO RECEIVE	D 2017 WVR NON EXP FORM	
08/31/2016	170	ADDRESS CHANGE FILED	DFLANDERS	
08/31/2016	396	TRF OF INTEREST FILED	FLANDERS ROSA	3649503
12/30/2015	488	ASSMT DOC RECEIVED	480;2015	3464356
09/01/2010	313	INDIV CLAIMANT RELQ	FLANDERS EMILY	
08/09/2000	396	TRF OF INTEREST FILED	FLANDERS DAVID H	194555
12/02/1999	501	ACCT ADV IN LEAD FILE	AMC352844;	
12/02/1999	669	LAND STATUS CHECKED	•	
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Line Nr Remarks

0001 EMILY FLANDERS RELINQUISHED CLAIM 08/27/2010

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\$ Total Pos	MARK FLANDERS	
\$	1755 NE 10TH AVE	
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Street an	920/PB/AMC352844	
City, State		
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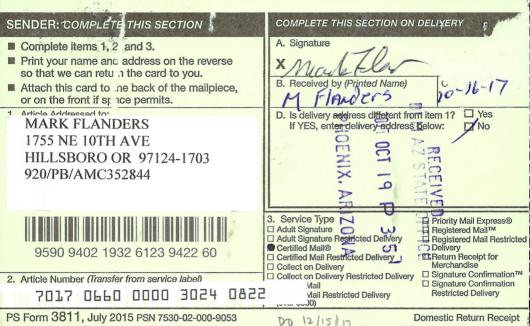
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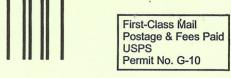
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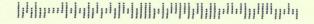






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 ONE NORTH CENTRAL AVENUE, SUITE 800
 PHOENIX, AZ 85004-4427



War 10/5/17

OCT 1 1 2017

In Reply Refer To: 3800 (9200) PB AMC352844

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. 7017 0660 0000 3024 0822

NOTICE

MARK FLANDERS 1755 NE 10TH AVE HILLSBORO, OR 97124-1703

MICA ONE TWO THREE AMC352844

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:

The waiver was filed on an expired form, you must provide the waiver information on the enclosed current form.

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 \$155 per DD 12/15/17 person paragraphs claim (\$155 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.

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

Lucas Lucero

Deputy State Director

Lands, Minerals and Energy Division

Enclosure(s)



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/



In Reply Refer To: 3800 (9200) PB AMC352844

OCT 1 1 2017



CERTIFIED MAIL – RETURN RECEIPT REQUESTED NO. 7017 0660 0000 3024 0822

NOTICE

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Lucas Lucero

Deputy State Director

Lands, Minerals and Energy Division

Enclosure(s)

Form 3830-2 (November 2010)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



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

MAINTENANCE FEE WAIVER CERTIFICATION

SEE INSTRUCTIONS ON PAGE 2

1. This small miner waiver is filed for the assessment year beginning on September 1, 2016

The undersigned and all related parties graned 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

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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.

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

CLAIM A GITTO LANGE	
CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER
2. MICH-1-2-3	352844
0.	H G H M
he owner(s) (claimants) of the above mining claims and sites are:	SEP - SEP -
1) ins - Please Print)	(Owner's Stelature)
(Owner's Mailing Address)	(City) (Zip Code)
David HFLanders (Owner's Name - Please Print) (EMERAL DELIVERY (Owner's Mailing Address)	David WF-lunders (Owner's Signature) CHVE CHEEK A2 8533 (City) (State) (Zip Code)
MARK FLAMBERS (Owner's Name - Please Print) 1755 ME 10-1-6 Ave (Owner's Mailing Address)	Mar Tlad (Owner's Signature) (Owner's Signature) OVE 9712 (State) (City) (State) (Zip Code)
DAY FLAMBERS	(City) (State) (Zip Code)
(Owner's Name - Please Print) Nov VADIS (Owner's Mailing Address)	Onnelius (Owner's Signature) ONE 97113
ontinued on page 2)	(City) (State) (Zip Code)

DEPARTMENT OF THE INTERIOR **⇒UREAU OF LAND MANAGEME** MINING CLAIMS

Run Date/Time: 10/05/2017 04:26 PN (LIVE) Serial Register Page

01 05-10-1872;017STAT0091;30USC26,28,34 Case Type 384101: LODE CLAIM

Claim Name: MICA ONE TWO THREE

Commodity:

Case Disposition: ACTIVE

Required Maintenance Fee: \$155.00

Total Acres 20.660 **Serial Number** AMC352844 **Lead File Number**

Page 1 of 2

AMC352844

Name & Address	· a	Int Rel

FLANDERS DAVID H GENERAL DELIVERY PRESCOTT, AZ 86301-9999 CLAIMANT FLANDERS RAY 33535 NW VADIS RD CORNELIUS, OR 97113-6336 CLAIMANT FLANDERS MARK 1755 NE 10TH AVE HILLSBORO, OR 97124-1703 CLAIMANT

Mer Twp Rng Sec Quadrant District/Field Office County 14 0060N 0060E 025 NE,NW ,SW ,SE HASSAYAMPA FO MARICOPA

Act Date	Code	Action	Action Remarks		Receipt Number
11/26/1999	403	LOCATION DATE			
12/02/1999	395	RECORDATION NOTICE RECD			
09/01/2017	483	SMALL MINER CERT FILED	2018		
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9/01/2011	480	EVID OF ASSMT FILED	2011		2424178
9/01/2010	483	SMALL MINER CERT FILED	2011		
9/01/2010	480	EVID OF ASSMT FILED	2010		2210594
9/01/2009	483	SMALL MINER CERT FILED	2010		
9/01/2009	480	EVID OF ASSMT FILED	2009	•	1995560
9/01/2008	483	SMALL MINER CERT FILED	2009		,
9/05/2008	480	EVID OF ASSMT FILED	2008		1781353
8/31/2007	483	SMALL MINER CERT FILED	2008		
8/31/2007	480	EVID OF ASSMT FILED	2007		1562312
8/22/2006	483	SMALL MINER CERT FILED	2007		
8/22/2006	480	EVID OF ASSMT FILED	2006		1341874
8/22/2005	483	SMALL MINER CERT FILED	2006		
8/22/2005	480	EVID OF ASSMT FILED	2005		1139635
9/01/2004	483	SMALL MINER CERT FILED	2005		
9/01/2004	480	EVID OF ASSMT FILED	2004		948974
8/09/2003	483	SMALL MINER CERT FILED	2004		
08/19/2003	480	EVID OF ASSMT FILED	2003		733706

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PEPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMEN MINING CLAIMS

Run Date/Time:	10/05	5/2017 04:26 PN (LIV	/E) Serial Register Page	Page 2 of 2
08/26/2002	483	SMALL MINER CERT FILED	2003	
08/26/2002	480	EVID OF ASSMT FILED	2002	548411
08/24/2001	483	SMALL MINER CERT FILED	2002	
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08/31/2016	170	ADDRESS CHANGE FILED	DFLANDERS	
08/31/2016	396	TRF OF INTEREST FILED	FLANDERS ROSA	3649503
12/30/2015	488	ASSMT DOC RECEIVED	480;2015	3464356
09/01/2010	313	INDIV CLAIMANT RELQ	FLANDERS EMILY	
08/09/2000	396	TRF OF INTEREST FILED	FLANDERS DAVID H	194555
12/02/1999	501	ACCT ADV IN LEAD FILE	AMC352844;	
12/02/1999	669	LAND STATUS CHECKED		
•				
Line Nr Remark	- a			

Line Nr Remarks

0001 EMILY FLANDERS RELINQUISHED CLAIM 08/27/2010

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Job=AZ15 7/2/2019



Box Number = AZ15139



Claim Begin-End: AMC352844-AMC352844

3 Transfers

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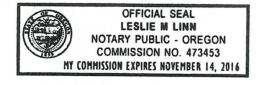
SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

For consideration of Ten Dollars, and other valuable considerations, I or we, ROSA FIBNIDERS

hereby quit-claim to DAVID H FLANDERS

MINING CLAIM - MICH ONE #351108	situated in Yampai County, Arizona:	
Dated: (8 - 9 - 2016)	2013 AUS	
Losa Handon	M AZ STATE OFFICHA	
State of Arizona- }	A 53 CF	A.C.
County of Yavapai } WASHINGTON		
The foregoing instrument was acknowledged before m	ne this 24 day of August, 2016, b	У
Rosa Flanders	NOTARY PUBLIC	
OFFICIAL SEAL	My commission expires: 11.14.10	



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WOOD	*^~~~~~~		
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

GOLL CEATIN DEED
For consideration of Ten Dollars, and other valuable considerations, I or we, ROSA FLANDEDS
hereby quit-claim to DAVID IT FLANDERS ARECEIVED all right, title or interest in the following real property situated in the
all right, title or interest in the following real property situated in Americanty, Arizona 22 The marking County, Arizona 22 The marking County and State of the
Dated: (8-9-2016)
Kora Hander 9/24/16
State of -Arizona } State of -Arizona } State of -Arizona } State of -Arizona } WASHINGTON
The foregoing instrument was acknowledged before me this 24 day of August , 2016, by
POSA Flanders NOTARY PUBLIC My commission expires: 1(.14.16) LESLIE M LINN NOTARY PUBLIC - OREGON
COMMISSION NO. 473453 MY COMMISSION EXPIRES NOVEMBER 14, 2016

When	recorded	mail to

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUIT CLAIM DEED

For consideration of Ten Dollars, and other valuable considerations, I or we, ROSA FLANDER

hereby quit-claim to DAVID IT FLAMDERS

all right, title or interest in the following real property situated in Yavapai County, Arizona:

MINING CLAIM - RUSTI IRON

#354085

Dated: (8-9-2046)

State of Arizona

County of Yavapai

WASHINGTON

The foregoing instrument was acknowledged before me this 34 day of

NOTARY PUBLIC

My sømmission expires: 11.14.16

ROSa Flanders



United States Department of the Interior Bureau of Land Management

Receipt

DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427 Phone: 602-417-9200

No:

3649503

Transaction #: 3753512

Date of Transaction: 09/01/2016

CUSTOMER:

ROSE FLANDERS

1755 NE 10TH AVE

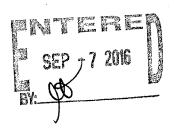
HILLSBORO,OR 97124-1703 US

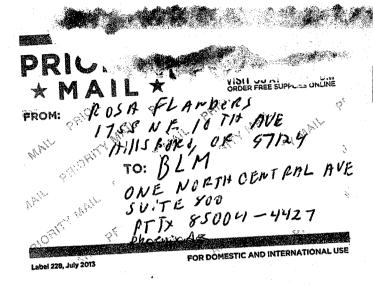
LINE #	QTY	DESCRIPTION	REMARKS	UNIT PRICE	TOTAL
1	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC351108/\$0.00	WAIVER 2017 - 3	- n/a -	0.00
2	1.00	LOCATABLE MINERALS / MINING CLAIMS- NOT NEW-UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED CASES: AMC351108/\$30.00		- n/a -	30.00
TOTAL: \$30					\$30.00

		PAYMENT INFORMATION				
1	AMOUNT:	30.00	POSTMARKED:	08/29/2016		
	TYPE:	CHECK	RECEIVED:	08/31/2016		
	CHECK NO: 2230					
	NAME:	FLANDERS, ROSA 1755 NE 10TH AVE HILLSBORO OR 97124-1703 US				

11	REMARKS
1	KEWAKES
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			* 1				
Receipt #: 194555 Amount Received: 9/0 00			Lead #:_	25/108,	3!	1284	141
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Date: 9/22/0	0						
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352844	396	500					
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		11					

100 707	Total: /	6	Entered: 1/M 9/16/80
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482\$100			Verified: Myde 9/27/0
396\$5			
635\$5	100	i	Sent to Accounts: 9/27/00
379Refund			
		1	Earned by Accounts:
			Date

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to you. Attach this card to the back of the mailpie or on the front if space permits. 	se	A. Received by (Please Print Clearly) B. Date of Delivery D-30-20 Agent Addressee
Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
David Flanders 1755 NE 10 th Ave. Hillsboro, OR 97124		
(957.13)DM AMC35110 <mark>8,352844</mark>		3. Service Type ■ Certified Mail □ Express Mail □ Registered ■ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
É		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7099 3220 0003 689 7 366	çò	
	mestic Ret	turn Receipt 102595-99-M-1789

Un accordance to and in compliance with U.S. H constitutional pre-existing law pre-dating Sept 7 of 1984 Concerning Mining land of \$1872- governing matter of ownership nighter of either puterted or un-patented. Toda Clamo, of for in this casts) involving Il David At landers - owner and Locater of unpanted mining claims mica one Came 35/108) and part owner and Locates of un-patented wining claim Mice one-tur-Three (ame 352844) - do hearby great Claims meca one on the 9th day of duguest year 2000 and Mica one-two-three of the 1st day of Sept year 2000) over to a Rose Flanders
- who currently already is part owner of said
Mica one-two-three in friend of existing
britstanding debt inclubtted to a Rose Flanders Uby me David AT-landers.

STATE OFFICE PHOEMIXONA

Signature of Grantor Vavid At Paroles signature of Israntee Dosa

00' M9 ss S SEP 18

MORPHO TO STORY WALKERT 40 NY 34 Mashington

Signed before me on Sep. 15, 2000 by David H Flanders and Rosa Flanders. Notary Jaura C. Barter exp. Oct. 14, 2003

CONVERSATION RECORD		TIME 3:00P.M.	1	DATE 09/13/2000,09/25/2000
TYPEVISIT	CONFERENCE		X_TELEPI	HONE
Location of Visit/Conference:				X OUTGOING
NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU David H. Flanders	ORGANIZATION (office, depetc.)	t., bureau,		
subject name/address verification; quit-claim deeds	; waivers			
SUMMARY				
Outgoing on 9/13/2000:				
There is(was) a David H. Flanders in Hillsb	oro, Oregon at 503-28	6-2935. How	ever, he is	deceased.
The David H. Flanders of this mining claim				
I tried calling him there, but got his ?roomm				
pass the information along to Mr. Flanders,	***************************************			
Incoming on 9/25/2000:				
Mr. Flanders was concerned that he has not	received a copy of the	latest waiver	s that he ha	ad submitted. He has
3 mining claimsAMC 31108-was submitted	ed on 7/26/00, processe	d and sent ba	ick to him	on 8/8/00; AMC
352844 has been entered but not verified ye	t; AMC 354085 has no	ot been logged	l in or ente	red yet. Mr. Flanders
seemed happy to know that he would be gett	ting copies of the waiv	ers soon.		
Last week, Mr Flanders sent in 2 documents	transferring the above	-mentioned c	laims. Ho	wever, he only sent in
\$10.00. For a transfer, the cost is \$5 per claim				
Flanders will be sending the other \$5 in toda	ay for AMC354085.		******	
Mr. Flanders full name is David H. Flanders	. His address for all of	f his claims sl	nould be 17	755 N.E. 10 th Ave.,
Hillsboro, OR 97124.				
I also told Mr. Flanders that full adjudication	n has not taken place or	n AMC35408	35.	
ACTION REQUIRED				
NAME OF PERSON DOCUMENTING CONVERSATION Lea R. Lucy	SIGNATURE			DATE 09/25000

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

	Receip	t Ta	
No:		194555	

	*****************		acted the literature of the contribution over the week	Mileton London Mileton Horizotti (Mileton Control of	Charles Charles bearing the Alberta Color of the Color of the Color
		#: 208138 raction: 09/22/2000			
		CUSTOMER: DAVID FLANDERS 1755 NE 10TH AVE HILLSBORO,OR 97124			
LINE #	QTY	COMMODITY / SUBJECT / ACTION / PRODUCT	REMARKS	UNIT PRICE	TOTAL
1	2	LOCATABLE MINERALS / MINING CLAIMS-ACCOUNTS/UNADJUDICATED / MINING CLAIM MONEY RECEIVED (455)	TRF (2)	- n/a -	\$10.00
			ТОТ	AL:	\$10.00

	PAYMENT INFORMATION	
AMOUR	IT. \$10.00	POSTMARKED: 09/16/2000
TYF	PE CHECK	RECEIVED: 09/20/2000
CHECKI	© 85979766058	
NAN	FLANDERS, DAVE 1755 NE 10TH AVE HILLSBORO OR 97124	

REMARKS

		CASE SERIAL NUMBER INFORMATION
TRNS#	LINE#	CASES
208138	1	AMC351108, AMC352844

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.

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 7/2/2019



Box Number= AZ15139

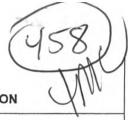


Claim Begin-End: AMC352844-AMC352844

4 Annual Filings

Form 3830-2 (January 2017)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



351108 352844

FORM APPROVED OMB NO. 1004-0114

Expires: January 31, 2020

MAINTENANCE FEE WAIVER CERTIFICATION

	2	GE	PA	ON	NS	JCTIO	TRI	INS'	SEE
--	---	----	----	----	----	-------	-----	------	-----

 This small miner waiver is filed for the assessment year beginning on September 1. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel site of America on September 1. The undersigned have performed the assessment work required by law for each mining claim the undersigned must file an affidavit of assessment work with the Bureau of Land Manageme 4. The undersigned understand that if the assessment work obligation has not yet come due unde a notice of intent to hold reciting this condition must be recorded by the December 30th follow 5. The undersigned understand that mill and tunnel sites may also be listed on this waiver and be intent to hold for these sites is required to be filed with the BLM by the December 30th follow 6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. document with the BLM may result in a fine of up to \$250,000, a prison term not to exceed fix 7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance 	listed prior to filing this waiver and understand that by filing this form, ent (BLM) by the December 30th following the filing of this waiver. er 30 U.S.C. 28 (for those claims in their first assessment year only), wing the filing of this waiver. er waived from payment of the maintenance fee, and that a notice of ving the filing of this waiver. 1001, the filing or recording of a false, fictitious, or fraudulent we years, or both.
CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER
1 MUACANT	1 35//8 8
- TITCH STYE	352844
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6.	S A
7.	₹ 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
8.	> w 3/8
9.	TO THE
10.	N 5: 1
The owner(s) (claimants) of the above mining claims and sites are:	> N O
PAVID H FLANDERS (Owner's Name - Please Print)	Pavid W Flanders

(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)

(Continued on page 2)

(Owner's Name - Please Print)

(Owner's Mailing Address)



(Zip Code)

(Owner's Signature)

(State)

(City)

Form 3830-2 (January 2017)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED OMB NO. 1004-0114 Expires: January 31, 2020

(Owner's Signature)

(Sinte)

(%ip Code)

(City)

GE 2		
s, mill, or tunnel sites located and maintained or each mining claim listed prior to filing this way of Land Management (BLM) by the December yet come due under 30 U.S.C. 28 (for those December 30th following the filing of this waiton this waiver and be waived from payment of December 30th following the filing of this waiver and be waived from payment of December 30th following the filing of this waiver	on Pederal lands in the valver and understand the er 30th following the fil claims in their first asse ver. If the maintenance fee, ar ver.	nat by filing this form ling of this waiver, ssment year only), and that a notice of
BLM RE	CORDATION SERIA	LNUMBER
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floy - I lander	v	
	ner's Signature)	2 2
CORNelius	ore	97115
(Cit <u>/</u>)	(State)	(Zip Code)
Mosh Flander		
		05 1211
		47124
(City)	(2000)	(Zip Code)
(Own	ner's Signature)	
200	Dember 1, 20/9 and ending on September 1, mill, or tunnel sites located and maintained or each mining claim listed prior to filling this was of Land Management (BLM) by the December 30 th following the filling of this wain this waiver and be waived from payment of the ecomber 30 th following the filling of this waive 1212 and 18 U.S.C. 1001, the filling or record erm not to exceed five years, or both and of the maintenance fees is requested are: BLM REMAINDED CORNELOS (City) Work Flore (Own Cory)	ptember 1, 2 / 9 and ending on September 1. 2 / 2 / 2 / 2 / 3 / 4 / 4 / 2 / 3 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9

(Owner's Name - Please Print)

(Owner's Mailing Address)

KJElan Ders Corneliasare 33535 NW, NADIS PHOENIX, ARIZONA U.S DEPTORTA HUTERIUR moenip, AZ 85004-442> DIN OF LANDS MINALS of ENERY Jureau of Land Mutmagemen

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Reside at (Address) 1755 ME 10 7h The state OFF In the state of the United States, more to the United States, more to the United States, more to the state of the United States, are true and the state of the United States, are true and the state of the United States, are true and the state of the United States, are true and the state of the United States, are true and the state of the United States, are true and the state of the United States, are true and the state of the United States, are true and the state of the United States, are true and United Stat	FLF 175 11 Checelephon	VE/CLSBOR	RESIDENCE Th					51108 5284 54085
State OFF in the United States, more the injection of the United States, more the injection of the United States, more the injection of the growth of the facts set forth in this affidavit, subject to the provisions and penalties of the States, are true and the injection of the filling of false, fictitious, or fraudulent statements with the United States, are true and orrect according to the best of my knowledge, information and belief. Owner's name and address (If not shown in Items 1-3 above). 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 (optional) Mining District; Ounty, Arizona. County, Arizona. County, Arizona. County, Arizona. Twp RNG Section 1351/08 MICH COPE AMC NUMBER CLAIM/SITE NAME DATA (If available) Twp RNG Section 1351/08 MICH COPE AMC NUMBER CLAIM/SITE NAME DATA (If available)	FFIDAV	TT OF PERFO	PRMANCE OF ANNUAL WO	DRK				E. J
istate OFT in the country with the facts set forth in this affidavit, subject to the provisions and penalties of the United States, more the ighteen years of age, and that all of the facts set forth in this affidavit, subject to the provisions and penalties of the correct according to the filling of false, fictitious, or fraudulent statements with the United States, are true an orrect according to the best of my knowledge, information and belief. Owner's name and address (If not shown in Items 1-3 above). 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 (optional) Mining District; What I Coph County, Arizona. County, Arizona. Line AMC NUMBER CLAIM/SITE NAME COUNTY RECORDER DATA (If available) TWP RNG SECONTY AND	. State o	f Arizona, Cou e) <u> </u>	inty of <u>MARICOPI</u>) HFLAMDERS	9ss:	Date		PHOENIX, ARI	ა ′ൂ⊆
(optional) Mining District; MALICOPH County, Arizona. Line No. NUMBER CLAIM/SITE NAME COUNTY RECORDER DATA (If available) TWP RNG SECONDER 1 351/08 MICH - OME 2 Rts 4362683	tate <u>O</u> ighteen .S.C. 10 orrect ac	Zip 97/ years of age, a 01 pertaining ecording to the	being duly sworn, de and that all of the facts set fo to the filing of false, fictitious best of my knowledge, info	pose and say that I am orth in this affidavit, sub s, or fraudulent stateme rmation and belief.	ject to the	provisio	nited States,	more than
1 351/08 MICH - OME 2 R# 4362-683 4	That I a	am personally of the owner(s) of said claim(s). Said conti	guous group of claims,	listed on t	his docu	ment, are s	and at the ituated in t
2 R# 9362-683 3 4			CLAIM/SITE NAME		ER	TWP	RNG	SEC
2 R# 4362-683 3 4	1	351/08	MICH-OHE		6	(-N	6-E	ME-2 56-2
4	2		R# 9362683					
	3							
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5	5							

Form: MCF108 Revised July 2014 Page 1 of 2

Entered 3/4/19 AD

	BLM Date Stamp	PHOENIX, ARIZONA	2019 JAN 28 A 11:	RECEIVED BLM AZ STATE OFF	
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upon said claim(s) or upon one or more of a contiguous a contiguous group of claims for the benefit of all, not in 7. That the following persons were employed to perform $ \begin{array}{cccccccccccccccccccccccccccccccccccc$	n the work and improvements described by DERS	ribed he	erein: _		
9. Dated:/2-26-30/8 Signature: David HT4	engless				
SUBSCRIBED AND SWORN TO before me, a Notary F By: Daria Mon Jaja Notary Public Laria Mon Yrp My Commission Expires DCH1 Th 2020	Public, this _ Room_ day of _	OH DAF MOTARY PL MA	FFICIAL S RIA MON JBLIG - STAT RICOPA CO	EAL ITOYA E OF ARIZONA DUNTY	
viy Commission Expires		My Comm.	Expires Oct	000111,2020	

Form: MCF108 Revised July 2014 Page 2 of 2

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FFIDAV	TT OF PERFO	RMANCE OF ANNUAL W	ORK					
City Historical Actions of the Color of the	at (Address)	nty of MRICO ID IF FLAT 1755-IVE I County WA Let being duly sworn, de not that all of the facts set to the filing of false, fictitious best of my knowledge, infolderess (If not shown in Item	SHINGTON epose and say that I amforth in this affidavit, subsequents, or fraudulent statement or mation and belief	piect to th	of the Ur	ne and nor	CEIVED	
i. That I a	am personally a of the owner(s)	acquainted with the mining of said claim(s). Said contact (optional) Mining District;	tiguous group of claims,	, listed or	this docu	re made by ment, are s	and at the situated in the	ne
Line No.	AMC NUMBER	CLAIM/SITE NAME	COUNTY RECORD DATA (If available)	ER	TWP	RNG	SEC	
1	352849	M/CA-1-2-3			6-N	6-E	3E-25 5W-25	NE NW
2		R#4260161						
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Form: MCF108 Revised July 2014 Page 1 of 2

	BLM Date Stamp	BLM AZ STATE OFF 2019 JAN 28 A II: I
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DAVID 14 FLAT B. That the work and improvements performed were: A OF FROM LOCATION	A OF REMOVING	STONE AND DIR
9. Dated: 12 - 26- 2018 ignature: David 14	+1 1 2	
SUBSCRIBED AND SWORN TO before me, a Notary	londers)	40
By: <u>Saria Montaja</u>	7 Public, this <u>40</u> day of	Willian 10, 20 18
Notary Public Daria Montage	<u> </u>	OFFICIAL SEAL DARIA MONTOYA
My Commission Expires DC+11 205	30	NOTARY PUBLIC STATE OF ARIZONA MARICOPA COUNTY My Comm. Expires October 11, 2020
	No. of Claims:	x \$10=
Bureau of Land Management Arizona State Office	Check No.: Init	
vww.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.

	is this is a cha	97/24 nge of address.			Amo	354	085	
1. State of Arizo 2. I (Name)	na, County of _ DaviD dress) 173 BORO 97/24 to so that taining to the fig to the best of	all of the facts set to	ss: SHINGTON oose and say that I am rth in this affidavit, sub , or fraudulent stateme mation and belief	lect to the	e provision	s and ner	, more t	f 1 2
5. That I am persexpense of the c	owner(s) of said	claim(s). Said contig	claim(s). The work and guous group of claims,	listed on	this docun	e made by nent, are s Arizona.	and at situated	the in the
Line NILIA	MC MBER CL	AIM/SITE NAME	COUNTY RECORDE DATA (If available)	ER	TWP	RNG	SE	С
No.							-	
NO.	1085 RU.	171-1204 A260161			13-N	25-W	NE-	35
NO.	1085 RU.	4260161			13-N	3-W	SE-	35
1 354	1085 RU.	171-1ROM 1260161			13-N	2-W	SE-	35

When Recorded Return Documer

Form: MCF108 Revised July 2014 Page 1 of 2

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7. That	the following p	dates starting at 12 o'clock noon at least \$ 200 00 00 00 00 00 00 00 00 00 00 00 00	form the work ar	ocation work nd improvem ルろ	 ents describ	ed here	ein:	-
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	Public <u>X</u> onmission Expi	ario montajo res DC+ 11 m20	4 0			DARI NOTARY PUB MAR	ICOPA CO	TOYA OF ARIZONA
Arizona	of Land Man a State Office m.gov/az	agement	No. of Cl	aims: lo.: Use Only	Init	W=		

Form: MCF108 Revised July 2014 Page 2 of 2

DAVID FLAMDERS
1755 NE 10 +5
HILLSBORD ORE



~~~~ 6457 6782

UNITED STATES DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEMENT ONE MORTH CENTRAL AVE # 800 PHOENIX ARIZONA 85004-4427

> BEC0434427 CO4i

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

Receipt

DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427 Phone: 602-417-9200

No:

4362683

Transaction #: 4479908

Date of Transaction: 02/01/2019

**CUSTOMER:** 

DAVID FLANDERS 1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                           | REMARKS         | UNIT<br>PRICE | TOTAL   |
|-----------|------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED<br>CASES: AMC351108/\$30.00 | 2018 POL<br>(3) | - n/a -       | 30.00   |
|           |      |                                                                                                                                       | TOTA            | AL:           | \$30.00 |

| 7 1 | PAYMENT INFORMATION |                                                                   |             |            |  |  |  |  |  |  |
|-----|---------------------|-------------------------------------------------------------------|-------------|------------|--|--|--|--|--|--|
| 1   | AMOUNT:             | 30.00                                                             | POSTMARKED: | N/A        |  |  |  |  |  |  |
|     | TYPE:               | CHECK                                                             | RECEIVED:   | 02/28/2019 |  |  |  |  |  |  |
|     | CHECK NO:           | 24711521760                                                       |             | 1/28/19    |  |  |  |  |  |  |
|     | NAME:               | FLANDERS, DAVID<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124-1703 US |             |            |  |  |  |  |  |  |

#### **REMARKS**

THE FEES INCLUDING AFFIDAVITS OF LABOR HAVE INCREASED TO \$15 PER CLAIM (SEE ENCLOSURE).

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.

\$ 15 earned for Amc 351108 Overpayment of \$15 - Returned

ENTERED INTO COMPUTER 3/14/19 Refund of \$15 Authorized (AC379 Entered) PB

#### U.S. DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**



14

14

Top of Screen

## **Mining Claims**

Amc 351108 Amc 352844 Amc 354085

Last Assmt Yr Status Last modified: 09/18/2018 17:57:26 ACTIVE 2018 Serial Number AMC354085 Сору Sent in his Por in Dec 2018 Serial Register Page by certified mail with a \$3000 check. Case Header Details Case Acres Curr Mnt Fee Military Waiver Leave Military Military Expiration Case Type Claim Name Commodity Lead File Nr 384101 RUSTI IRON AMC354085 20.660 \$155.00 **Update Header Details** Owner Details 844480-488-1145 Search Criteria: Search Column: Int Rel Address2 City Proprietor Name(LFI) Address Zip FLANDERS DAVID H 58 1755 NE 10TH AVE HILLSBORO OR 971241703 Update Customer Details # Customers: 1 Update Multiple Cases Land Description Details ✓ Search Meridian: Township: Range: Section: Search Column: Meridian Range Sec NENWSWSE Geo St County Twp Office SMA 0130N 0020W 026 YAVAPAI HASSAYAMPA FO |0130N|0020W|035|X YAVAPAI HASSAYAMPA FO PRESCOTT N # Locations: Update Multiple Cases Update Location Details **Action Details** Search Criteria: Search Search Column: Date (mm/dd/yyyy) Code Action Remarks Receipt Nr **Action Taken** 1 07/07/2000 403 LOCATION DATE 2 09/11/2000 RECORDATION NOTICE RECD 395 483 3 08/23/2017 SMALL MINER CERT FILED 2018 4 09/05/2018 392 MONIES RECEIVED \$30.00;1 4260161 2019 5 08/30/2018 483 SMALL MINER CERT FILED 6 08/30/2018 913 MAINT WAIVER DOC FILED 2019 7 12/18/2017 480 EVID OF ASSMT FILED 2017 4045832 # Actions: 62 Update Multiple Cases Update Action Details Remarks Search Criteria: Search Column: Search Line # Remarks 0001 NO RECEPTACLE@38418 N BASIN RD CAVECREEK AZ853318580 Update Multiple Cases Update Remarks # Remarks: 1



#### Brown, Pauline <paulinebrown@blm.gov>

## POL payment from Mr. Flanders (\$30 sent in December)

1 message

Brown, Pauline <paulinebrown@blm.gov>

Tue, Jan 29, 2019 at 11:24 AM

To: Tina Coladonato <tcoladon@blm.gov>

Cc: Eric Gong <egong@blm.gov>, Phyllis Ralley <pralley@blm.gov>

Hi Tina,

If you come across the POL payment of \$30 for AMC352844, AMC351108 and AMC354085; please apply the money to AMC352844.

I have the other receipt (#4260161) for \$30 which we received on 9/5/18. I will use the \$30 on R#4260161 to process the POL payment for AMC354085 and AMC351108. Afterwards I will authorize a \$15 refund for the over payment. Please call me if you have any questions,

Thank you,

PAULINE BROWN LAND LAW EXAMINER

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

Receipt

DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427 Phone: 602-417-9200

No:

4260161

Transaction #: 4375773
Date of Transaction: 09/11/2018

CUSTOMER:

DAVID FLANDERS
1755 NE 10TH AVE
HILLSBORO,OR 97124-1703 US

| LINE # | QTY  | DESCRIPTION                                                                                                                           | REMARKS       | UNIT<br>PRICE | TOTAL   |
|--------|------|---------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------|
| 1      | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED<br>CASES: AMC354085/\$30.00 | WAV<br>2018/3 | - n/a -       | 30.00   |
|        |      | 322844                                                                                                                                | TOTA          | AL:           | \$30.00 |

|   | PAYMENT INFORMATION |                                                                   |             |            |  |  |  |  |  |  |
|---|---------------------|-------------------------------------------------------------------|-------------|------------|--|--|--|--|--|--|
| 1 | AMOUNT:             | 30.00                                                             | POSTMARKED: | N/A        |  |  |  |  |  |  |
|   | TYPE:               | CHECK                                                             | RECEIVED:   | 09/05/2018 |  |  |  |  |  |  |
|   | CHECK NO:           | 25063725363                                                       |             |            |  |  |  |  |  |  |
|   | NAME:               | FLANDERS, DAVID<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124-1703 US |             |            |  |  |  |  |  |  |

| REMARKS |   |
|---------|---|
|         | 1 |

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.

This \$30 earned for Amc 352844 and Amc 354085

## AMC351108

**Authorized Date**03/14/2019

Instructions to Accounts AZ BLM REFUND \$15, TO DAVID FLANDERS; FOR OVERPAYMENT ON POL RECEIVED ON AMC351108, RECEIPT #4362683. PB 602-417-9360.

Login ID5957 Entry Date03/14/2019 Total Amount\$15.00

## U.S. DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



## **Mining Claims**

Last modified: 03/14/2019 07:31:35

Serial Number

AMC351108

View Void Delete Copy

Serial Register Page

**Case Header Details** 

| Case Type | Claim Name | Commodity | Lead File Nr | Case Acres | Curr Mnt Fee | Military | Waiver | Leave Military | Military Expiration |
|-----------|------------|-----------|--------------|------------|--------------|----------|--------|----------------|---------------------|
| 384101    | MICA ONE   |           | AMC351108    | 20.660     | \$155.00     |          |        |                |                     |

Update Header Details

Owner Details

| Proprietor Name(LFI)                | Int Re   | Address             | Address2 | City      | State | Zip       |
|-------------------------------------|----------|---------------------|----------|-----------|-------|-----------|
| FLANDERS DAVID H                    | 58       | 1755 NE 10TH AVE    |          | HILLSBORO | OR    | 971241703 |
| Update Customer Details # Customer: | s: 1 Upo | late Multiple Cases |          |           |       |           |

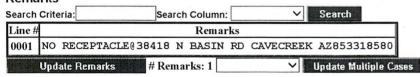
**Land Description Details** 

| Meridian: | То      | wnship: |     |     | Ran  | ge:  |    | S     | ection:    | Search C      | Column:  | ~ | Search |
|-----------|---------|---------|-----|-----|------|------|----|-------|------------|---------------|----------|---|--------|
| Meridian  | Twp     | Range   | Sec | NE  | NW   | SW   | SE | Geo S | County     | Office        | SMA      |   |        |
| 14        | 0060N   | 0060E   | 024 |     |      | X    |    | AZ    | MARICOPA   | HASSAYAMPA FO | TONTO NE |   |        |
| 14        | 0060N   | 0060E   | 025 |     | X    | ,    |    | AZ    | MARICOPA   | HASSAYAMPA FO | TONTO NE |   |        |
| Update    | Locatio | n Detai | ls  | # I | ocat | ions | :  | Updat | e Multiple | Cases         |          | • |        |

**Action Details** 

|   | Date (mm/dd/yyyy) | Code | Action Taken            | Action Remarks       | Receipt Na |
|---|-------------------|------|-------------------------|----------------------|------------|
| 1 | 01/01/1999        | 403  | LOCATION DATE           |                      |            |
| 2 | 01/05/1999        | 395  | RECORDATION NOTICE RECD |                      |            |
| 3 | 08/30/2018        | 483  | SMALL MINER CERT FILED  | 2019                 |            |
| 4 | 03/14/2019        | 379  | REFUND AUTHORIZED       | \$15;OVERPAYMENT POL | 4362683    |
| 5 | 01/28/2019        | 392  | MONIES RECEIVED         | \$15.00;1            | 4362683    |
| 6 | 12/26/2018        | 480  | EVID OF ASSMT FILED     | 2018                 | 4362683    |
| 7 | 12/18/2017        | 480  | EVID OF ASSMT FILED     | 2017                 | 4045832    |

Remarks



Update Action Details # Actions: 67 Update Multiple Cases

Top of Screen

Form 3830-2 (January 2017)

#### UNITED ES DEPARTMENT O INTERIOR BUREAU OF LAND MANAGEMENT

#### MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED OMB NO. 1004-0114 Expires: January 31, 2020

BLM RECORDATION SERIAL NUMBER

#### SEE INSTRUCTIONS ON PAGE 2

1. This small miner waiver is filed for the assessment year beginning on September 1, 2018 and ending on September 1, 2019
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, 2018

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.

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 filling 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

| 1. MICA-1-2-3                                                      | 3528                                  | 344                                    |            |  |
|--------------------------------------------------------------------|---------------------------------------|----------------------------------------|------------|--|
| 2.                                                                 |                                       |                                        | P**        |  |
| 3.                                                                 | , , , , , , , , , , , , , , , , , , , | PH 2                                   | B 3        |  |
| 4.                                                                 |                                       | OE S                                   | >          |  |
| 5.                                                                 |                                       | SEP                                    | REC        |  |
| 6.                                                                 |                                       | 5 5                                    | D.C.       |  |
| 7.                                                                 |                                       | 2018 SEP +5 P 2: 1<br>PHOENIX, ARIZONA | m/A        |  |
| 8.                                                                 |                                       | 207                                    | 90         |  |
| 9.                                                                 |                                       |                                        | 0          |  |
| 10.                                                                |                                       |                                        | Cr)        |  |
| The owner(s) (claimants) of the above mining claims and sites are: |                                       |                                        |            |  |
| DAVID FLAMDEDS (Owner's Name - Please Print)                       |                                       | londers<br>s Signature)                | 5          |  |
| GENERAL DELIVERY                                                   | CHVE CREEK                            | AZ                                     | 85331      |  |
| (Owner's Mailing Address)                                          | (City)                                | (State)                                | (Zip Code) |  |
|                                                                    |                                       |                                        |            |  |
| (Owner's Name - Please Print)                                      | (Owner)                               | (Owner's Signature)                    |            |  |
| (Owner's Mailing Address)                                          | (City)                                | (State)                                | (Zip Code) |  |
| (Owner's Name - Please Print)                                      | (Owner)                               | (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)                                              |                                       |                                        |            |  |
|                                                                    | #1                                    | 1260                                   | 61         |  |

Form 3830-2 (January 2017)

1. 2. 3.

## U D STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

#### MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED OMB NO. 1004-0114 Expires: January 31, 2020

BLM RECORDATION SERIAL NUMBER

#### SEE INSTRUCTIONS ON PAGE 2

1. This small miner waiver is filed for the assessment year beginning on September 1, 2018 and ending on September 1, 2019
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

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, 2018

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

| 4.                                                                 |                  | 23                  | >          |  |
|--------------------------------------------------------------------|------------------|---------------------|------------|--|
| 5.                                                                 | <del>_</del>     | 9                   | REC<br>7 S |  |
| 6.                                                                 | IX, ARIZONA      | ဟံ                  | BÜ .       |  |
| 7.                                                                 | RIZ              | U                   | min ,      |  |
| 8.                                                                 | 701              | Ü                   | 7          |  |
| 9.                                                                 | A                |                     | Ö          |  |
| 10.                                                                |                  |                     | (7)        |  |
| The owner(s) (claimants) of the above mining claims and sites are: |                  |                     |            |  |
| (Owner's Name - Please Print)  GENERAL DELIVERY CAV                | (Owner's Signat  |                     | 5          |  |
| GENERAL DELLUERY CAN                                               | E CREEK          | HZ                  | 05371      |  |
| (Owner's Mailing Address)                                          | (City)           | (State)             | (Zip Code) |  |
| (Owner's Name - Please Print)                                      | (Owner's Signat  | ure)                |            |  |
| (Owner's Mailing Address)                                          | (City)           | (State)             | (Zip Code) |  |
| (Owner's Name - Please Print)                                      | (Owner's Signati | (Owner's Signature) |            |  |
| (Owner's Mailing Address)                                          | (City)           | (State)             | (Zip Code) |  |
|                                                                    |                  |                     |            |  |
| (Owner's Name - Please Print) Post Mark date 8/30/1                | (Owner's Signati | ire)                |            |  |
| (Owner's Mailing Address)                                          |                  | (State)             | (Zip Code) |  |
| Continued on page 2) Removed PB                                    | #48              | 60                  | 6/         |  |

When Recorded, MAIL ::

FLANDERS RESIDENCE 1755 NE 10 th 1+1445BORD ORE 97124

PHOENIX, ARIZONA

BLM AZ STATE OFFIC

FLANDERS RESIDENCE 1755 ME 10TH HILLSBORD ORE



AUG 3-0 PENETR

HARITED STATES DEPT OF THE IN Bureau Of Land Management ARIZONA State of Fice # 800 North Central Avenue # 800 Phoenix AZ. 85004 ITED STATES DEPT OF THE FITTERIOR

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

Receipt

DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427 Phone: 602-417-9200

No:

4260161

Transaction #: 4375773
Date of Transaction: 09/11/2018

CUSTOMER:

DAVID FLANDERS
1755 NE 10TH AVE
HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY    | DESCRIPTION                                                                                                                           | REMARKS       | UNIT<br>PRICE | TOTAL            |
|-----------|--------|---------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|------------------|
| 1         | 1.00   | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED<br>CASES: AMC354085/\$30.00 | WAV<br>2018/3 | - n/a -       | FOR POL<br>30.00 |
|           | TOTAL: |                                                                                                                                       |               |               |                  |

|   | PAYMENT INFORMATION |                            |             |             |  |  |  |
|---|---------------------|----------------------------|-------------|-------------|--|--|--|
| 1 | AMOUNT:             | 30.00                      | POSTMARKED: | N/A 8/30/18 |  |  |  |
|   | TYPE:               | CHECK                      | RECEIVED:   | 09/05/2018  |  |  |  |
|   | CHECK NO:           | 25063725363                |             |             |  |  |  |
|   | 11                  | FLANDERS, DAVID            |             |             |  |  |  |
|   |                     | 1755 NE 10TH AVE           |             |             |  |  |  |
|   |                     | HILLSBORO OR 97124-1703 US |             |             |  |  |  |

|   | REMARKS |  |
|---|---------|--|
| P |         |  |

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.

9/20/18 D. Flanders collect to check on his WVR'S. ALL accounted for + ALL signed, por - INFE will be sending in his POL ASAR, THE MONEY IS ALKERDY HERE , OK

Form 3830-2 (January 2017)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

#### MAINTENANCE FEE WAIVER CERTIFICATION



FORM APPROVED OMB NO. 1004-0114

Expires: January 31, 2020

#### SEE INSTRUCTIONS ON PAGE 2

| This small miner waiver is filed for the assessmen | t year beginning on September | r 1, 20/8 and ending       | on September 1, 2019                 |
|----------------------------------------------------|-------------------------------|----------------------------|--------------------------------------|
| Manufactured and all related angles according      | or former mining alained mill | on tunnal aited located on | I maintained on Eederal lands in the |

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, 2018

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.

 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 RECO               | RDATION SERIA             | LNUMBER             |
|-------------------------------------------------------------------------------|------------------------|---------------------------|---------------------|
| MICH-1-2-3                                                                    | 3528                   | 344                       |                     |
|                                                                               |                        | 77                        | - m                 |
|                                                                               |                        | Ŧ.                        |                     |
| •                                                                             |                        | E                         | 2 >                 |
| •                                                                             |                        | ₹ .                       |                     |
|                                                                               |                        |                           | , <u>3</u> 8        |
| -                                                                             |                        | ARIZONA                   | MX.                 |
|                                                                               |                        | 9 0                       | S,O                 |
| ,                                                                             |                        | > -                       | 11                  |
| 0.                                                                            |                        | W                         | £                   |
| he owner(s) (claimants) of the above mining claims and sites are:             |                        |                           |                     |
| RAY Flambers                                                                  | Pay & land             |                           |                     |
| 335 35 NW VADIS RD                                                            |                        | 's Signature)             | 7                   |
| 11535 NW VADIS RED                                                            | Cornelius              | ore                       | 97115               |
| (Owner's Mailing Address)                                                     | (City)                 | (State)                   | (Zip Code)          |
| (Owner's Name - Please Print)  1755 N. E. JOTH AVE  (Owner's Mailing Address) | Mark Flan<br>HillSBORD | 's Signature)  OR (State) | 97/24<br>(Zin Code) |
| (Owner 5 Marting Address)                                                     | (chy)                  |                           |                     |
| (Owner's Name - Please Print)                                                 | (Owner                 | 's Signature)             |                     |
| (Owner's Mailing Address)                                                     | (City)                 | (State)                   | (Zip Code)          |
|                                                                               | 19714                  |                           |                     |
| (Owner's Name - Please Print)                                                 | (Owner                 | 's Signature)             |                     |
| (Owner's Mailing Address)                                                     | (Çity)                 | (State)                   | (Zip Code)          |
| Continued on page 2)  SEF 14                                                  | 2010                   |                           |                     |
| BY: B15                                                                       | 2417953 NACOO          | 4PM FAX 928               | ₱:ZT 8T0Z/6Z        |

2036171841

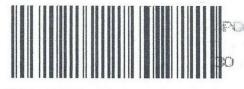
OFFICE DEPOT 954

RECEINED 08/08/2013 03:00

SHOEMIX, ARITON

# POSTMARKED TIMELY

FLANDERS M. 1755 N.E. 10 THAVE MillsBORO, OR 97124







1021

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT ARIZONA STOTE OFFICE IN. CENTRAL AVE, SUITE 800
PHOENIX ARIGINALIS FORM

POSTMARKED TIMELY

7018 0040 0000 6585 2305

|                                                                   | 351108 |
|-------------------------------------------------------------------|--------|
| /hen Recorded Return Document to:<br>FLANDEDS DESIDENCE           | 352844 |
| 1755 NE 1074,<br>HILLS BOTO ORE<br>97124                          | 354085 |
| Check here is this is a change of address. elephone: 503)648-1328 |        |

E-mail address: \_\_

| 352844  |
|---------|
| 110011  |
| 354085  |
| 57 1000 |

| AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK                                                                           |                      |            |             | E77         |    |
|-------------------------------------------------------------------------------------------------------------------|----------------------|------------|-------------|-------------|----|
| 1. State of Arizona, County of MANICOPIA ss: 2. I (Name) DAVID H FLIANDERS 3. Reside at (Address) 175 FINE 10 + H | BLM<br>Date<br>Stamp | PHOENIX, A | 2017 DEC 18 | NECEN RECEN |    |
| # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                           |                      | RIZO       | D           |             |    |
| City Hillshare County Washington                                                                                  |                      | 10         | η<br>3      |             |    |
| State 12 gipt 1 2 1 2 4 being duly sworn, depose and say that I am                                                | a citizen of th      | e United   | States,     | more th     | an |

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.

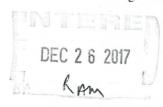
4. Owner's name and address (If not shown in Items 1-3 above).

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

| County, Arizona |  | (optional) Mining District; |  | County, Arizona. |
|-----------------|--|-----------------------------|--|------------------|
|-----------------|--|-----------------------------|--|------------------|

| Line<br>No. | AMC<br>NUMBER | CLAIM/SITE NAME | COUNTY RECORDER<br>DATA (If available) | TWP | RNG | SEC   |
|-------------|---------------|-----------------|----------------------------------------|-----|-----|-------|
| 1           | 351/08        | MICH-ONE        |                                        | 6-H | 6-E | ME 25 |
| 2           |               |                 |                                        |     |     |       |
| 3           |               |                 |                                        |     |     |       |
| 4           |               |                 |                                        |     |     |       |
| 5           |               |                 |                                        |     |     |       |
| 6           |               |                 |                                        |     |     |       |

Form: MCF108 Revised July 2014 Page 1 of 2



|         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | BLM<br>Date<br>Stamp |                                       | X, ARIZ      | 2011 DEC 18 P 2:                    | 03V13038<br>03V13038 |
|---------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------|---------------------------------------|--------------|-------------------------------------|----------------------|
| 7       |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                      |                                       |              | <u></u>                             | <del></del>          |
| 8       |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                      | <u> </u>                              |              |                                     |                      |
| 9       |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                      |                                       | <del> </del> |                                     |                      |
| 10      | 10                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                      |                                       |              |                                     |                      |
| 7. Tha  | t the following p                             | upon one or more of a contiguent of a contiguent of all, not persons were employed to persons we | form the work and  FLAC  HAUA                         | cation work.         | ents descri                           | bed her      | y or pa                             | artly outside        |
| 9. Date | ed:/2-/2-//                                   | Signature: David                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OHT-len                                               | ders                 | ··· · · · · · · · · · · · · · · · · · |              |                                     |                      |
|         | CRIBED AND S                                  | SWORN TO before me, a Nota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                     |                      | day of _ <i>Qt</i>                    | cent         | <b>√</b> 20                         | 17                   |
| Ву:     | (Davic)                                       | H. Flanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       | -                    |                                       |              |                                     |                      |
| Notary  | Public                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                              |                      |                                       | Nota         | MARK MC<br>Iry Public<br>Yavapai Co | – Arizona            |
| My Co   | menission Expir                               | es 7/14/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                      | · mi                                  | My Com       | m. Expire                           | s Jul 14, 2021       |
| Arizon  | u of Land Mana<br>a State Office<br>lm.gov/az | agement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No. of Clai<br>Check No.:<br>Receipt No<br>For BLM Us | 24199770<br>:: 4044  | x\$<br>99nit<br>5832                  | 10 =         |                                     |                      |

Form: MCF108 Revised July 2014 Page 2 of 2

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

|                                   | ecorded Return D                                            | Document to:                                                                                                                                        |                                                                                     |                  |                               |                                         |        |
|-----------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|-------------------------------|-----------------------------------------|--------|
| 1755                              | THEICH                                                      |                                                                                                                                                     |                                                                                     |                  | y.                            |                                         |        |
|                                   | 1) 1) 6 i C_                                                | 97124                                                                                                                                               |                                                                                     |                  |                               |                                         |        |
|                                   |                                                             | a change of address.                                                                                                                                | ·<br>·                                                                              |                  |                               |                                         |        |
| Telephor                          | ne:(503)6                                                   | 48-1328 Mg                                                                                                                                          |                                                                                     |                  |                               |                                         |        |
| E-mail ad                         | ddress:                                                     |                                                                                                                                                     |                                                                                     |                  |                               |                                         |        |
|                                   |                                                             |                                                                                                                                                     |                                                                                     |                  |                               |                                         |        |
|                                   |                                                             |                                                                                                                                                     |                                                                                     |                  |                               |                                         |        |
| AFFIDA                            | VIT OF PERFOR                                               | RMANCE OF ANNUAL WO                                                                                                                                 | RK                                                                                  |                  | ~: N                          | <u></u>                                 |        |
| 1. State                          | of Arizona, Cour                                            | nty of MANICOPA                                                                                                                                     | ss: BL                                                                              | M                |                               | 175                                     | ·      |
|                                   |                                                             | DHE FL-19                                                                                                                                           | HDE125 Dat                                                                          |                  | DEC I                         |                                         |        |
|                                   |                                                             | 1755 HE 10                                                                                                                                          |                                                                                     |                  | 8                             |                                         |        |
|                                   |                                                             |                                                                                                                                                     | <u> </u>                                                                            |                  | 8 P 2:                        | ::BB                                    | ·      |
| City <u>/</u> 7                   | 1/18600                                                     | County_&                                                                                                                                            | ashington)                                                                          |                  | \(\frac{\partial}{\partial}\) | = = = = = = = = = = = = = = = = = = = = | ]      |
| eighteer<br>U.S.C. 1<br>correct a | n years of age, a<br>1001 pertaining to<br>according to the | being duly sworn, dep nd that all of the facts set for o the filing of false, fictitious, best of my knowledge, infordidress (If not shown in Items | th in this affidavit, subject t<br>or fraudulent statements v<br>nation and belief. | to the provisior | ns and pena                   | alties of 18                            |        |
| <u>·</u>                          | 1                                                           | i-t-d with the mining of                                                                                                                            | loim(s). The work and impr                                                          | ovements wer     | e made hv                     | and at the                              |        |
| expense                           | e of the owner(s)                                           | acquainted with the mining on the contiguous of said claim(s). Said contigues                                                                       | nuous group of claims, liste                                                        | d on this docu   | ment, are s                   | ituated in th                           | е      |
|                                   | · · · · · · · · · · · · · · · · · · ·                       | _ (optional) Mining District; _                                                                                                                     |                                                                                     | County           | , Arizona.                    |                                         |        |
| Line                              | I MILIMAN I                                                 | CLAIM/SITE NAME                                                                                                                                     | COUNTY RECORDER<br>DATA (If available)                                              | TWP              | RNG                           | SEC                                     | - NE-2 |
| 1                                 | 352844                                                      | M1CH-1-2-3                                                                                                                                          |                                                                                     | 6-24             | 6-E                           | 56-25                                   | NW-25  |
| 2                                 |                                                             |                                                                                                                                                     |                                                                                     |                  |                               |                                         |        |
| 3                                 |                                                             |                                                                                                                                                     |                                                                                     |                  |                               |                                         |        |
|                                   |                                                             |                                                                                                                                                     |                                                                                     |                  |                               |                                         |        |
| 4                                 |                                                             |                                                                                                                                                     |                                                                                     |                  |                               |                                         |        |
| 5_                                |                                                             |                                                                                                                                                     |                                                                                     |                  |                               |                                         | ,      |
| 6                                 |                                                             | ·                                                                                                                                                   |                                                                                     |                  |                               |                                         | J      |

Form: MCF108 Revised July 2014 Page 1 of 2

|                                                                                                                                                                                                              | BLM<br>Date<br>Stamp                                              | BUIL 12 STAFF                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 7                                                                                                                                                                                                            |                                                                   | 2011A                                                                               |
| 8                                                                                                                                                                                                            |                                                                   | - 2:                                                                                |
| 9                                                                                                                                                                                                            |                                                                   | -                                                                                   |
| 10                                                                                                                                                                                                           |                                                                   |                                                                                     |
| September 1, 20 /7 at least \$ 200 upon said claim(s) or upon one or more of a calcontiguous group of claims for the benefit of 7. That the following persons were employed DAVID HOLD HOLD AND TO A OF FROM | to perform the work and improvement  FLANDEDS  d were: CLEANING ( | is described herein:                                                                |
| 9. Dated: <u>/2-/2-/7</u> Signature: \( \) \( \alpha \)                                                                                                                                                      | and 14 Florders                                                   | 7                                                                                   |
| SUBSCRIBED AND SWORN TO before me, By: David H. Flander                                                                                                                                                      | a Notary Public, this da                                          | y of Occemb 420 17                                                                  |
| Notary Public                                                                                                                                                                                                |                                                                   | MARK MORRIS  Notary Public – Arizona  Yavapai County  My Comm. Expires Jul 14, 2021 |
| Bureau of Land Management<br>Arizona State Office<br>www.blm.gov/az                                                                                                                                          | No. of Claims: Check No.: Receipt No.: For BLM Use Only           | x \$10 =<br>_ Init                                                                  |

Form: MCF108 Revised July 2014 Page 2 of 2

| 175                               | 5 MEloi                                                   | RESTDENCE                                                                                                                                                      |                                                                               |               |            |                  |                                        |
|-----------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------|------------|------------------|----------------------------------------|
| Telepho                           |                                                           | s a change of address.<br>イピー/ろみを                                                                                                                              |                                                                               |               |            |                  | •                                      |
|                                   |                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                          |                                                                               |               |            |                  |                                        |
| AFFIDA                            | VIT OF PERFO                                              | RMANCE OF ANNUAL WO                                                                                                                                            | DRK                                                                           |               | •          |                  | ************************************** |
| 1. State                          | of Arizona, Cou                                           | nty of YAVAIAI                                                                                                                                                 | ss:                                                                           | BLM           |            | 2011 DEC 18 P 2: |                                        |
| 2. I (Nan                         | ne) DHV/                                                  | D H FLIGHNE                                                                                                                                                    | 5125                                                                          | Date<br>Stamp |            |                  | 38.60                                  |
| 3. Resid                          | e at (Address) _                                          | 1755 HE 107                                                                                                                                                    | 44,                                                                           |               | -          | ∞                |                                        |
| <del></del>                       |                                                           | :                                                                                                                                                              |                                                                               |               | 1          | <b>P</b> 2779    | SE                                     |
| City #                            | Illshord                                                  | County w                                                                                                                                                       | as hington                                                                    |               |            | <u>&gt; ₩</u>    | ************************************** |
| eighteer<br>U.S.C. 1<br>correct a | n years of age, a<br>001 pertaining t<br>according to the | being duly sworn, de<br>and that all of the facts set fo<br>to the filing of false, fictitious<br>best of my knowledge, infor<br>ddress (If not shown in Items | orth in this affidavit, sub<br>s, or fraudulent stateme<br>mation and belief. | ject to th    | e provisio | ns and pen       | alties of 18                           |
|                                   |                                                           | acquainted with the mining of said claim(s). Said conti                                                                                                        |                                                                               |               |            |                  |                                        |
|                                   |                                                           | _ (optional) Mining District;                                                                                                                                  |                                                                               |               | County     | , Arizona.       |                                        |
| Line<br>No.                       | I DIIMBER                                                 | CLAIM/SITE NAME                                                                                                                                                | COUNTY RECORDI<br>DATA (If available)                                         | ER            | TWP        | RNG              | SEC                                    |
| 1                                 |                                                           | RUSTI I DON                                                                                                                                                    |                                                                               |               | 13-74      | 2-60             | NE -36                                 |
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When Recorded Return Document to:

Form: MCF108 Revised July 2014 Page 1 of 2

|                                                                                                                                                                                                                                                                                                                                                        | BLM<br>Date<br>Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DEC 18 P 2                                           |
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| 7                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\frac{1}{1}$                                        |
| 8                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| 9                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| 10                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| 6. That between the dates starting at 12 o'clock noon or September 1, 20 17 at least \$ 200 dollar upon said claim(s) or upon one or more of a contiguous a contiguous group of claims for the benefit of all, not in 7. That the following persons were employed to perform DAVID HEAD FROSPEC AND/ON HEAD OF UN-79. Dated: 12-12-17 Signature: David | group of claims for the benefit of a cluding the location work.  In the work and improvements described the control of the con | ribed herein:  con the cy  Due hover                 |
| SUBSCRIBED AND SWORN TO before me, a Notary F                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | December 2017                                        |
| By: David H. Flanders                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| Notary Public                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MARK MORRIS  Notary Public – Arizona  Yavapai County |
| My Commission Expires 7/14/2/                                                                                                                                                                                                                                                                                                                          | - Miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | My Comm. Expires Jul 14, 2021                        |
| Bureau of Land Management Arizona State Office www.blm.gov/az                                                                                                                                                                                                                                                                                          | No. of Claims:x Check No.:Init. Receipt No.: 4045832  For BLM Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |

Form: MCF108 Revised July 2014 Page 2 of 2



One North Central Avenue # 800

Phoenix, Anizona 85004-4427





OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

4.85

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

Receipt

DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427 Phone: 602-417-9200

No:

4045832

Transaction #: 4157187
Date of Transaction: 12/19/2017

CUSTOMER:

DAVID FLANDERS
1755 NE 10TH AVE
HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                           | REMARKS         | UNIT<br>PRICE | TOTAL   |
|-----------|------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED<br>CASES: AMC351108/\$30.00 | 2017 POL<br>(3) | - n/a -       | 30.00   |
|           |      |                                                                                                                                       | TOTA            | AL:           | \$30.00 |

|   | PAYMENT INFORMATION |                                                                   |             |            |  |  |  |
|---|---------------------|-------------------------------------------------------------------|-------------|------------|--|--|--|
| 1 | AMOUNT:             | 30.00                                                             | POSTMARKED: | N/A        |  |  |  |
|   | TYPE:               | CHECK                                                             | RECEIVED:   | 12/19/2017 |  |  |  |
|   | CHECK NO:           | 24199770993                                                       |             |            |  |  |  |
|   |                     | FLANDERS, DAVID<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124-1703 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.

#### **CORRECTED WAIVER- 2018**

Form \$830-2 (January 2017)

## ED STATES ARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

# 538

FORM APPROVED OMB NO. 1004-0114

Expires: January 31, 2020

### MAINTENANCE FEE WAIVER CERTIFICATION

#### SEE INSTRUCTIONS ON PAGE 2

This small miner waiver is filed for the assessment year beginning on September 1, 2017 and ending on September 1, 2018

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, 2017

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 SERIAL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                                                                 |                        | any first the state of the stat |
| 2. $MICA - 1 - 2 - 3$                                              | 35284                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3.                                                                 | 33281                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4.                                                                 |                        | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 6.                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7.                                                                 | 80 5                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8.                                                                 |                        | ē Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 9.                                                                 |                        | V 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10.                                                                | AR                     | - 4<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                    |                        | 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| The owner(s) (claimants) of the above mining claims and sites are: |                        | F =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| DAVID 11 Flailbens                                                 | (1) 1/ NIPIF           | 2 2 ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| DAVID H FLANDERS  (Owner's Name - Please Print)                    | David 1                | tanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                    | (Owner's S             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Owner's Mailing Address)                                          | CAVE CREEK             | (State) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (Owner's Maring Mariess)                                           | (City)                 | (State) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| MARK FLANDERS                                                      | mark Flander           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Owner's Name - Please Print)                                      | (Owner's S             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1755 N.E. 10TH AVE                                                 | HillsBORO              | OR 97124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (Owner's Mailing Address)                                          | (City)                 | (State) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HAY ELAUNG DE                                                      | D. +0.11               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Owner's Name - Please Print)                                      | My Tlanelus (Owner's S | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 33535 N.W. VADIS RD.                                               | •                      | signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (Owner's Mailing Address)                                          | CORNEL, US             | (State) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (O'Mist's Marining Address)                                        | (City)                 | (State) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| (Owner's Name - Please Print)                                      | (Owner's S             | Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| U P                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Owner's Mailing Address)                                          | (City)                 | (State) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (Continued on page 2)                                              | (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) | (Own   | er's Signature)  |            |
| (Owner's Mailing Address)     | (City) | (State)          | (Zip Code) |
| (Owner's Name - Please Print) | (Own   | ner's Signature) |            |
| (Owner's Mailing Address)     | (City) | (State)          | (Zip Code) |

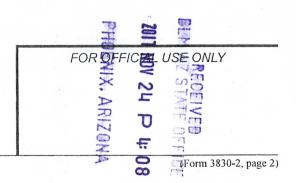
INSTRUCTIONS

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

- 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.

false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

- 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.



DAVID HFLANDERS 1755 ME 10 +h HillsBORD ORE 97124







\$3.35 2305K136976-24



CERTIFIED IMAIL

CERTIFIED MAIL

7017 1450 0002 0611 9312

United States Department of the Interior
BULEAU OF LAIYD MANAGE MENT
Arizona State Office Wind Windows
One North Zentral AVENT ARIZONA
Phoenix, Arizona 8500454427

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PHOENIX, ARIZONA



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### DEPARTMENT OF THE INTERIOR SUREAU OF LAND MANAGEMEN **MINING CLAIMS**

(LIVE) Serial Register Page Run Date/Time: 11/27/2017 02:03 PM

01 05-10-1872;017STAT0091;30USC26,28,34

Case Type 384101: LODE CLAIM Claim Name: MICA ONE TWO THREE

Commodity:

Case Disposition: ACTIVE

Required Maintenance Fee: \$155.00 **Total Acres** 20.660 **Serial Number** AMC352844

Page 1 of 2

Lead File Number AMC352844

| Name & Address |  | Int Rel    |
|----------------|--|------------|
|                |  | OT A TMANE |

PRESCOTT, AZ 86301-9999 CORNELIUS, OR 97113-6336 HILLSBORO, OR 97124-1703 CLAIMANT FLANDERS DAVID H GENERAL DELIVERY CLAIMANT 33535 NW VADIS RD FLANDERS RAY CLAIMANT FLANDERS MARK 1755 NE 10TH AVE

County Mer Twp Rng Sec Quadrant District/Field Office MARICOPA 14 0060N 0060E 025 NE, NW , SW , SE HASSAYAMPA FO

| Act Date   | Code | Action                  | Action Remarks | Receipt Number |
|------------|------|-------------------------|----------------|----------------|
| 11/26/1999 | 403  | LOCATION DATE           |                |                |
| 12/02/1999 | 395  | RECORDATION NOTICE RECD |                |                |
| 09/01/2017 | 483  | SMALL MINER CERT FILED  | 2018           |                |
| 08/31/2016 | 483  | SMALL MINER CERT FILED  | 2017           |                |
| 12/22/2016 | 480  | EVID OF ASSMT FILED     | 2016           | 3728407        |
| 08/31/2015 | 483  | SMALL MINER CERT FILED  | 2016           |                |
| 12/30/2015 | 480  | EVID OF ASSMT FILED     | 2015           | 3464335        |
| 08/13/2014 | 483  | SMALL MINER CERT FILED  | 2015           |                |
| 08/13/2014 | 480  | EVID OF ASSMT FILED     | 2014           | 3101144        |
| 09/03/2013 | 483  | SMALL MINER CERT FILED  | 2014           |                |
| 09/04/2013 | 480  | EVID OF ASSMT FILED     | 2013           | 2875841        |
| 08/30/2012 | 483  | SMALL MINER CERT FILED  | 2013           |                |
| 08/30/2012 | 480  | EVID OF ASSMT FILED     | 2012           | 2646099        |
| 09/01/2011 | 483  | SMALL MINER CERT FILED  | 2012           |                |
| 09/01/2011 | 480  | EVID OF ASSMT FILED     | 2011           | 2424178        |
| 09/01/2010 | 483  | SMALL MINER CERT FILED  | 2011           |                |
| 09/01/2010 | 480  | EVID OF ASSMT FILED     | 2010           | 2210594        |
| 09/01/2009 | 483  | SMALL MINER CERT FILED  | 2010           |                |
| 09/01/2009 | 480  | EVID OF ASSMT FILED     | 2009           | 1995560        |
| 09/01/2008 | 483  | SMALL MINER CERT FILED  | 2009           |                |
| 09/05/2008 | 480  | EVID OF ASSMT FILED     | 2008           | 1781353        |
| 08/31/2007 | 483  | SMALL MINER CERT FILED  | 2008           |                |
| 08/31/2007 | 480  | EVID OF ASSMT FILED     | 2007           | 1562312        |
| 08/22/2006 | 483  | SMALL MINER CERT FILED  | 2007           |                |
| 08/22/2006 | 480  | EVID OF ASSMT FILED     | 2006           | 1341874        |
| 08/22/2005 | 483  | SMALL MINER CERT FILED  | 2006           |                |
| 08/22/2005 | 480  | EVID OF ASSMT FILED     | 2005           | 1139635        |
| 09/01/2004 | 483  | SMALL MINER CERT FILED  | 2005           |                |
| 09/01/2004 | 480  | EVID OF ASSMT FILED     | 2004           | 948974         |
| 08/09/2003 | 483  | SMALL MINER CERT FILED  | 2004           |                |
| 08/19/2003 | 480  | EVID OF ASSMT FILED     | 2003           | 733706         |
| 08/26/2002 | 483  | SMALL MINER CERT FILED  | 2003           |                |
|            |      |                         |                |                |

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

# DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEME MINING CLAIMS

| Run Date/Time: | 11/27 | 7/2017 02:03 PM <b>(L</b> | IVE) Serial Register Page | Page 2 of 2 |
|----------------|-------|---------------------------|---------------------------|-------------|
| 08/26/2002     | 480   | EVID OF ASSMT FILED       | 2002                      | 548411      |
| 08/24/2001     | 483   | SMALL MINER CERT FILED    | 2002                      |             |
| 08/24/2001     | 480   | EVID OF ASSMT FILED       | 2001                      | 365051      |
| 09/01/2000     | 483   | SMALL MINER CERT FILED    | 2001                      |             |
| 07/26/2000     | 480   | EVID OF ASSMT FILED       | 2000                      | 158323      |
| 12/02/1999     | 482   | MAINTENANCE FEE/\$100     | 2000                      |             |
|                |       |                           |                           |             |
| 11/24/2017     | 113   | ADDITIONAL INFO RECEIVED  | 2018WAIVER CORRECTION     |             |
| 10/11/2017     | 393   | DECISION/NOTICE ISSUED    | WAIVER CORRECTION REQ     |             |
| 08/23/2017     | 170   | ADDRESS CHANGE FILED      | FLANDERS DAVID            |             |
| 11/30/2016     | 113   | ADDITIONAL INFO RECEIVED  | 2017 WVR NON EXP FORM     |             |
| 08/31/2016     | 170   | ADDRESS CHANGE FILED      | DFLANDERS                 |             |
| 08/31/2016     | 396   | TRF OF INTEREST FILED     | FLANDERS ROSA             | 3649503     |
| 12/30/2015     | 488   | ASSMT DOC RECEIVED        | 480;2015                  | 3464356     |
| 09/01/2010     | 313   | INDIV CLAIMANT RELQ       | FLANDERS EMILY            |             |
| 08/09/2000     | 396   | TRF OF INTEREST FILED     | FLANDERS DAVID H          | 194555      |
| 12/02/1999     | 501   | ACCT ADV IN LEAD FILE     | AMC352844;                |             |
| 12/02/1999     | 669   | LAND STATUS CHECKED       |                           |             |
|                |       |                           |                           |             |
|                |       |                           |                           |             |

Line Nr Remarks

0001 EMILY FLANDERS RELINQUISHED CLAIM 08/27/2010

Form 3830-2 (November 2010)

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



FORM APPROVED OMB NO. 1004-0114

Expires: August 31, 2013

#### MAINTENANCE FEE WAIVER CERTIFICATION

#### SEE INSTRUCTIONS ON PAGE 2

- This small miner waiver is filed for the assessment year beginning on September 1. 2017 and ending on September 1, 20
- 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

  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.
- 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.
- 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.                                                                                                                                                                                                |                                                                               |
| 2. MICH-1-2-3<br>3.                                                                                                                                                                               | V 352844                                                                      |
| 4.                                                                                                                                                                                                |                                                                               |
| 5.                                                                                                                                                                                                |                                                                               |
| 6.                                                                                                                                                                                                |                                                                               |
| 7.                                                                                                                                                                                                |                                                                               |
| 8.                                                                                                                                                                                                |                                                                               |
| 9.                                                                                                                                                                                                | 93                                                                            |
| 10.                                                                                                                                                                                               |                                                                               |
| The owner(s) (claimants) of the above mining claims and sites are SEP 19 2017  (Owner's Mailing Address)  (Owner's Name - Please Print)  (Owner's Name - Please Print)  (Owner's Mailing Address) | (City) (State) (Zip Code)  (City) (Signature)  VE CREEK A2 (State) (Zip Code) |
| (Owner's Name - Please Print)  1755 NE 10th Ave  (Owner's Mailing Address)                                                                                                                        | (City) (State) (Zip Code)                                                     |
| OPT FLAMEDEDS V flame (Owner's Name - Please Print)  (Owner's Mailing Address)                                                                                                                    | (Owner's Signature)                                                           |

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

### MC NATIONWIDE CLAIMANT LISTING September 20, 2017

|                                                               | AZ      | National |
|---------------------------------------------------------------|---------|----------|
| Cust                                                          | CLAIMAN | Total    |
| FLANDERS DAVID H<br>GENERAL DELIVERY                          |         |          |
| CAVE CREEK, AZ 85327-9999                                     | 3       | 3        |
| FLANDERS MARK<br>1755 NE 10TH AVE                             |         |          |
| HILLSBORO, OR 97124-1703                                      | 1       | 1        |
| FLANDERS RAY<br>33535 NW VADIS RD<br>CORNELIUS, OR 97113-6336 | 1       | 1        |

|                                               | FLA<br>1759<br>HILL<br>Che | HDERS<br>5 NE 10-<br>5 BORS<br>ck here is this<br>ne: (503) |                                                                                                                                                |                                                                                |                      |             | 3               | 51108<br><mark>5284</mark><br>5408 | 4              |
|-----------------------------------------------|----------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------|-------------|-----------------|------------------------------------|----------------|
|                                               |                            |                                                             | PRMANCE OF ANNUAL W                                                                                                                            |                                                                                |                      |             | PHO             | 2016                               | and the second |
| 1. State of Arizona, County of MARIZICOPA ss: |                            |                                                             | BLM<br>Date                                                                                                                                    |                                                                                |                      | 贸           |                 |                                    |                |
| 2.1 (Name) DAVID H FLAND ERS                  |                            |                                                             |                                                                                                                                                | Stamp                                                                          |                      | ×. ×        | 22              |                                    |                |
| 3.                                            | Reside                     | at (Address) _                                              | GENERAL D                                                                                                                                      | ELIVERY                                                                        |                      |             | RIZ             | U                                  | 03             |
| _                                             |                            | 4.15                                                        | -5.                                                                                                                                            |                                                                                |                      |             | HOENIX, ARIZONA | ₹                                  |                |
|                                               |                            |                                                             | EEK County NF                                                                                                                                  |                                                                                |                      |             |                 | 0                                  | -11            |
| U.                                            | S.C. 10<br>orrect ac       | years of age, a<br>001 pertaining to<br>ccording to the     | being duly sworn, de and that all of the facts set for the filing of false, fictitious best of my knowledge, inforddress (If not shown in Item | orth in this affidavit, sub<br>s, or fraudulent stateme<br>rmation and belief. | ents with            | ne provisio | ns and per      | nalties o                          | f 18           |
| 5.<br>ex                                      | That I a                   | am personally a<br>of the owner(s)                          | acquainted with the mining of said claim(s). Said continued (aptional) Mining Districts                                                        | claim(s). The work and<br>guous group of claims,                               | improve<br>listed or | n this docu | ment, are       | and at situated                    | the<br>in the  |
| _                                             |                            |                                                             | _ (optional) Mining District;                                                                                                                  | <b>T</b>                                                                       |                      | County      | , Arizona.      |                                    |                |
|                                               | Line<br>No.                | AMC<br>NUMBER                                               | CLAIM/SITE NAME                                                                                                                                | COUNTY RECORDE<br>DATA (If available)                                          | ER                   | TWP         | RNG             | SE                                 |                |
|                                               | 1                          | 351108                                                      | MICH-ONE                                                                                                                                       |                                                                                |                      | 6-N         | 6-E             | ME                                 | 36             |
|                                               | 2                          |                                                             |                                                                                                                                                |                                                                                |                      |             |                 |                                    |                |
|                                               | 3                          |                                                             |                                                                                                                                                |                                                                                |                      |             |                 |                                    |                |
|                                               | 4                          |                                                             |                                                                                                                                                |                                                                                |                      |             |                 |                                    |                |
|                                               | 5                          |                                                             |                                                                                                                                                |                                                                                |                      |             |                 |                                    |                |

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Form: MCF108 Revised Jan. 2006 Page 1 of 2

|       |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BLM<br>Date<br>Stamp                                                                 |                   | PHOENIX                 | 2016 DEC 2                    |                                            |                                         |
|-------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------|-------------------------|-------------------------------|--------------------------------------------|-----------------------------------------|
|       |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                   | PHOENIX, ARIZO          | 22 P 2                        |                                            |                                         |
| 7     |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                   | 5                       | ) (<br>0                      | 25<br>26                                   |                                         |
| 8     |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                   |                         |                               |                                            |                                         |
| 9     |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                   |                         |                               |                                            |                                         |
| 10    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                   |                         |                               |                                            |                                         |
| 7. Th | amber 1, 20 / 6 said claim(s) or htiguous group or at the following p  AUI  at the work and OF FRO  SITION | dates starting at 12 o'clock not at least \$ 200 at | dollars worth of we puous group of clain not including the lost of the work and the | ork and imprims for the bocation work.  I improvement of the bocation work.  Ari D I | ents descri       | were of l, whole bed he | lone ar<br>ly or pa<br>erein: | nd performantly outside                    | ned<br>de of<br>—<br>—<br><u>—</u><br>— |
|       |                                                                                                            | SWORN TO before me, a Not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                                                    | day of            | )ec                     | 20                            | MAYERS                                     |                                         |
|       | y Public                                                                                                   | es_06-15-2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                   | 7                       | tary Put<br>Yavapa            | plic - Arizon<br>ai County<br>ires Jun 15, |                                         |
| Arizo | u of Land Mana<br>na State Office<br>az.blm.gov                                                            | agement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No. of Clai<br>Check No.:<br>Receipt No<br>For BLM Us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | M.O<br>:: 3728                                                                       | /x \$ /_Init 3407 | 10 = <u>(</u>           | \$10                          |                                            |                                         |

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.

| When Recorded Return Document to:  FINITER'S RESIDENCE  1755 NEID +h  HILLS BORD ORE  97124  Check here is this is a change of address.  Telephone: 603 648-1328  E-mail address: M/HT                                                                                                                                                                                |                                        |              |               |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|---------------|--------------------|
| AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK  1. State of Arizona, County of YAVHDAI ss:  2. I (Name) David HFLAMDERS  3. Reside at (Address) LENERAL DELIVERY  City CAVE CREEK County MARICOPA                                                                                                                                                                            | BLM<br>Date<br>Stamp                   | PHOEHIX, ARI | 2016 DEC 22 P | BEOFIVE<br>BEOFIVE |
| State AZZip 8531 being duly sworn, depose and say that I am eighteen years of age, and that all of the facts set forth in this affidavit, sub U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent stateme 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). | ject to the provisior                  | ited Stat    | tes_mo        | s of 18            |
| 5. That I am personally acquainted with the mining claim(s). The work and expense of the owner(s) of said claim(s). Said contiguous group of claims, (optional) Mining District;                                                                                                                                                                                      | improvements were listed on this docur | nent, ar     | e situat      | at the ted in the  |

| Line<br>No. | AMC<br>NUMBER | CLAIM/SITE NAME | COUNTY RECORDER<br>DATA (If available) | TWP  | RNG | SEC   |
|-------------|---------------|-----------------|----------------------------------------|------|-----|-------|
| 1           | 354085        | RUSTI IRON      |                                        | 13-N | 2-W | NE-35 |
| 2           |               |                 |                                        |      |     |       |
| 3           |               |                 |                                        |      |     |       |
| 4           |               |                 | -                                      |      |     |       |
| 5           |               |                 |                                        |      |     |       |
| 6           |               |                 |                                        |      |     |       |

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|                                                                                |                            | BLM<br>Date<br>Stamp            | PHOENIX, ARIZO | RECEIVED                                       |
|--------------------------------------------------------------------------------|----------------------------|---------------------------------|----------------|------------------------------------------------|
| 7                                                                              |                            |                                 | <b>→</b> F     |                                                |
| 8                                                                              |                            |                                 |                |                                                |
| 9                                                                              |                            |                                 |                |                                                |
| 10                                                                             |                            |                                 |                |                                                |
| DAVID HENRY FI<br>B. That the work and improvements performed<br>FROM PROSPECT | d were: <u>CLEA:ハ</u>      | IING QU                         | T DEB          | BRIS                                           |
|                                                                                |                            | <del></del>                     | <u> </u>       |                                                |
| . Dated: 12 -21-16 Signature: 1 m                                              | of Hole                    | rdens                           |                |                                                |
| SUBSCRIBED AND SWORN TO before me,                                             | a Notary Public, this      | 21st day of 1                   | Dec            | 20 6                                           |
| By: David Henry I-landotary Public                                             | nders                      |                                 | Notary         | LAN MAYERS<br>Public - Arizona<br>Vapai County |
| ly Commission Expires                                                          | 2000                       |                                 | -/YAAL CAMM    | Expires Jun 15,                                |
|                                                                                | 070                        |                                 | My Collins.    |                                                |
| rizona State Office                                                            | No. of Clain<br>Check No.: | ns: / x                         | \$10 = DU      | ?-                                             |
| Bureau of Land Management Arizona State Office  Www.az.blm.gov                 | No. of Clain               | ns: / x<br>M-O Init.<br>:372840 | \$10 = DU      | ?                                              |

Form: MCF108 Revised Jan. 2006 Page 2 of 2

| TL 175                                                                           | 9 NDERS<br>5 NE 10<br>4 5 B 0 R<br>ck here is this     | 97/34 is a change of address. 648-1328                                                                                                                      |                                                                                 |                      |             |                         |                            | F1,277  |
|----------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------|-------------|-------------------------|----------------------------|---------|
| FIDA                                                                             | /IT OF PERFO                                           | RMANCE OF ANNUAL W                                                                                                                                          | ORK                                                                             |                      |             |                         |                            | _       |
|                                                                                  |                                                        | DA 10 - 40 -                                                                                                                                                |                                                                                 |                      |             | -3                      | 20                         |         |
|                                                                                  |                                                        | inty of /VI ARICOP                                                                                                                                          |                                                                                 | BLM<br>Date          |             | Ē                       | <b>7</b> I                 | ,       |
| 2. I (Name) DAVID HENRY FLANDERS  3. Reside at (Address) <u>LEMERAL NELIVERY</u> |                                                        |                                                                                                                                                             |                                                                                 | Stamp                |             | × ~                     |                            | ان<br>ا |
| Reside                                                                           | at (Address)_                                          | GLITERAL DE                                                                                                                                                 | LIVERY                                                                          |                      |             | AR                      | 2 7                        | 7       |
| hy C A                                                                           | VE CDES                                                | County N                                                                                                                                                    | ANIZORA                                                                         |                      |             | 107                     | \$ I                       | )       |
| ghteen<br>S.C. 10<br>rrect ac                                                    | years of age, a<br>001 pertaining t<br>ccording to the | being duly sworn, de<br>and that all of the facts set f<br>to the filing of false, fictitious<br>best of my knowledge, info<br>ddress (If not shown in Item | orth in this affidavit, sub<br>s, or fraudulent stateme<br>ormation and belief. | ject to th           | ne provisio | ns and pe               | nalties of 18              |         |
|                                                                                  |                                                        |                                                                                                                                                             |                                                                                 |                      |             |                         |                            |         |
| That I a                                                                         | am personally a of the owner(s)                        | acquainted with the mining of said claim(s). Said conti                                                                                                     | claim(s). The work and iguous group of claims,                                  | improve<br>listed or | ments we    | re made by<br>ment, are | and at the situated in the | he      |
|                                                                                  |                                                        | _ (optional) Mining District;                                                                                                                               |                                                                                 |                      |             | , Arizona.              |                            |         |
| Line<br>No.                                                                      | AMC<br>NUMBER                                          | CLAIM/SITE NAME                                                                                                                                             | COUNTY RECORDE<br>DATA (If available)                                           | R                    | TWP         | RNG                     | SEC                        |         |
| 1                                                                                | 352844                                                 | MICH-1-2-3                                                                                                                                                  |                                                                                 |                      | 6-N         | 6-E                     | 5E-25<br>SW-25             | NE-     |
| 2                                                                                |                                                        |                                                                                                                                                             |                                                                                 |                      |             |                         | 20,000                     | ,,,,,   |
| 3                                                                                |                                                        |                                                                                                                                                             |                                                                                 |                      |             |                         |                            |         |
| 4                                                                                |                                                        |                                                                                                                                                             |                                                                                 |                      |             |                         |                            |         |
| 5                                                                                |                                                        |                                                                                                                                                             |                                                                                 |                      |             |                         |                            |         |
|                                                                                  |                                                        |                                                                                                                                                             |                                                                                 |                      |             |                         |                            |         |

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|                                                                    |                                                                          |                                                       |                                        |                   |                  | '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|-------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|                                                                    |                                                                          |                                                       | BLM<br>Date<br>Stamp                   |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| •                                                                  |                                                                          |                                                       | Эр                                     |                   | 1016             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
|                                                                    |                                                                          |                                                       | ·                                      | 7<br>2<br>5       | DEC 2            | NEC 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| 7                                                                  |                                                                          |                                                       | ······································ |                   | 70               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| 8                                                                  |                                                                          |                                                       |                                        | Ç                 | ,; <u>,</u>      | in the second se |   |
| 9                                                                  |                                                                          |                                                       |                                        |                   | 50               | ří.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |
| 10                                                                 |                                                                          |                                                       |                                        | t ja v            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| 8. That the work and improved                                      | for the benefit of all, not were employed to performents performed were: | including the lo                                      | S PN                                   | D D D O F         | ped herein:      | 1 OVE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |
| 9. Dated: <u>///-//6</u> Signa                                     |                                                                          | ,                                                     | $\sim$ 1 .                             | <i></i>           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - |
| By:                                                                |                                                                          | Public, this                                          |                                        | day of            | DYL/<br>Notary F | AN MAYERS Public - Arizor apai County xpires Jun 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |
| Bureau of Land Managemen<br>Arizona State Office<br>www.az.blm.gov | t                                                                        | No. of Clai<br>Check No.:<br>Receipt No<br>For BLM Us | M.C<br>:3728                           | x \$1<br>}, Init^ | 10=\$/0<br>\$\d  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |

Form: MCF108 Revised Jan. 2006 Page 2 of 2

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DAVID FLANDERS CAVE CREEK AZ 85331 CERTIFIED MAIL®



7016 0600 0000 7510 8414

BLIM AZ S FATE OFFICE

2016 DEC 22 P 2: 49

PHOENIX, ARIZONA

U.S. DEPT OF THE INTERIOR

1 NORTH CENTRAL AVE #8000,

PHOENIX AZ. 85004

UNITED STATES
POSTAL SERVICES

U.S. POSTAGE PAID PRESCOTT, AZ 86301 DEC 21 16 AMOUNT

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<u>Պիրդինարվանարությանի իրարդիրիին բրիրիկի</u>

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

Receipt

DIV OF LANDS, MINRLS & ENERGY ONE N CENTRAL AVE PHOENIX, AZ 85004 -4427 Phone: 602-417-9200

No:

3728407

**Transaction #: 3833674** 

**Date of Transaction:** 12/23/2016

CUSTOMER:

DAVID FLANDERS

1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                           | REMARKS         | UNIT<br>PRICE | TOTAL   |
|-----------|------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED<br>CASES: AMC351108/\$30.00 | POL (3)<br>2016 | - n/a -       | 30.00   |
|           |      |                                                                                                                                       | TOTA            | AL:           | \$30.00 |

|   |           | PAYMENT INFORMATION                                                 |             |            |
|---|-----------|---------------------------------------------------------------------|-------------|------------|
| 1 | AMOUNT:   | 30.00                                                               | POSTMARKED: | 12/20/2016 |
|   | TYPE:     | CHECK                                                               | RECEIVED:   | 12/22/2016 |
|   | CHECK NO: | 23457514443                                                         | ,           |            |
|   |           | FLANDERS, DAVID H<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124-1703 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.



Resorded on WVR LOG as 57,558 + 559

> Form 3830-2 (October 2013)

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



AMC 351108

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

354085

#### MAINTENANCE FEE WAIVER CERTIFICATION

| SEE INSTRUCTIONS ON PAGE 2 | 2 |
|----------------------------|---|
|                            |   |

- This small miner waiver is filed for the assessment year beginning on September 1, 20 and ending on September 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 of America on September 1,
- 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 filling 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 of tunnel sites for which this waiver from payment of the mair | itenance fees is requested are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| CLAIM OR SITE NAME                                                                        | BLM RECORDAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ION SERIAL | NUMBER     |
| 1 MICA ONC                                                                                | # 35110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8          |            |
| 2.                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |
| 3. MICA = 1-2-3                                                                           | # 3528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 44         |            |
| 4.                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |
| 5. KUSTI IRON                                                                             | # 35408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5          |            |
| 6.                                                                                        | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |            |
| 7.                                                                                        | P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NOV 6      |            |
| 8.                                                                                        | and the second s | 0 -        | i i        |
| 9. (Norvected) 2017 whireh                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 30         | <u>ń</u>   |
| 10.                                                                                       | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ס ייֹר     | n          |
| The owner(s) (claimants) of the above mining claims and sites are:                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ਨੁ         |            |
| RAY FLANDERS                                                                              | Roy & Jander                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | /5 R       |            |
| (Owner's Name - Please Print)                                                             | (Owner's Signat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |
| SSS NW VADIS RD                                                                           | ornalius                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | one        | 97113      |
| (Owner's Mailing Address)                                                                 | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (State)    | (Zip Code) |
| MARK Flanders                                                                             | Mark I len                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |            |
| (Owner's Name - Please Print)                                                             | (Owner's Signat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ture)      | 2747       |
| 1755 NR 10+ Ave 14                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ove        | 9/11 >     |
| (Owner's Mailing Address)                                                                 | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (State)    | (Zip Code) |
| DAVID H. FLANDERS DO                                                                      | wid H. Flan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ders       |            |
| (Owner's Name - Please Print)                                                             | (Owner's Signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ture)      | 0 - 80     |
| 38418 N BASIN Rd                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 172        | 67371      |
| (Owner's Mailing Address)                                                                 | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (State)    | (Zip Code) |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |
| (Owner's Name - Please Print)                                                             | (Owner's Signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ture)      |            |
| (Owner's Mailing Address)                                                                 | WR. NotSites Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (State)    | (Zip Code) |
| (Continued on page 2)                                                                     | NOV 30 2016<br>AC 241 Rander                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |            |

| (Owner's Name - Please Print)                                                                                                                              | (0                                                               | wner's Signature)                          | :   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|-----|
|                                                                                                                                                            |                                                                  | A Charles of                               |     |
| (Owner's Mailing Address)                                                                                                                                  | (City)                                                           | (State) (Zip Code)                         | _   |
|                                                                                                                                                            | , and and not                |                                            |     |
| (Owner's Name - Please Print)                                                                                                                              | (0                                                               | wner's Signature)                          |     |
|                                                                                                                                                            |                                                                  |                                            |     |
| (Owner's Mailing Address)                                                                                                                                  | (City)                                                           | (State) (Zip Code)                         |     |
|                                                                                                                                                            |                                                                  |                                            |     |
| (Owner's Name - Please Print)                                                                                                                              | (0                                                               | wner's Signature)                          | *.  |
|                                                                                                                                                            |                                                                  |                                            |     |
| (Owner's Mailing Address)                                                                                                                                  | (City)                                                           | (States - (Zip Code)                       |     |
|                                                                                                                                                            |                                                                  | 7 8 X                                      |     |
| (Owner's Name - Please Print)                                                                                                                              | (0                                                               | Owner's Signature)                         | . % |
|                                                                                                                                                            |                                                                  | >                                          |     |
| (Owner's Mailing Address)                                                                                                                                  | (City)                                                           | (Starte) (Zin Code)                        |     |
| 18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowing false, fictitious or fraudulent statements or representations as to any matter of | gly and willfully to make to any dep<br>within its jurisdiction. | partment or reency of the United States at | ny  |

#### 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



## DEPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMEN MINING CLAIMS

Run Date/Time: 11/30/2016 04:17 PN

(LIVE) Serial Register Page

**Total Acres** 20.660

CAVE CREEK, AZ 85331-8580

**Serial Number** AMC351108 Lead File Number AMC351108

CLAIMANT

Page 1 of 2

01 05-10-1872;017STAT0091;30USC26,28,34 Case Type 384101: LODE CLAIM

Claim Name: MICA ONE

Commodity:

FLANDERS DAVID H

Case Disposition: ACTIVE

Required Maintenance Fee: \$155.00

38418 N BASIN RD

| Name & Address | Int Rel |
|----------------|---------|
| name a maarooo |         |

| Mer Twp R  | ng Sec    | Quadrant                | District/Field Office | County               |
|------------|-----------|-------------------------|-----------------------|----------------------|
| 14 0060N   | 0060E 024 | -                       | SAYAMPA FO            | MARICOPA<br>MARICOPA |
| 14 0060N   |           |                         | SAYAMPA FO            |                      |
| Act Date   |           | Action                  | Action Remarks        | Receipt Number       |
| 01/01/1999 | 403       | LOCATION DATE           |                       |                      |
| 01/05/1999 | 395       | RECORDATION NOTICE RECD |                       |                      |
| 08/31/2016 | 483       | SMALL MINER CERT FILED  | 2017                  |                      |
| 08/31/2015 | 483       | SMALL MINER CERT FILED  | 2016                  | 2464225              |
| 12/30/2015 | 480       | EVID OF ASSMT FILED     | 2015                  | 3464335              |
| 08/13/2014 | 483       | SMALL MINER CERT FILED  | 2015                  | 2101144              |
| 08/13/2014 | 480       | EVID OF ASSMT FILED     | 2014                  | 3101144              |
| 09/03/2013 | 483       | SMALL MINER CERT FILED  | 2014                  | 2075041              |
| 09/04/2013 | 480       | EVID OF ASSMT FILED     | 2013                  | 2875841              |
| 08/30/2012 | 483       | SMALL MINER CERT FILED  | 2013                  | 2646000              |
| 08/30/2012 | 480       | EVID OF ASSMT FILED     | 2012                  | 2646099              |
| 09/01/2011 | 483       | SMALL MINER CERT FILED  | 2012                  | . 2424170            |
| 09/01/2011 | 480       | EVID OF ASSMT FILED     | 2011                  | 2424178              |
| 09/01/2010 | 483       | SMALL MINER CERT FILED  | 2011                  | 2210504              |
| 09/01/2010 | 480       | EVID OF ASSMT FILED     | 2010                  | 2210594              |
| 09/01/2009 | 483       | SMALL MINER CERT FILED  | 2010                  | 1995560              |
| 09/01/2009 | 480       | EVID OF ASSMT FILED     | 2009                  | 1993360              |
| 09/01/2008 | 483       | SMALL MINER CERT FILED  | 2009                  | 1781353              |
| 09/05/2008 | 480       | EVID OF ASSMT FILED     | 2008                  | 1701333              |
| 08/31/2007 | 483       | SMALL MINER CERT FILED  | 2008                  | 1562312              |
| 08/31/2007 | 480       | EVID OF ASSMT FILED     | 2007                  |                      |
| 08/22/2006 | 483       | SMALL MINER CERT FILED  | 2007                  | 1341874              |
| 08/22/2006 | 480       | EVID OF ASSMT FILED     | 2006                  | 1341074              |
| 08/22/2005 | 483       | SMALL MINER CERT FILED  | 2006                  | 1139635              |
| 08/22/2005 | 480       | EVID OF ASSMT FILED     | 2005                  | 1137033              |
| 09/01/2004 | 483       | SMALL MINER CERT FILED  | 2005                  | 948974               |
| 09/01/2004 | 480       | EVID OF ASSMT FILED     | 2004                  | J. 100 / 1           |
| 08/05/2003 | 483       | SMALL MINER CERT FILED  | 2004                  | 724073               |
| 08/05/2003 | 480       | EVID OF ASSMT FILED     | 2003                  | , 24V, 0             |
| 08/26/2002 | 483       | SMALL MINER CERT FILED  | 2003                  | 548411               |
| 08/26/2002 | 480       | EVID OF ASSMT FILED     | 2002                  | 546 444              |
| 08/24/2001 | 483       | SMALL MINER CERT FILED  | 2002                  |                      |

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

# REAU OF LAND MANAGEMEN MINING CLAIMS

| Run Date/Time: | 11/30 | /2016 04:17 PN          | (LIVE) Serial Register Page | Page 2 of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------|-------|-------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 08/24/2001     | 480   | EVID OF ASSMT FILED     | 2001                        | 365051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 07/26/2000     | 483   | SMALL MINER CERT FILED  | 2001                        | tanggan panggan panggan sa pangga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 07/26/2000     | 480   | EVID OF ASSMT FILED     | 2000                        | 158323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 08/18/1999     | 483   | SMALL MINER CERT FILED  | 2000                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 08/13/1999     | 480   | EVID OF ASSMT FILED     | 1999                        | . 999999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 01/05/1999     | 482   | MAINTENANCE FEE/\$100   | 1999                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                |       |                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11/30/2016     | 113   | ADDITIONAL INFO RECEIVE | D 2017 WVR NON EXP FORM     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 08/31/2016     | 170   | ADDRESS CHANGE FILED    | DFLANDERS                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 08/31/2016     | 396   | TRF OF INTEREST FILED   | FLANDERS ROSA               | 3649503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12/30/2015     | 488   | ASSMT DOC RECEIVED      | 480;2015                    | 3464356                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 09/14/2015     | 379   | REFUND AUTHORIZED       | \$30; OVERPAYMENT           | 3383963                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 09/22/2014     | 171   | CHANGE OF NAME RECEIVED | LEGAL NAME ROSA             | A specific of the second secon |
| 08/09/2000     | 396   | TRF OF INTEREST FILED   | FLANDERS DAVID H            | 194555                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 06/15/1999     | 669   | LAND STATUS CHECKED     |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01/05/1999     | 404   | COUNTY RECORDATION      | 990005963                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01/05/1999     | 501   | ACCT ADV IN LEAD FILE   | AMC351108;                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                |       |                         |                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Line Nr Remarks

### DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEME **MINING CLAIMS**

Run Date/Time: 11/30/2016 04:04 PN

(LIVE) Serial Register Page

**Total Acres** 20.660

**Serial Number** AMC352844 **Lead File Number** AMC352844

Page 1 of 2

01 05-10-1872;017STAT0091;30USC26,28,34

Case Type 384101: LODE CLAIM Claim Name: MICA ONE TWO THREE

Commodity:

Name & Address

**Case Disposition: ACTIVE** 

Required Maintenance Fee: \$155.00

Int Rel

FLANDERS DAVID H 38418 N BASIN RD CAVE CREEK, AZ 85331-8580 CLAIMANT FLANDERS RAY 33535 NW VADIS RD CORNELIUS, OR 97113-6336 HILLSBORO, OR 97124-1703 CLAIMANT FLANDERS MARK 1755 NE 10TH AVE CLAIMANT

Mer Twp Rng Sec Quadrant District/Field Office County 14 0060N 0060E 025 NE, NW , SW , SE HASSAYAMPA FO MARICOPA

| Act Date   | Code | Action                  | Action Remarks | Receipt Number |
|------------|------|-------------------------|----------------|----------------|
| 11/26/1999 | 403  | LOCATION DATE           |                |                |
| 12/02/1999 | 395  | RECORDATION NOTICE RECD |                |                |
| 08/31/2016 | 483  | SMALL MINER CERT FILED  | 2017           |                |
| 08/31/2015 | 483  | SMALL MINER CERT FILED  | 2016           |                |
| 12/30/2015 | 480  | EVID OF ASSMT FILED     | 2015           | 3464335        |
| 08/13/2014 | 483  | SMALL MINER CERT FILED  | 2015           |                |
| 08/13/2014 | 480  | EVID OF ASSMT FILED     | 2014           | 3101144        |
| 09/03/2013 | 483  | SMALL MINER CERT FILED  | 2014           |                |
| 09/04/2013 | 480  | EVID OF ASSMT FILED     | 2013           | 2875841        |
| 08/30/2012 | 483  | SMALL MINER CERT FILED  | 2013           |                |
| 08/30/2012 | 480  | EVID OF ASSMT FILED     | 2012           | 2646099        |
| 09/01/2011 | 483  | SMALL MINER CERT FILED  | 2012           |                |
| 09/01/2011 | 480  | EVID OF ASSMT FILED     | 2011           | 2424178        |
| 09/01/2010 | 483  | SMALL MINER CERT FILED  | 2011           |                |
| 09/01/2010 | 480  | EVID OF ASSMT FILED     | 2010           | 2210594        |
| 09/01/2009 | 483  | SMALL MINER CERT FILED  | 2010           |                |
| 09/01/2009 | 480  | EVID OF ASSMT FILED     | 2009           | 1995560        |
| 09/01/2008 | 483  | SMALL MINER CERT FILED  | 2009           | •              |
| 09/05/2008 | 480  | EVID OF ASSMT FILED     | 2008           | 1781353        |
| 08/31/2007 | 483  | SMALL MINER CERT FILED  | 2008           |                |
| 08/31/2007 | 480  | EVID OF ASSMT FILED     | 2007           | 1562312        |
| 08/22/2006 | 483  | SMALL MINER CERT FILED  | 2007           |                |
| 08/22/2006 | 480  | EVID OF ASSMT FILED     | 2006           | 1341874        |
| 08/22/2005 | 483  | SMALL MINER CERT FILED  | 2006           |                |
| 08/22/2005 | 480  | EVID OF ASSMT FILED     | 2005           | 1139635        |
| 09/01/2004 | 483  | SMALL MINER CERT FILED  | 2005           |                |
| 09/01/2004 | 480  | EVID OF ASSMT FILED     | 2004           | 948974         |
| 08/09/2003 | 483  | SMALL MINER CERT FILED  | 2004           |                |
| 08/19/2003 | 480  | EVID OF ASSMT FILED     | 2003           | 733706         |
| 08/26/2002 | 483  | SMALL MINER CERT FILED  | 2003           |                |
| 08/26/2002 | 480  | EVID OF ASSMT FILED     | 2002           | 548411         |
|            |      |                         |                |                |

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

#### PEPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMEN MINING CLAIMS

Run Date/Time: 11/30/2016 04:04 PN

(LIVE) Serial Register Page

01 05-10-1872;017STAT0091;30USC26,28,34

Case Type 384101: LODE CLAIM Claim Name: MICA ONE TWO THREE

Commodity:

Name & Address

FLANDERS RAY

FLANDERS MARK

FLANDERS DAVID H

**Case Disposition: ACTIVE** 

Required Maintenance Fee: \$155.00

**Total Acres** 20.660

**Serial Number** AMC352844 **Lead File Number** AMC352844

Page 1 of 2

Int Rel

MARICOPA

CAVE CREEK, AZ 85331-8580 CORNELIUS, OR 97113-6336 38418 N BASIN RD CLAIMANT 33535 NW VADIS RD CLAIMANT 1755 NE 10TH AVE HILLSBORO, OR 97124-1703 CLAIMANT

Mer Twp Rng Sec Quadrant District/Field Office County

14 0060N 0060E 025 NE, NW , SW , SE HASSAYAMPA FO

| Act Date   | Code | Action                  | Action Ramarks | Receipt Number |
|------------|------|-------------------------|----------------|----------------|
| 11/26/1999 | 403  | LOCATION DATE           |                |                |
| 12/02/1999 | 395  | RECORDATION NOTICE RECD |                |                |
| 08/31/2016 | 483  | SMALL MINER CERT FILED  | 2017           |                |
| 08/31/2015 | 483  | SMALL MINER CERT FILED  | 2016           |                |
| 12/30/2015 | 480  | EVID OF ASSMT FILED     | 2015           | 3464335        |
| 08/13/2014 | 483  | SMALL MINER CERT FILED  | 2015           |                |
| 08/13/2014 | 480  | EVID OF ASSMT FILED     | 2014           | 3101144        |
| 09/03/2013 | 483  | SMALL MINER CERT FILED  | 2014           |                |
| 09/04/2013 | 480  | EVID OF ASSMT FILED     | 2013           | 2875841        |
| 08/30/2012 | 483  | SMALL MINER CERT FILED  | 2013           |                |
| 08/30/2012 | 480  | EVID OF ASSMT FILED     | 2012           | 2646099        |
| 09/01/2011 | 483  | SMALL MINER CERT FILED  | 2012           |                |
| 09/01/2011 | 480  | EVID OF ASSMT FILED     | 2011           | 2424178        |
| 09/01/2010 | 483  | SMALL MINER CERT FILED  | 2011           |                |
| 09/01/2010 | 480  | EVID OF ASSMT FILED     | 2010           | 2210594        |
| 09/01/2009 | 483  | SMALL MINER CERT FILED  | 2010           |                |
| 09/01/2009 | 480  | EVID OF ASSMT FILED     | 2009           | 1995560        |
| 09/01/2008 | 483  | SMALL MINER CERT FILED  | 2009           |                |
| 09/05/2008 | 480  | EVID OF ASSMT FILED     | 2008           | 1781353        |
| 08/31/2007 | 483  | SMALL MINER CERT FILED  | 2008           |                |
| 08/31/2007 | 480  | EVID OF ASSMT FILED     | 2007           | 1562312        |
| 08/22/2006 | 483  | SMALL MINER CERT FILED  | 2007           |                |
| 08/22/2006 | 480  | EVID OF ASSMT FILED     | 2006           | 1341874        |
| 08/22/2005 | 483  | SMALL MINER CERT FILED  | 2006           |                |
| 08/22/2005 | 480  | EVID OF ASSMT FILED     | 2005           | 1139635        |
| 09/01/2004 | 483  | SMALL MINER CERT FILED  | 2005           |                |
| 09/01/2004 | 480  | EVID OF ASSMT FILED     | 2004           | 948974         |
| 08/09/2003 | 483  | SMALL MINER CERT FILED  | 2004           |                |
| 08/19/2003 | 480  | EVID OF ASSMT FILED     | 2003           | 733706         |
| 08/26/2002 | 483  | SMALL MINER CERT FILED  | 2003           |                |
| 08/26/2002 | 480  | EVID OF ASSMT FILED     | 2002           | 548411         |

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

# DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEM MINING CLAIMS

Run Date/Time: 11/30/2016 04:21 PN

(LIVE) Serial Register Page

· 01 05-10-1872;017STAT0091;30USC26,28,34

Case Type 384101: LODE CLAIM

Claim Name: RUSTI IRON

Commodity:

Case Disposition: ACTIVE

Required Maintenance Fee: \$155.00

Total Acres 20.660

Serial Number AMC354085 Lead File Number AMC354085

Page 1 of 2

| FLANDERS   | מ מדעגמ                | 20410 N DROTH          | 20                             |             |                 |               |   |
|------------|------------------------|------------------------|--------------------------------|-------------|-----------------|---------------|---|
|            | DAVID H                | 38418 N BASIN          | RD                             | CAVE CREEK, | AZ 85331-8580   | CLAIMANT      |   |
|            | Rng Sec                | Quadrant               | District/Fiel                  | d Office    |                 | County        |   |
|            | 0020W 026<br>0020W 035 |                        | HASSAYAMPA FO<br>HASSAYAMPA FO |             | YAVAP.<br>YAVAP |               |   |
| Act Date   | Code                   | Action                 | Action Remar                   | <b>.</b> _  | INVAL           |               |   |
| 07/07/2000 |                        | LOCATION DATE          | ACCION Remar                   | KS          |                 | Receipt Numbe | r |
| 09/11/2000 | 395                    | RECORDATION NOTICE REC | D .                            |             |                 |               |   |
| 08/31/2016 | 483                    | SMALL MINER CERT FILED | 2017                           |             |                 |               |   |
| 08/31/2015 | 483                    | SMALL MINER CERT FILED | •                              |             |                 | •             |   |
| 12/30/2015 | 480                    | EVID OF ASSMT FILED    | 2015                           |             |                 | 2464225       |   |
| 08/13/2014 | 483                    | SMALL MINER CERT FILED |                                |             |                 | 3464335       |   |
| 08/13/2014 | 480                    | EVID OF ASSMT FILED    | 2014                           |             |                 | 3101144       |   |
| 9/03/2013  | 483                    | SMALL MINER CERT FILED |                                |             |                 | 5101144       |   |
| 9/04/2013  | 480                    | EVID OF ASSMT FILED    | 2013                           |             |                 | 2875841       |   |
| 08/30/2012 | 483                    | SMALL MINER CERT FILED | •                              |             |                 | 14961.02      |   |
| 8/30/2012  | 480                    | EVID OF ASSMT FILED    | 2012                           |             |                 | 2646099       |   |
| 9/01/2011  | 483                    | SMALL MINER CERT FILED | 2012                           |             |                 | 2040099       |   |
| 9/01/2011  | 480                    | EVID OF ASSMT FILED    | 2011                           |             |                 | 2424178       |   |
| 9/01/2010  | 483                    | SMALL MINER CERT FILED | 2011                           |             |                 | 2121170       |   |
| 9/01/2010  | 480                    | EVID OF ASSMT FILED    | 2010                           |             |                 | 2210594       |   |
| 9/01/2009  | 483                    | SMALL MINER CERT FILED | 2010                           |             |                 | 2220094       |   |
| 9/01/2009  | 480                    | EVID OF ASSMT FILED    | 2009                           | •           |                 | 1995560       |   |
| 9/01/2008  | 483                    | SMALL MINER CERT FILED | 2009                           |             |                 | 1330000       |   |
| 9/05/2008  | 480                    | EVID OF ASSMT FILED    | 2008                           |             |                 | 1781353       |   |
| 8/31/2007  | 483                    | SMALL MINER CERT FILED | 2008                           |             | $\frac{1}{2}$   |               |   |
| 8/31/2007  | 480                    | EVID OF ASSMT FILED    | 2007                           |             |                 | 1562312       |   |
| 8/22/2006  | 483                    | SMALL MINER CERT FILED | 2007                           |             |                 |               |   |
| 8/22/2006  | 480                    | EVID OF ASSMT FILED    | 2006                           |             |                 | 1341874       |   |
| 8/22/2005  | 483                    | SMALL MINER CERT FILED | 2006                           |             |                 |               |   |
| B/22/2005  | 480                    | EVID OF ASSMT FILED    | 2005                           |             |                 | 1139635       |   |
| 9/01/2004  | 483                    | SMALL MINER CERT FILED | 2005                           |             |                 |               |   |
| 9/01/2004  | 480                    | EVID OF ASSMT FILED    | 2004                           |             |                 | 948974        |   |
| 3/19/2003  | 483                    | SMALL MINER CERT FILED | 2004                           |             |                 | -             |   |
| 3/19/2003  | 480                    | EVID OF ASSMT FILED    | 2003                           |             |                 | 733713        |   |
| 3/26/2002  | 483                    | SMALL MINER CERT FILED | 2003                           |             |                 |               |   |
| 3/26/2002  | 480                    | EVID OF ASSMT FILED    | 2002                           |             |                 | 548411        |   |
| 3/24/2001  | 483                    | SMALL MINER CERT FILED | 2002                           |             |                 | <del>-</del>  |   |

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

# DEPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMEN MINING CLAIMS

| Run Date/Time: | 11/30 | 0/2016 04:21 PN (LIV        | E) Serial Register Page | Page 2 of 2 |
|----------------|-------|-----------------------------|-------------------------|-------------|
| 08/24/2001     | 480   | EVID OF ASSMT FILED         | 2001                    | 365051      |
| 09/01/2000     | 483   | SMALL MINER CERT FILED      | 2001                    |             |
| 09/12/2000     | 480   | EVID OF ASSMT FILED         | 2000                    | 187834      |
| 09/11/2000     | 484   | LOCATION YEAR / MAINTENANCE | 2000                    | 187355      |
| 11/30/2016     | 113   | ADDITIONAL INFO RECEIVED    | 2017 WVR NON EXP FORM   |             |
| 08/31/2016     | 170   | ADDRESS CHANGE FILED        | DFLANDERS               |             |
| 08/31/2016     | 396   | TRF OF INTEREST FILED       | FLANDERS ROSA           | 3649503     |
| 12/30/2015     | 488   | ASSMT DOC RECEIVED          | 480;2015                | 3464356     |
| 09/13/2000     | 396   | TRF OF INTEREST FILED       | FLANDERS DAVID H        | 197568      |
| 09/12/2000     | 669   | LAND STATUS CHECKED         |                         |             |
| 09/11/2000     | 501   | ACCT ADV IN LEAD FILE       | AMC354085;              |             |

Line Nr Remarks

#### **UNITED STATES**

#### **DEPARTMENT OF THE INTERIOR**

**Bureau of Land Management Arizona State Office** 

One North Central Avenue, Suite 800

Phoenix, Arizona 85004-4427

PENALTY FOR PRIVATE USE \$300

PHOENIX, ARIZOI

#### AN EQUAL OPPORTUNITY EMPLOYER

AZ 852

01 DEC '16

PM 6 L

neopost 12/01/2016 **US POSTAGE**  FIRST-CLASS MAIL

\$ 300 Penalty For Private Use ZIP 85004 041L11101433



**DAVID H FLANDERS 38418 N BASIN RD CAVE CREEK, AZ 85331-8580** 

NIXIE

85.0 5 E 1 0012/07/15

RETURN TO SENDER NO MAIL RECEPTACLE UNABLE TO FORWARD

5C: 85884442788

\*2014-07786-01-46

Recorded on WVR LOG as #557,558 + 559

> Form 3830-2 (October 2013)

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

tmc 351108 AMC352844

> FORM APPROVED OMB NO. 1004-0114

Expires: October 31, 2016

#### MAINTENANCE FEE WAIVER CERTIFICATION

| SFF | INISTRI | <b>JCTIONS</b> | ON | PAGE ! |
|-----|---------|----------------|----|--------|
|     |         |                |    |        |

| 1. | This small miner waiver is filed for the assessment | year beginning on September 1, 🕹 | 20/ | and ending on September | 1, 20/ | _'/ |
|----|-----------------------------------------------------|----------------------------------|-----|-------------------------|--------|-----|
|----|-----------------------------------------------------|----------------------------------|-----|-------------------------|--------|-----|

| 7. The mining claims, mill or tunnel sites for which this waiver from payment o | ine maintenance rees       |                 |         |             |
|---------------------------------------------------------------------------------|----------------------------|-----------------|---------|-------------|
| CLAIM OR SITE NAME                                                              |                            | BLM RECORDA     |         | T NOWBEK    |
| 1. MICA ONC                                                                     |                            | # 35/10         | 0       |             |
| 2.                                                                              |                            | .4 77-          | 101     |             |
| 3. MICA = 1-2-3                                                                 |                            | # 3528          | 49      |             |
| 4.                                                                              |                            | H 701100        |         |             |
| 5. RUSTI IRON                                                                   |                            | # 35408         | 2       |             |
| 6.                                                                              |                            |                 |         |             |
| 7. (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c                           | Longitude territorio de va | 8               | 3       | <del></del> |
| 8.                                                                              | <b>.</b>                   |                 | 100     | <u> </u>    |
| 9. (Norrected) 2017 WAL                                                         | ver                        | <u> </u>        | 0       | <u> </u>    |
| 10.                                                                             | and the second             | 20              | <u></u> |             |
| The owner(s) (claimants) of the above mining claims and sites are:              | - 14 m 4/ m 4/ m 1/        | 9               | S I     |             |
| RAY FLANDERS                                                                    | Run                        | & Jandus        | /5 R    |             |
| (Owner's Name - Please Print)                                                   |                            | (Owner's Signa  | ature)  |             |
| SSS SS NW VADIS RI                                                              | Corne                      | livs            | one     | 97113       |
| (Owner's Mailing Address)                                                       |                            | City)           | (State) | (Zip Code)  |
| mark Planders                                                                   | Mark                       |                 |         |             |
| (Owner's Name - Please Print)                                                   | 141/3/30                   | (Owner's Signa  |         | 27117       |
| 1755 NR 10+ Ave                                                                 |                            |                 | ove     | 97113       |
| (Owner's Mailing Address)                                                       | )                          | City)           | (State) | (Zip Code)  |
| DAVID H. FLAINDER S (Owner's Name - Please Print)                               | parid                      | Owner's Sign.   | ders    |             |
| 50.016                                                                          | AVE                        | E CREEK         | A7      | 85 53       |
| (Owner's Mailing Address)                                                       |                            | City)           | (State) | (Zip Code)  |
|                                                                                 |                            |                 |         | (           |
| (Owner's Name - Please Print)                                                   |                            | . (Owner's Sign | ature)  |             |
| (Owner's Mailing Address)                                                       | 2017 WVR-NO                | Girden Form     | (State) | (Zip Code)  |
| (Continued on page 2)                                                           |                            | 2016            | -       |             |

<sup>2.</sup> 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, 2016

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.

<sup>4.</sup> 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

| (Owner's Name - Please Print)                                                                                                            |         | (Ow    | ner's Signature)       | *                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|------------------------|--------------------------------------------|
|                                                                                                                                          |         |        | er est gala di Seguiri |                                            |
| (Owner's Mailing Address)                                                                                                                |         | (City) | (State)                | (Zip Code)                                 |
|                                                                                                                                          |         |        |                        | ma mar se san nar san na an an an an an an |
| (Owner's Name - Please Print)                                                                                                            |         | (Ow    | ner's Signature)       |                                            |
|                                                                                                                                          |         |        |                        |                                            |
| (Owner's Mailing Address)                                                                                                                |         | (City) | (State)                | (Zip Code)                                 |
|                                                                                                                                          | <b></b> |        | <u> </u>               |                                            |
| (Owner's Name - Please Print)                                                                                                            |         | (Ow    | ner's Signature)       |                                            |
|                                                                                                                                          |         |        |                        |                                            |
| (Owner's Mailing Address)                                                                                                                |         | (City) | (Siene)                | (Zip Code)                                 |
|                                                                                                                                          |         |        |                        | ~ £ 20                                     |
| (Owner's Name - Please Print)                                                                                                            |         | (Ow    | ner's Signature)       | 2 <u>2</u>                                 |
| O A Mallanda Mallanda                                                                                                                    |         |        |                        |                                            |
| (Owner's Mailing Address)                                                                                                                |         | (City) | ₹ (Sing)               | া (Zin Code)<br>্র 🗢                       |
| 18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any personal false, fictitious or fraudulent statements or representations as to a |         |        | tment or neercy of the | United States any                          |

#### 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



Form 3830-2 (November 2010)

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



#### 352844 FORM APPROVE

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

ACRESON FORM

#### MAINTENANCE FEE WAIVER CERTIFICATION

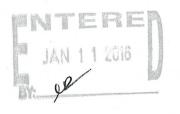
#### SEE INSTRUCTIONS ON PAGE 2

- This small miner waiver is filed for the assessment year beginning on September 1,  $\frac{1}{2}$  and ending on September 1,  $\frac{1}{2}$
- 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, 2016.
- 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. MICH - 1-2-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # 352844 ~                                                                                                          |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -p &                                                                                                                |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>₹ ₹ 3</b>                                                                                                        |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AUG AUG                                                                                                             |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | × × STC STC                                                                                                         |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>7 0</b> 000                                                                                                      |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ARIZONA                                                                                                             |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | > 50 CM                                                                                                             |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 4                                                                                                                 |
| The owner(s) (claimants) of the above mining claims and sites are:  ROSA FLANDERS - Not LISTED TO AND ON APPLIES TO AND ON APPLIES TO APPLIES T | (Owner's Signature)  (City)  (State)  (Zip Code)                                                                    |
| - MARK FLAMDERS My<br>(Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Owner's Signature)                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 45BORO DRE 97124                                                                                                    |
| (Owner's Mailing Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (City) / (State) (Zip Code)                                                                                         |
| - DAY FLANDERS 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JOS AND TANK RI                                                                                                     |
| (Owner's Nante - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | .(Owner's Signature)                                                                                                |
| 33535 Moveler's Mailing Addings 87                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $\frac{\text{Coviner 3 signature}}{\text{(City)}} \frac{\text{GF}}{\text{(State)}} \frac{971/3}{\text{(Zip Code)}}$ |
| - DAVID H FLANDSRS (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Owner's Signature)                                                                                                 |
| 38418 M B H S 1 1 (Owner's Mailing Address) AC 483 (2011)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (City) (State) (Zip Code)                                                                                           |
| (Continued on page 2) ENTERED SEP 0 8 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |
| PB PB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |

| Tele                                                               | 755 Y<br>YYYLS B<br>Check here<br>phone: 50 | is this is a change of addres                                                                                                                                                      | S.                                                                                                   |                                                                    | 351<br>352<br>3546                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 844     |          |
|--------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|
| AFFIC                                                              | DAVIT OF PE                                 | RFORMANCE OF ANNUA                                                                                                                                                                 | I WORK                                                                                               |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
| 2. I (Na<br>3. Resi<br>City //<br>StateOve<br>eighteer<br>U.S.C. 1 | ide at (Address  LZSBO  LZEZip              | County of WARIC  SAFLANDE  SS) 1755 ME  County LO  County LO  A 4 being duly sworn, e, and that all of the facts see in the best of my knowledge, in address (If not shown in Itel | depose and say that I am at torth in this affidavit, subjections                                     | BLM Date Stamp  a citizen of the ect to the provists with the Unit | PHOENIX, ARIZONA  United States, seed States | 2: 5    | RECEIVED |
| Line<br>No.                                                        | AMC NUMBER                                  | vacquainted with the minings) of said claim(s). Said contact;  (optional) Mining District;  CLAIM/SITE NAME                                                                        | claim(s). The work and im<br>tiguous group of claims, list<br>COUNTY RECORDER<br>DATA (If available) |                                                                    | ere made bument, are y, Arizona. RNG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SEC SEC |          |
| 2                                                                  | -                                           |                                                                                                                                                                                    |                                                                                                      | 6/1                                                                | 8 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 36-25   | 146-25   |
| 3                                                                  |                                             |                                                                                                                                                                                    |                                                                                                      |                                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |          |
| 4                                                                  | . 1                                         |                                                                                                                                                                                    |                                                                                                      |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |
| 5                                                                  |                                             |                                                                                                                                                                                    |                                                                                                      |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | ~~       |
| 6                                                                  |                                             |                                                                                                                                                                                    |                                                                                                      |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |          |

Form: MCF108 Revised July 2014 Page 1 of 2



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                                                                                                                                                                                                                                                                                                                                                       | BLM<br>Date<br>Stamp |                                          | PHOE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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Form: MCF108 Revised July 2014 Page 2 of 2

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| State OF Zip 97/3 being duly sworn, der eighteen years of age, and that all of the facts set for U.S.C. 1001 pertaining to the file of the facts set for the file of the facts set for the file of the facts set for the facts set f | pose and say that I am a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | citizen of the U                     | nited States             | s more than   |
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| correct according to the best of my knowledge, information 4. Owner's name and address (If not shown in Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mation and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | o Clates, at             | e true and    |
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| <ol> <li>That I am personally acquainted with the mining clexpense of the owner(s) of said claim(s). Said contig</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | laim(s). The work and i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                          |               |
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|          | 6. That hotus                    |                                                                                                    |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                            |                          |              |
|          | September 1, 2                   | of the dates starting at 12 o'cles of 15 at least \$ 200 00 (s) or upon one or more of a           | ock noon on Septembe  | er 1, 20 <u>14</u> a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and ending  | at 12 o'cloc               | k noon on                | J            |
|          | upon salo claim                  | (s) or upon one or more of a oup of claims for the benefit of                                      |                       | work and unbi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ovement? A  | vere done a<br>wholly or p | and perform              | ned<br>de of |
|          |                                  |                                                                                                    |                       | location work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                            |                          | 20 01        |
|          | That the follow                  | wing persons were employed                                                                         | to perform the work a | nd improveme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nts describ | ed herein:                 |                          |              |
| •        | J.H                              | UID HENRY                                                                                          | -LIAMDER              | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                            |                          |              |
| DOING TH | 8. That the work<br>をとなくみレカフ     | and improvements performe ION AND TESTING DISCOVERIES AND/OR FOF MINERAL(S) TRUT DANY) ANN DUNCING | ed were: A OF IN A    | THE A OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FORMAT      | THOFT                      | NCLUG                    | VE AOF       |
| HAT DISC | ECONFRY HOR                      | DISCOVERIES AND/OR                                                                                 | BOTHEA OF WH          | FINQUEST<br>ATCADEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CON 15 A    | OF EXIS                    | FING FI                  | YDINGS HOF   |
| OF WHAT  | A OF (A CIF                      | ) ANY) ANNDUNCING                                                                                  | DONE TO LIMIT         | A IN A OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NOTA        | OF ABE                     | THUY D                   | IS A OF IN   |
| 9        | 3. Dated: <u>///</u>             | 9/15 Signature: Tox                                                                                | 0 //                  | The state of the s | PBC IIVI    | ENYA                       | FWHE                     | H HOLES,     |
| . 8      | SUBSCRIBED A                     | ND SWORN TO before me,                                                                             | a Notana Dublis 41:   | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | <del></del>                |                          | <del></del>  |
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| _        |                                  | Sie Unn V                                                                                          | Osa Flande            | NS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                            | ICIAL SEAL               |              |
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|          | ly Commission E                  | Expires 11.14.110                                                                                  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HY C        | COMMISS<br>OMMISSION EXP   | SION NO AT               | 2/52         |
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| В        | ureau of Land i                  | Management ·                                                                                       | No. of Cla            | $\Lambda$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | x \$10      | ) = B (E                   | 1.00                     |              |
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This form is available from the Arizona Geological Survey and may be reproduced.

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| State <u>C</u> eighteer<br>J.S.C. *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Zip 5//<br>years of age<br>001 pertaining                                                        | being d<br>, and that all of to<br>g to the filing of f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | uly sworn, de<br>he facts set f<br>false, fictitiou                                                                                            | epose and say<br>forth in this affi<br>s, or frauduler                                                                  | that I am a<br>idavit, subj<br>nt statemer                                             | a citizen of the<br>ect to the prov<br>its with the Ur | D                                                                                      | 2: 55<br>55<br>55<br>55<br>55<br>55<br>55<br>55<br>55<br>55<br>55<br>55<br>55 |                 |
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### **United States Department of the Interior Bureau of Land Management**

Receipt

LANDS/RECREATION & PLANNING ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: 602-417-9200

No:

3464335

**Transaction #: 3564183** 

Date of Transaction: 12/31/2015

**CUSTOMER:** 

DAVID FLANDERS

1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION | REMARKS         | UNIT<br>PRICE | TOTAL   |
|-----------|------|-------------|-----------------|---------------|---------|
| 1         | 1.00 |             | POL - 3<br>2015 | - n/a -       | 30.00   |
|           |      |             | TOTA            | AL:           | \$30.00 |

|   | PAYMENT INFORMATION |                            |             |            |  |  |  |  |  |
|---|---------------------|----------------------------|-------------|------------|--|--|--|--|--|
| 1 | AMOUNT:             | 30.00                      | POSTMARKED: | 12/28/2015 |  |  |  |  |  |
|   | TYPE:               | CHECK                      | RECEIVED:   | 12/30/2015 |  |  |  |  |  |
|   | CHECK NO:           | 22325089948                |             |            |  |  |  |  |  |
|   | NAME:               | FLANDERS, DAVID            |             |            |  |  |  |  |  |
|   |                     | 1755 NE 10TH AVE           |             |            |  |  |  |  |  |
|   |                     | HILLSBORO OR 97124-1703 US |             |            |  |  |  |  |  |

| REMARKS |  |  |  |  |   |
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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.



#### GENTIFIED WATE

From: PAVIDALANDERS

BENERAL DELIVERY

CAVE CREEK AZ

85331





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8976 4520 4000 8976 9108

C. S. LEES



UNITED STATES DEPARTMENT
TO: OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PRIZONASTATE OFFICE
1 NORTH CENTRAL AVE # 800

DHOENIX ARIZONA 85004

- Ունիիի դերութվու լիկութիկիրթի ինչուների մինարի դուրիրդունի (<mark>1</mark>

| vvnen                | LANDE                                                                 | urn Doc nt to: PSRESIDEN                                                                                                            | ICE                                   |              |                       |                                          |                                                |        |
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|                      | STAFIC                                                                | DO ORE                                                                                                                              |                                       |              |                       | 3511                                     | 108                                            |        |
| П с                  | hook have to the                                                      | 97/684                                                                                                                              |                                       |              |                       | 352                                      | 344                                            |        |
|                      |                                                                       | is is a change of address.                                                                                                          |                                       |              |                       | 3540                                     | 85                                             |        |
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| A111D2               | AVII OF FERF                                                          | ORMANCE OF ANNUAL                                                                                                                   | . WORK                                |              |                       | ***************************************  | (1)                                            |        |
| 1. State             | 1. State of Arizona, County of NAPICOPA ss: 2. I (Name) ROSA FLANDERS |                                                                                                                                     |                                       | BLM          |                       | 5                                        | 2015                                           |        |
| 2. I (Na             |                                                                       |                                                                                                                                     |                                       | Date         |                       | HOENIX.                                  | A.Z.                                           | D      |
|                      |                                                                       | 1755 HE 101                                                                                                                         |                                       | Stamp        |                       |                                          | 30                                             | ח      |
|                      |                                                                       |                                                                                                                                     |                                       |              |                       | ARIZON                                   | ס ל                                            |        |
| City 1/1             | 1LLS BOR                                                              | O - County W                                                                                                                        | IASHING TON-                          |              |                       | ZOA                                      | ?                                              |        |
| U.S.C. 1             | 1001 pertaining                                                       | being duly sworn, and that all of the facts se to the filing of false, fictitic best of my knowledge, inddress (If not shown in Ite | ous, or fraudulent statem             | bject to the | e provisi<br>he Unite | nited State<br>ons and pe<br>d States, a | es, more tha<br>enalties of 18<br>are true and | n<br>8 |
|                      |                                                                       |                                                                                                                                     |                                       |              |                       |                                          |                                                | -      |
| i. That I<br>expense | am personally of the owner(s                                          | acquainted with the minin<br>) of said claim(s). Said co                                                                            | g claim(s). The work and              | l improvem   | ents we               | re made by                               | y and at the                                   |        |
|                      |                                                                       | _ (optional) Mining Distric                                                                                                         |                                       |              |                       | ment, are<br>/, Arizona.                 | situated in t                                  | he     |
| Line<br>No.          | AMC<br>NUMBER                                                         | CLAIM/SITE NAME                                                                                                                     | COUNTY RECORDS<br>DATA (If available) | ER .         | TWP                   | RNG                                      | SEC                                            |        |
| 1                    | 352844                                                                | MICA-1-2-3                                                                                                                          |                                       | . 6          | -N                    | 6-E                                      | 5E-25<br>5W-25                                 | NE-2   |
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| 3                    |                                                                       |                                                                                                                                     |                                       |              |                       |                                          |                                                |        |
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|                                                                                             | BLM<br>Date<br>Stamp                                                                                    | PHOENIX, ARIZONA                                                                                                |
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| DIES A OF DULE<br>DIES A OF DULE<br>D. Dated: 14/18/15 Signature: 10                        | HONDEN DONE OF W                                                                                        | HAOR HOT HOT ABEY                                                                                               |
| SUBSCRIBED AND SWORN TO before                                                              | e, a Notary Public, this the day of                                                                     | ELEMBER 20 15                                                                                                   |
| Notary Public Sylvania Expires May                                                          | 6,2017                                                                                                  | OFFICIAL SEAL BENJAMIN B GRIFFITH NOTARY PUBLIC-OREGON COMMISSION NO. 478345 MY COMMISSION EXPIRES MAY 16, 2017 |
| COUNTY OF WASHINGTON                                                                        | No. of Claims:                                                                                          | x \$10,=\$/D, 22                                                                                                |
| Bureau of Land Management<br>Arizona State Office                                           | Check No.: M.O. Init.                                                                                   | Add                                                                                                             |
| /ww.blm.gov/az                                                                              | Receipt No.: 3464356                                                                                    | 2                                                                                                               |
|                                                                                             | For BLM Use Only                                                                                        |                                                                                                                 |

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| <b>u</b> c | heck here is th | nis is a change of address.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |               |                 |
|            |                 | ) 648-13A8                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |               |                 |
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| F. 1 102   | AVII OI I'LINI  | ONMANCE OF ANNUAL                                            | WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | <del> </del>  |                 |
| 1. State   | e of Arizona C  | ounty of MARAZO                                              | AG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | ENIX, ARIZONA |                 |
|            | _               | A FLANDER                                                    | _00,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BLM<br>Date                          | ¥. √          | , 45            |
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| 3. Resid   | de at (Address  | 1755 HE 12                                                   | 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | 1Z01          |                 |
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| eighteei   | years of age,   | being duly sworn, of and that all of the facts set           | lepose and say that I am forth in this affidavit, sub-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | a citizen of the Liect to the provis | Inited States | s, more than    |
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| xpense     | of the owner(s  | acquainted with the mining s) of said claim(s). Said con     | claim(s). The work and i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | mprovements we                       | ere made by   | and at the      |
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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |

Form: MCF108 Revised July 2014 Page 2 of 2

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| This series this is a change of address.  Telephone: (503) 648-13 &8  E-mail address:                                                                                                                                                                                                                             |                                        |                             |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------|-------------------------------|
| Telephone: (503) 648-13 28                                                                                                                                                                                                                                                                                        |                                        |                             |                               |
| L Mail dddi C33.                                                                                                                                                                                                                                                                                                  |                                        |                             |                               |
|                                                                                                                                                                                                                                                                                                                   |                                        |                             |                               |
| AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK                                                                                                                                                                                                                                                                           |                                        | <del>0</del> <del>1</del> 0 | 3 3                           |
| 1. State of Arizona, County of YAVAPAI. ss:                                                                                                                                                                                                                                                                       | DIM                                    | =                           | <b>E</b>                      |
| 2.1 (Name) ROSA FLANDERS                                                                                                                                                                                                                                                                                          | BLM<br>Date                            | X<br>A                      | 30                            |
| 3. Reside at (Address) 1755 NE 10 +6                                                                                                                                                                                                                                                                              | Stamp                                  | NIX, ARIZONA                | ם פו                          |
|                                                                                                                                                                                                                                                                                                                   |                                        | ANO                         | 2:5                           |
| City HILLSBORD County WASHING TON:                                                                                                                                                                                                                                                                                |                                        |                             | or m                          |
| eighteen years of age, and that all of the facts set forth in this affidavit, sub<br>U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent stateme<br>correct according to the best of my knowledge, information and belief.<br>4. Owner's name and address (If not shown in Items 1-3 above). | ents with the Unite                    | ons and pod States, a       | are true and                  |
| i. That I am personally acquainted with the mining claim(s). The work and expense of the owner(s) of said claim(s). Said contiguous group of claims,                                                                                                                                                              | improvements we<br>listed on this docu | re made b<br>ument, are     | y and at the<br>situated in t |
| (optional) Mining District;                                                                                                                                                                                                                                                                                       |                                        | y, Arizona.                 |                               |
| Line No. AMC NUMBER CLAIM/SITE NAME COUNTY RECORDE DATA (If available)                                                                                                                                                                                                                                            | R TWP                                  | RNG                         | SEC                           |
| 1 354085 RUSTITRON                                                                                                                                                                                                                                                                                                | 13-N                                   | 12-W                        | NE-35                         |
| 2                                                                                                                                                                                                                                                                                                                 |                                        |                             | 32 90                         |
| 3                                                                                                                                                                                                                                                                                                                 |                                        |                             |                               |
| 4                                                                                                                                                                                                                                                                                                                 |                                        |                             |                               |
|                                                                                                                                                                                                                                                                                                                   |                                        | -                           | -                             |
| 5                                                                                                                                                                                                                                                                                                                 |                                        | 1                           | 1 1                           |

Form: MCF108 Revised July 2014 Page 1 of 2

|         |                                                                                                                                    | BLM<br>Date<br>Stamp             | DLM ARECEIVED PRICE  2015 DEC 30 P 2: 56  PHOENIX, ARIZONA  |
|---------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|
|         | 7                                                                                                                                  |                                  |                                                             |
|         | 8                                                                                                                                  |                                  |                                                             |
|         | 9                                                                                                                                  |                                  |                                                             |
|         | 10                                                                                                                                 |                                  |                                                             |
| )OING " | 8. That the work and improvements performe THE EXCAVATION AND TESTING THAT DISCOVERY HOD DISCOVERIES THAT THE A OF FORMET BOT MINE | ed were: A OF IN ATHE A OF FOR   | MATA OF MCLUSIVE A                                          |
| IF GROW | HOLES A OF DUG<br>9. Dated: 18/12/15 Signature:                                                                                    | ra flander                       | HT IS RESPECTIVELY IN                                       |
|         | SUBSCRIBED AND SWORN TO before me,                                                                                                 | a Notary Public, this Bth day of | DECEMBER 20 15                                              |
|         | By: KOSA FLANDERS                                                                                                                  |                                  | OFFICIAL SEAL                                               |
|         | Notary Public                                                                                                                      |                                  | BENJAMIN B GRIFFITH NOTARY PUBLIC-OREGON                    |
|         | My Commission Expires NAY 16                                                                                                       | 7017                             | COMMISSION NO. 478345<br>MY COMMISSION EXPIRES MAY 16, 2017 |
|         | COUNTY OF MACHINGTON                                                                                                               | No. of Claims: /                 | x \$10 = \$10.00                                            |
|         | Bureau of Land Management Arizona State Office                                                                                     | Check No.: M.O. Ini              |                                                             |
|         | www.blm.gov/az                                                                                                                     | Receipt No.: 3464350             |                                                             |
|         |                                                                                                                                    | 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

Receipt

LANDS/RECREATION & PLANNING ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: 602-417-9200

No:

3464356

**Transaction #: 3564205** 

Date of Transaction: 12/31/2015

**CUSTOMER:** 

ROSE FLANDERS

1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                           | REMARKS         | UNIT<br>PRICE | TOTAL |  |
|-----------|------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|-------|--|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED<br>CASES: AMC352844/\$30.00 | POL - 3<br>2015 | - n/a -       | 30.00 |  |
|           | TOTA |                                                                                                                                       |                 |               |       |  |

|   | PAYMENT INFORMATION |                            |             |            |  |  |
|---|---------------------|----------------------------|-------------|------------|--|--|
| 1 | AMOUNT:             | 30.00                      | POSTMARKED: | 12/28/2015 |  |  |
|   | TYPE:               | CHECK                      | RECEIVED:   | 12/30/2015 |  |  |
|   | CHECK NO:           | 22314601967                |             |            |  |  |
|   | NAME:               | FLANDERS, ROSA             |             |            |  |  |
|   |                     | 1755 NE 10TH AVE           |             |            |  |  |
|   |                     | HILLSBORO OR 97124-1703 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.





### **PRIORITY**° \* MAIL \*



DATE OF DELIVERY SPECIFIED\*





INSURANC



PICKUP AV

\* Domestic o



FROM: R. Flanders 33535 N.W. VADIS PD Cornelus, ore 97113

United States Dept of the Interior Bureau of LAM MANAgement ARIZONA STATE OFFICE North CENTTAL AVE # 800 Phoenik, ARIZONA 85004

MIN AZ STATE OFFICE OFFI



PS00001000014

**EP14F July 2013** OD: 12.5 x 9.5

VISIT US AT USPS.COM°



Form 3830-2 (November 2010)

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

FORM APPROVED OMB NO. 1004-0114

## Expires: August 31, 2013

#### MAINTENANCE FEE WAIVER CERTIFICATION

| SEE | INICTRI | <b>JCTIONS</b> | OM  | DACE | 2 |
|-----|---------|----------------|-----|------|---|
| SEE | INSIRU  | <i>JUHUNS</i>  | OIV | PAGE | 1 |

and ending on September 1, 1. This small miner waiver is filed for the assessment year beginning on September 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, 28/5.

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 Degember 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.

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                                                 | BI              | LM RECORDATION SER              | IAL NUMBER               |
|--------------------------------------------------------------------|-----------------|---------------------------------|--------------------------|
| 1. MICH OND                                                        | 3               | 51108                           | J                        |
| 2.                                                                 |                 |                                 | 7                        |
| 3.                                                                 |                 |                                 |                          |
| 4.                                                                 |                 | -0                              | 28                       |
| 5.                                                                 |                 |                                 | 205                      |
| 5.                                                                 |                 |                                 | SEP REP                  |
| 7.                                                                 |                 |                                 | 1 38                     |
| 3.                                                                 |                 | ÂR                              | w Z                      |
| ).                                                                 |                 | N                               | U                        |
| 10.                                                                |                 | 2                               | · T                      |
| The owner(s) (claimants) of the above mining claims and sites are: |                 | <u> </u>                        | <del>-</del>             |
| ROSH FLANDERS (Owner's Name - Please Print)                        | Losa            | Flands                          |                          |
| 10-1-                                                              | Cha-            | (Owner's Signature)             | - 31)(·                  |
| (Owner's Mailing Address)  (Owner's Mailing Address)               |                 | OKE                             | 7/129                    |
| (Owner's Maining Address)                                          | (City)          | (State)                         | (Zip Code)               |
|                                                                    |                 |                                 |                          |
| (Owner's Name - Please Print)                                      |                 | (Owner's Signature)             |                          |
|                                                                    |                 |                                 |                          |
| (Owner's Mailing Address)                                          | (City)          | (State)                         | (Zip Code)               |
|                                                                    |                 |                                 |                          |
| (O - 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)               |
| Continued on page 2)  BY:  BY:                                     | CUPPED<br>FILE. | IT MFN FORM (<br>DISPEGAZO THIS | '2016) IN<br>FORM. 060CT |

| (Owner's Name - Please Print) | (Owner's Signature) |                   |            |  |
|-------------------------------|---------------------|-------------------|------------|--|
| (Owner's Mailing Address)     | (City)              | (State)           | (Zip Code) |  |
|                               |                     |                   |            |  |
| (Owner's Name - Please Print) | (Ov                 | vner's Signature) |            |  |
| (Owner's Mailing Address)     | (City)              | (State)           | (Zip Code) |  |
| (Owner's Name - Please Print) | (Ov                 | vner's Signature) |            |  |
| (Owner's Mailing Address)     | (City)              | PHOEN.            | (Zip Code) |  |
| (Owner's Name - Please Print) | (Ov                 | vner's Signature) | RECE!      |  |
| (Owner's Mailing Address)     | (City)              | (State)           | (Zip Code) |  |

#### 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 |
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Form 3830-2 (November 2010)

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

#### MAINTENANCE FEE WAIVER CERTIFICATION

352844 FORM APPROVED OMB NO. 1004-0114 Expires: August 31, 2013

| SEE | <b>INSTRUCTIONS</b> | ON PAGE 2 |
|-----|---------------------|-----------|
|-----|---------------------|-----------|

|    | This small miner waiver is filed for the assessment year beginning on September 1, 2014 and ending on September 1,                                   |           |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| ١. | The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the Unite | ed States |

of America on September 1, 2005. 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 20th 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.

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                                  | ne maintenance fees is requested are: |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| CLAIM OR SITE NAME                                                                                                    | BLM REC                               | ORDATION SERIA                        | AL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
| 1. MICH 1-2-3                                                                                                         | 75                                    | 3844                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| 2.                                                                                                                    |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| 3.                                                                                                                    |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| 4.                                                                                                                    |                                       | - ए                                   | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |
| 5.                                                                                                                    |                                       | PHOE                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| 6.                                                                                                                    |                                       |                                       | <del>Ó A</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 7.                                                                                                                    |                                       | 7                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| 8.                                                                                                                    |                                       | 77 -                                  | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |
| 9.                                                                                                                    |                                       | 7                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| 10.                                                                                                                   |                                       | - 4                                   | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
|                                                                                                                       |                                       |                                       | = -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
| The owner(s) (claimants) of the above mining claims and sites are:  DOS P FLAIY D BR 5  (Owner's Name - Please Print) | - Hose                                | Ilan r's Signature)                   | den                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
| 1255 NE With                                                                                                          | 11-1ches                              | ONE.                                  | Q777 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | نب         |
| (Owner's Mailing Address)                                                                                             | (City)                                | (State)                               | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| MARK FLANDERS                                                                                                         | Maya FC                               | P                                     | the state where the state that the state of | and ten as |
| (Owner's Name - Please Print)                                                                                         | Hilsborn (Owner                       | 's Signature)                         | 97/29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | J.         |
| (Owner's Mailing Address)                                                                                             | (City)                                | (State)                               | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| DIAYMONED FLANDERS                                                                                                    | Maymend                               | Flanke                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| (Owner's Name - Please Print)                                                                                         | (Owner                                | 's Signature)                         | , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| PARTY STEWN VADIS RI                                                                                                  | cornelius                             | ove                                   | 97113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
| (Owner's Mailing Address)                                                                                             | (City)                                | (State)                               | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|                                                                                                                       |                                       | · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| (Owner's Name - Please Print)                                                                                         |                                       | 's Signature)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| (Owner's Mailing Address) Sto 11 200                                                                                  | (City)                                | (State)                               | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| Continued on page 2)                                                                                                  | CURRENT MFW FOR                       | M (2016) IN F                         | TIS ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |

| (Owner's Name - Please Print) | (Own   | ner's Signature) |            |
|-------------------------------|--------|------------------|------------|
| (Owner's Mailing Address)     | (City) | (State)          | (Zip Code) |
| (Owner's Name - Please Print) | (Own   | 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) |                  | (Zip Gode) |
| (Owner's Name - Please Print) | (Own   | er's Signature)  | EP - 3     |
| (Owner's Mailing Address)     | (City) | (State)          | (Zip Code) |

#### **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 I 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

Form 3830-2 (November 2010)

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

| S.A.WHILLIAM | and annual |
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#### MAINTENANCE FEE WAIVER CERTIFICATION

354085 FORM APPROVED OMB NO. 1004-0114 Expires: August 31, 2013

| SEE | INICTRI | <b>ICTIONS</b> | ONIDA | CE   |
|-----|---------|----------------|-------|------|
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|    | SEL INSTRUCTIONS ON PAGE 2                                                         | 2015                          | 2016                             | /          |
|----|------------------------------------------------------------------------------------|-------------------------------|----------------------------------|------------|
|    |                                                                                    |                               | 2019                             | 7          |
| 1. | This small miner waiver is filed for the assessment year beginning on September 1, | and ending on Ser             | otember 1,2013                   | /          |
| 2. | The undersigned and all related parties owned ten or fewer mining claims, mill, or | tunnel sites located and main | tained on Federal lands in the U | nited Stat |
|    | of America on Contember 1 761/6                                                    |                               |                                  |            |

of America on September 1, 2215

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 fecording 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.

| CLAIM OR SITE NAME                                                                                        | BLM RE     | ECORDATION SERIA | LNUMBER                                 |
|-----------------------------------------------------------------------------------------------------------|------------|------------------|-----------------------------------------|
| 1. RUSTI-IRON                                                                                             | / 35       | 4085             |                                         |
| 2.                                                                                                        |            |                  |                                         |
| 3.                                                                                                        |            |                  |                                         |
| 4.                                                                                                        |            | 2011<br>PH       | <u> </u>                                |
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| 6.                                                                                                        |            | 2 5              | ्रे<br>च्या                             |
| 7.                                                                                                        |            | 3 1              | 78                                      |
| 8.                                                                                                        |            | 20 77            |                                         |
| 9.                                                                                                        |            | NU               |                                         |
| 10.                                                                                                       |            | ONA S            | 111                                     |
| The owner(s) (claimants) of the above mining claims and sites are:                                        |            | <u> </u>         | ======================================= |
| (LOSA FAMDERS (Owner's Name - Please Print)  1755 NELOTA                                                  | Hills 6000 | ner's Signature) | 9712                                    |
| (Owner's Mailing Address)                                                                                 | (City)     | (State)          | (Zip Code)                              |
|                                                                                                           |            |                  |                                         |
| (Owner's Name - Please Print)                                                                             | (Owi       | ner's Signature) |                                         |
| (Owner's Mailing Address)                                                                                 | (City)     | (State)          | (Zip Code)                              |
|                                                                                                           |            |                  |                                         |
| (Owner's Name - Please Print)                                                                             | (Own       | ner's Signature) |                                         |
|                                                                                                           | (City)     | (State)          | (Zip Code)                              |
| (Owner's Mailing Address)                                                                                 | (0)        |                  |                                         |
| (Owner's Mailing Address)                                                                                 |            |                  |                                         |
| (Owner's Mailing Address)  (Owner's Name - Please Print)  (Owner's Mailing Address)  Continued on page 2) | (Our       | er's Signature)  |                                         |

9/11/20

| (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)                            | (Own                | er's Signature)    |  |  |
| (Owner's Name - Please Print)  (Owner's Mailing Address) | (Own                | 5 3                |  |  |
|                                                          |                     | (Sight) (Zip Code) |  |  |
|                                                          | (City)              | (Sigh) (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.)
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- 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 |
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Form 3830-2 (October 2013)

#### ED STATES OF THE INTERIOR

**BUREAU OF LAND MANAGEMENT** 



### 351108 354085

BLM RECORDATION SERIAL NUMBER

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

#### SEE INSTRUCTIONS ON PAGE 2

MAINTENANCE FEE WAIVER CERTIFICATION

This small miner waiver is filed for the assessment year beginning on September 1, 2019 and ending on September 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 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. 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

MICH - ONE

|                                                                                   |                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| The owner(s) (claimants) of the above mining claims and sites are:  ROSP FLANDERS |                                         | Rosa G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | landor           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| (Owner's Mailing Address)                                                         | le ce                                   | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (State)          | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (Continued on page 2)                                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                                                                                  | <b></b>                  |                  |            |
|--------------------------------------------------------------------------------------------------|--------------------------|------------------|------------|
| (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                     | ner's Signature) |            |
| (Owner's Mailing Address)                                                                        | (City)                   | (State)          | (Zip Code) |
|                                                                                                  | (Own                     | ner's Signature) |            |
| (Owner's Name - Please Print)                                                                    |                          | (State)          | (Zip Code) |
| (Owner's Mailing Address)  U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowing | (City)                   |                  |            |
| se, fictitious or fraudulent statements or representations as to any matter v                    | vithin its jurisdiction. |                  |            |

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- 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

Form 3830-2 (October 2013)

## DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 571

### MAINTENANCE FEE WAIVER CERTIFICATION



352844 FORM APPROVED OMB NO. 1004-0114 Expires: October 31, 2016

#### SEE INSTRUCTIONS ON PAGE 2

|            | This small miner waiver is filed for the assessment year beginning on September 1, 2014 and ending on September 1, 2018.                                     |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>.</b> . | 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, 20/5                                                                                                                              |

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 REC          | ORDATION SERI | AL NUMBER       |
|----------------------------------------------------------------------|------------------|---------------|-----------------|
| 1. NICA 1-2-3                                                        | 3528             |               |                 |
| 2.                                                                   |                  |               |                 |
| 3.                                                                   |                  |               | CD CD           |
| 4.                                                                   |                  | <b>2015</b>   |                 |
| 5.                                                                   |                  | 高高            | /130            |
| 6.                                                                   |                  |               | - G             |
| 7.                                                                   |                  | A n           |                 |
| 8.                                                                   |                  | N 0           | 7 <b>-</b>      |
| 9.                                                                   |                  | <u> </u>      |                 |
| 10.                                                                  |                  | A             | <u>O</u>        |
| The owner(s) (claimants) of the above mining claims and sites are:   |                  |               |                 |
| ROSH FLANDERS                                                        | Toza Il          | Euroby        | 7               |
| (Owner's Name - Please Print)                                        | (Owner           | 's Signature) |                 |
| 1755 NE 10+6                                                         | Itills boro      | ORE           | 97/24           |
| (Owner's Mailing Address)                                            | (City)           | (State)       | (Zip Code)      |
| MARK FLANDERS                                                        | made 30          | Oa            | *               |
| (Owner's Name - Please Print)                                        | Made Flan (Owner | 's Signature) |                 |
| 1755 ME 10 th                                                        | Hillshow         | ORE           | 97124           |
| (Owner's Mailing Address)                                            | (City)           | (State)       | (Zip Code)      |
| RHYMOIYD FLHIYDERS  (Owner's Name - Please Print)  33535 NN VAD'S RD | Du. IQ           | onde          | ~ · · · · · - · |
| (Owner's Name - Please Print)                                        | (Owner           | 's Signature) |                 |
| 33535 N. N. VADIS RD                                                 | Correlia         | ODE           | 97113           |
| (Owner's Mailing Address)                                            | (City)           | (State)       | (Zip Code)      |
| (O                                                                   |                  |               |                 |
| (Owner's Name - Please Print)                                        | (Owner           | 's Signature) |                 |
| (Owner's Mailing Address)                                            | (City)           | (State)       | (Zip Code)      |
| Continued on page 2)                                                 | RECEIPT          | # 33839       | 160             |

| •                                                                                                                                             |                                        |                          |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|---------------|
| (Owner's Name - Please Print)                                                                                                                 | (Own                                   | er's Signature)          |               |
| (Owner's Mailing Address)                                                                                                                     | (City)                                 | (State)                  | (Zip Code     |
| (Owner's Waning / Marcos)                                                                                                                     |                                        |                          |               |
| (Owner's Name - Please Print)                                                                                                                 | (Own                                   | er's Signature)          |               |
| (0),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                       |                                        |                          |               |
| (Owner's Mailing Address)                                                                                                                     | (City)                                 | (State)                  | (Zip Code     |
|                                                                                                                                               |                                        |                          |               |
| (Owner's Name - Please Print)                                                                                                                 | (Own                                   | ner's Signature)         |               |
| (Owner's Mailing Address)                                                                                                                     | (City)                                 | (State)                  | (Zip Code     |
|                                                                                                                                               |                                        |                          |               |
| (Owner's Name - Please Print)                                                                                                                 | (Owi                                   | ner's Signature)         |               |
| (Owner's Mailing Address)                                                                                                                     | (City)                                 | (State)                  | (Zip Code     |
| S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowing                                                                           | gly and willfully to make to any depar | tment or agency of the I | Jnited States |
| s.C. 1001 and 43 0.S.C. 1212 make it a crime for any person knowing fictitious or fraudulent statements or representations as to any matter v | within its jurisdiction.               |                          |               |

- 1. This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regu
- 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

Form 3830-2 (October 2013)

### BUREAU OF LAND MANAGEMENT



#### MAINTENANCE FEE WAIVER CERTIFICATION

354085 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, 3    | 0/4 and      | d ending on September 1,  | 20188           | or .                |
|----|-----------------------------------------------------------------------------------------|--------------|---------------------------|-----------------|---------------------|
| 2. | The undersigned and all related parties owned ten or fewer mining claims, mill, or tuni | nel sites lo | cated and maintained on F | ederal lands in | the United States   |
|    | of America on Sentember 1 2015                                                          |              |                           |                 | mas o misoa o tatos |

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.

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.

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

| CLAIM OR SITE NAME                                                 | BLM RECO            | ORDATION SERIA | L NUMBER                              |    |
|--------------------------------------------------------------------|---------------------|----------------|---------------------------------------|----|
| 1. RUSTI-IRON                                                      | 354                 |                | · · · · · · · · · · · · · · · · · · · | V  |
| 2.                                                                 |                     |                | · · · · · · · · · · · · · · · · · · · | _  |
| 3.                                                                 |                     |                |                                       |    |
| 4.                                                                 |                     | P 2 3          |                                       |    |
| 5.                                                                 |                     | - Land         |                                       |    |
| 6.                                                                 |                     |                | <del>บ</del>                          | _  |
| 7.                                                                 |                     |                |                                       |    |
| 8.                                                                 |                     | D 0            | <del>₹</del>                          |    |
| 9.                                                                 |                     |                | <u> </u>                              | _  |
| 10.                                                                |                     | O 3            |                                       |    |
| The owner(s) (claimants) of the above mining claims and sites are: |                     |                | Λ                                     |    |
|                                                                    |                     | land           | #<br><b>}</b>                         |    |
| DOSA FLANDERS                                                      | Tac 7               | ewa            |                                       |    |
| (Owner's Name - Please Print)                                      | (Owner's Signature) |                |                                       |    |
| 1755 ME 10th                                                       | Hillsbord           | ODE            | 97/2                                  | ۷, |
| (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)  |                                       |    |
|                                                                    | (0.1111             |                |                                       |    |
| (Owner's Mailing Address)                                          | (City)              | (State)        | (Zip Code)                            |    |
|                                                                    |                     |                |                                       |    |
|                                                                    |                     |                | <u> </u>                              |    |
| (Owner's Name - Please Print)                                      | (Owner <sup>*</sup> | 's Signature)  |                                       |    |
| (Owner's Mailing Address)                                          | (City)              | (State)        | (Zip Code)                            |    |
| (Continued on page 2)                                              |                     |                | (                                     |    |
|                                                                    |                     |                | _                                     |    |

| (Owner's Name - Please Print) | (0     | wner's Signature)  |            |
|-------------------------------|--------|--------------------|------------|
| (Owner's Mailing Address)     | (City) | (State)            | (Zip Code) |
| (Owner's Name - Please Print) | (0     | wner's Signature)  |            |
| (Owner's Mailing Address)     | (City) | (State)            | (Zip Code  |
|                               |        |                    |            |
| (Owner's Name - Please Print) | (0     | wner's Signature)  |            |
| (Owner's Mailing Address)     | (City) | (State)            | (Zip Code  |
| (Owner's Name - Please Print) | (0     | Owner's Signature) |            |
| (Owner's Mailing Address)     | (City) | (State)            | (Zip Code  |

#### 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).
- 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.
- 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

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

Receipt

LANDS/RECREATION & PLANNING ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: 602-417-9200

No:

3383963

Transaction #: 3482288

Date of Transaction: 09/01/2015

CUSTOMER:

ROSE FLANDERS

1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                           | REMARKS            | UNIT<br>PRICE | TOTAL   |            |
|-----------|------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|---------|------------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED<br>CASES: AMC351108/\$30.00 | WAIVER - 3<br>2016 | - n/a -       | 30.00   | on aprilis |
|           |      |                                                                                                                                       | TOTA               | AL:           | \$30.00 |            |

|   | PAYMENT INFORMATION |                            |             |            |  |  |  |  |
|---|---------------------|----------------------------|-------------|------------|--|--|--|--|
| 1 | AMOUNT:             | 30.00                      | POSTMARKED: | 08/27/2015 |  |  |  |  |
|   | TYPE:               | CHECK                      | RECEIVED:   | 08/31/2015 |  |  |  |  |
|   | CHECK NO:           | 22720816337                |             |            |  |  |  |  |
|   | NAME:               | FLANDERS, ROSA             |             |            |  |  |  |  |
|   |                     | 1755 NE 10TH AVE           |             |            |  |  |  |  |
|   |                     | HILLSBORO OR 97124-1703 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.



Authorized Date 09/14/2015

Instructions to Accounts AZ BLM REFUND \$30.00 TO ROSE FLANDERS FOR OVERPAYMENT ON AMC351108 RECEIPT #3383963. IR

Login ID6771 Entry Date09/14/2015 Total Amount\$30.00

| NAIVERS CONSOLIDATED DETO (2)  OLS CORRECTED WALVER "  MANY ER "  ON THE INTERIOR BUREAU OF LAND MANAGEMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ľT                                                                                                                                                                                                                                  |                                                                                                                          | NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WER                                      | FORM APPR                                                                                                | ROVED PO                                                                       | DATES          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------|
| L NAME REQUESTED MAINTENANCE FEE WAIVER CERTIFI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CATION                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F                                        | OMB NO. 10<br>expires: Octobe                                                                            |                                                                                |                |
| ing Documents Recid. SEE INSTRUCTIONS ON PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                                                                                                                                                                                   |                                                                                                                          | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | 351108                                                                                                   |                                                                                | 1 . 3540       |
| <ol> <li>This small miner waiver is filed for the assessment year beginning on Septem</li> <li>The undersigned and all related parties owned ten or fewer mining claims, m of America on September 1, 2011.</li> <li>The undersigned have performed the assessment work required by law for ear the undersigned must file an affidavit of assessment work with the Bureau of</li> <li>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</li> <li>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 Decer</li> <li>The undersigned understand and acknowledge that pursuant to 43 U.S.C. 121 document with the BLM may result in a fine of up to \$250,000, a prison term</li> <li>The mining claims, mill or tunnel sites for which this waiver from payment of</li> </ol> | cill, or tunnel sites locate the mining claim listed put and Management (BLM) at come due under 30 U.S. where 30th following the is waiver and be waived mber 30th following the 2 and 18 U.S.C. 1001, the not to exceed five years | d and ma<br>rior to fili<br>M) by the<br>S.C. 28 (f<br>filing of<br>I from pay<br>filing of the<br>filing of<br>or both. | ng this of December those this wait of this wait of this wait of the core of t | waiver aber 30th claims iver.  f the may | leral lands in the<br>and understand the<br>following the fi<br>in their first asso<br>aintenance fee, a | hat by filing this<br>ding of this wai<br>essment year on<br>and that a notice | iver.<br>nly), |
| CLAIM OR SITE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     | ВІ                                                                                                                       | LM RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CORD                                     | ATION SERIA                                                                                              | AL NUMBER                                                                      |                |
| 1. MICA ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     | 35                                                                                                                       | 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 28                                       |                                                                                                          |                                                                                |                |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                          |                                                                                |                |
| 3. ROSTI-IRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                     | 35                                                                                                                       | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 85                                       | •                                                                                                        |                                                                                |                |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                          |                                                                                |                |
| 5. MICA - ONE-TWO-THRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                                                                                                                                                                                                                                   | 35                                                                                                                       | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 44                                       |                                                                                                          | *****                                                                          |                |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -71                                      | COM Promot                                                                                               | ED.                                                                            |                |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                                        |                                                                                                          | K                                                                              |                |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r                                        | SE SE                                                                                                    | 7.20                                                                           |                |
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| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7                                        |                                                                                                          | 12                                                                             |                |
| The owner(s) (claimants) of the above mining claims and sites are:  ENTERED SEP 2 2 2014  ROSA FLANDERS  (Owner's Name - Please Print)  1755 NE. 10 <sup>Th</sup> AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Kosa<br>Hills Be                                                                                                                                                                                                                    | - P                                                                                                                      | less (Owr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | de de ner's Sig                          | . w                                                                                                      | 9712                                                                           | -              |
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| MARK FLANDERS (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ma                                                                                                                                                                                                                                  | uh                                                                                                                       | J.C.<br>(Owr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | onte<br>er's Sig                         | gnature)                                                                                                 |                                                                                | -              |
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| RAY FLANDERS (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | flay,                                                                                                                                                                                                                               | F.                                                                                                                       | Qa (Own                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | er's Sig                                 | enature)                                                                                                 |                                                                                | -              |
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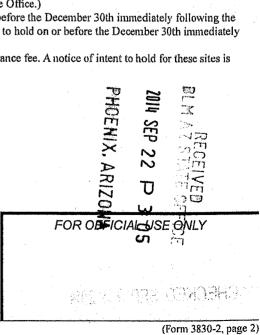
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#### INSTRUCTIONS

- 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.

false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

- H CIMALVI 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.)
- 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 required to be filed by the December 30th following the filing of this waiver.



(Continued on page 3)

### NOTICES

The Privacy Act and 43 CFR 2.48(d) require that you be furnished the following information in connection with the information requested by this form.

AUTHORITY: 30 U.S.C. 28f and 43 CFR part 3835 permit collection of the information requested by this form.

PRINCIPAL PURPOSE: The BLM will use the information you provide to verify that the owner(s) (claimants(s)) of a mining claim has/have complied with 30 U.S.C. 28f and 43 CFR part 3835 and is/are entitled to perform assessment work in lieu of paying the maintenance fee for the mining claims listed on this form.

ROUTINE USES: The BLM will only disclose this information in accordance with the provisions at 43 CFR 2.56(b) and (c). EFFECT OF NOT PROVIDING INFORMATION: Disclosure of the requested information is required by 30 U.S.C. 28f and 43 CFR part 3835 for those claimants qualified to request the small miner waiver allowed. Failure to submit all the requested information or to complete this form will delay the BLM's processing of the form and may preclude the BLM's acceptance of the maintenance fee waiver request, which may result in forfeiture of the mining claim or site by the claimant.

The Paperwork Reduction Act requires us to inform you that:

The BLM collects this information to determine whether or not you are qualified for waiver of maintenance fees. Submission of the requested information is necessary to obtain or retain a benefit.

You do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT: Public reporting burden for this form is estimated to average 20 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may submit comments regarding the burden estimate or any other aspect of this form to: U.S. Department of the Interior, Bureau of Land Management (1004-0114), Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St., N.W., Washington, D.C. 20240.

# **Customer Name Update Screen**

| System ID:MC              |                 |                   |            |  |
|---------------------------|-----------------|-------------------|------------|--|
| Name: FLANDERS ROSA       |                 | Lookup            |            |  |
| Proprietor #: 2104115     |                 | Renumber To:      |            |  |
| Category: P - PRIVATE     | • \ 0 A- 0      | 16. 40            |            |  |
| Address: 1755 NE 10TH AVE | Updated         | D SEP 2 2 2014    |            |  |
|                           | ENIEKE          | the claimants Le  | EGAL NAME, |  |
| City: HILLSBORO           | Roflect         | The Claumitolia - |            |  |
| State: OR 💌               |                 | CB                |            |  |
| Zip: 971241703            |                 | V                 |            |  |
| ☐ UNDELIVERABLE           |                 |                   |            |  |
| Email:                    |                 |                   |            |  |
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Customer details successfully saved for Customer Id 2104115

|                                | <br>roprietors      | 071241702 P MATCHED   |
|--------------------------------|---------------------|-----------------------|
| DSE[2104115], 1.<br>- Previous | e, , HILLSBORO, OR, | 971241703, P, MATCHED |
|                                |                     |                       |
|                                |                     |                       |

I ROSA FLANDERS STATE THAT THIS IS MY TRUE AND LEGAL NAME
THAT I GO BY. I AM SENDING
MY LEGAL INDENTIFICATION STATEING
THAT I AM ROSA FLANNERS.

THANK U- ANY QUESTIONS
please OAH 503-648-1328
9-16-2014
Sign Rosa Hander
9/17/14

State of OREGON County of WASHINGTON

Signed and sworn to (or affirmed) before me on September, 2014 by Rosa FLANDERS



OFFICIAL SEAL DENJAMIN B GRIFFITH NOTARY PUBLIC-OREGON COMMISSION NO. 478345 MY COMMISSION EXPIRES MAY 16, 2017

2014 SEP 22 P 3: 05

PHOEMIX, ARIZON

Rosa Flander

CLASS:C - Any single vehicle with a GVWR of not more than 26,000 pounds with the proper endorsements. Any emergency vehicle operated by a firefighter.

VEX.

**OREGON** 

CLASS

DRIVER LICENSE

4647434

FLANDERS, ROSA

DOB 09-28-1934 Endorsements

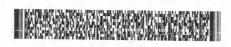
4 Issue Date 09-10-2014 Sex Record Created

Restrictions

F 1987 Height Weight 5'5" 215

\*\*\*\*\*\*\*INTERIM\*\*\*\*\*\* EXPIRES 10-10-2014

FLANDERS, ROSA 1755 NE 10TH ST HILLSBORO, OR 97124



This is your interim card. It is valid until it expires or until your permanent card is received in the mail, whichever comes first. The interim card must be destroyed after it expires, after the new permanent card is received, or if your right to a card is suspended, canceled or revoked. If you do not receive your permanent card in the mail within 20 days, call 866-504-8686 for assistance.

Note: If your old card was hole-punched and returned to you, it may be used as additional proof of identity with an interim card. The hole-punched card is not valid for driving privileges and must be destroyed after the permanent card is received, or if your right to a card is suspended, canceled or revoked.

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Ms. Flanders,

Per our conversation this morning, you will need to submit a "CORRECTED WAIVER"; please insert the correct dates.

Please list all your mining claims {by name and number} on the enclosed newer Waiver Form (Form expires Oct 31, 2016); the form you used show an expiration date of Nov 30, 2003), and obtain the original signatures of all 3 claimants.

{We are requiring all claimants to use the forms that are most current; you can find them on our website}

Also,

Our Database show Rose Flanders (not Rosa Flanders) as a claim owner; the waiver's for AMC351108 and AMC352844, lists Rose Flanders but is signed by Rosa Flanders. The waiver for AMC354085 lists Rosa Flanders and is signed by Rosa Flanders, yet our database list Rose Flanders as the claim owner.

After speaking with Rosa (aka Rose) Flanders on the phone this morning, she stated that her legal name is Rosa Flanders yet her husband wrote Rose Flanders on the notices from the beginning; she would like to have her name corrected so the only way we could do this is to have Rosa write out a statement and provide a copy of an ID showing her legal name; she will have to get the statement notarized as well. She must also list all of her claim numbers on any and all correspondence to the Bureau of Land Management.

If you have any questions, please feel free to call me at 602-417-9360.

Thank you,

PAULINE BROWN LAND LAW EXAMINER

BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE

ONE NORTH CENTRAL AVE, STE 800

PHOENIX, AZ 85004-4427

OFFICE: (602) 417-9360

PHOENIX, ARIZONA

BLM AZ STATE OFFICE

From: FLANDERS M.

1755 N. E. 16 7 H

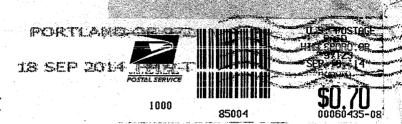
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2014 SEP 22 P 3: 04

PHOENIX. ARIZONA



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SUITE 800

PHOENIX, ARIZ 85004

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From: FLANDERS M.

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TO: BLM

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UNITED STATES DEPARTMENT OF INTERIOR
BUREAU OF LANDMANAGEMENT
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ONE NORTH CENTRAL AVETY 800
PHOENIX ARIZONA85004-4427

BLM AZ STATE OFFICE 2014 AUG 13 P 1: 18 PHOENIX, ARIZONA Form 3830-2 (February 2003)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003 Amc 351108

(Owner's Signature)

# MAINTENANCE FEE WAIVER CERTIFICATION SEE INSTRUCTIONS ON NEXT PAGE

'(Owner's Name - riease rrint)

(City)

(Continued on next page)

TO Box)

(State)

(Zip Code)

| 1. This small miner waiver is filed for the assessment year beginning at noon on S  2. The undersigned and all related parties owned ten or fewer mining claims, mi  States of America on September 1, 2013 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9                                             | 74                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <ol> <li>The undersigned and all related parties owned ten or fewer mining claims, mining States of America on September 1, 2013 2014</li> <li>The undersigned have performed the assessment work required by law for each filing this form; an affidavit of assessment work must be recorded by the Decert.</li> <li>The undersigned understand that if the assessment work obligation has not yet year only); a notice of intent to hold reciting this condition must be recorded by the Decemt a notice of intent to hold for these sites is required to be recorded by the Decemt.</li> <li>The undersigned understand and acknowledge that pursuant to 43 U.S.C. 12 frauduledt document with the Bureau of Land Management may result in a fine.</li> </ol> | ch mining claim listed mber 30th following to | t pric WALVER # 267, 268, that by                         |
| 4. The undersigned understand that if the assessment work obligation has not yet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | come due under 30 l                           | J.S.C all are on sement                                   |
| 5. The undersigned understand that mill and tunnel sites may also be listed upon the a notice of intent to hold for these sites is required to be recorded by the December 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | his wriver and be wa                          | ived clamant put the and that                             |
| 6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 12 fraudulent document with the Bureau of Land Management may result in a fine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12 and U.S.C. 10 of up to \$250,000, a        | 01: 1 Wrong dates for the ous, or prise assessment year's |
| 7 The ming claims, will or thanel sites for which this waiver from payment of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ic man planet fees i                          | sier PB                                                   |
| CLAIM OR SITE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The second                                    | BLM RECORDATION SERIAL NUMBER                             |
| 1. AMICH-ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                             | 351108                                                    |
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| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                                                           |
| The owner(s) (claimants) of the above mining claims and sites are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 / /                                         |                                                           |
| ROSE FLANDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ko                                            | a I Sander                                                |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | (Owner's Signature)                                       |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | PNTEREN                                                   |
| Hillsbord ORE 97/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | Ac 483                                                    |
| (City) (State) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · / - /                                       | SEP 10 2014                                               |
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| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | (Owner's Signature)                                       |
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| (Owner's Name - Please Print) | (Own   | er's Signature) |            |
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| (Street or P.O. Box)          | (City) | (State)         | (Zip Code) |
| (Owner's Name - Please Print) | (Own   | er's Signature) |            |
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| U. ** X                       |        |                 |            |
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| (Sireet or F.O. Box)          | 10~    |                 |            |
| (Owner's Name-Please Print)   | (Own   | er's Signature) |            |
| (Street or P.O. Box)          | (City) | (State)         | (Zip Code) |

#### INSTRUCTIONS

- 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).
- 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 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.

## 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.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

**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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

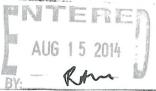
This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

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| State                                                   | of Arizona, Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ounty of Maricopa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 60:                                                                                                                                                                                        |                         | HOENIX. ARIZONA                                                           | JIN AUG                              | MA                      |
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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                    |                                                                                        | •                   |
| 6. That between the dates starting at 12 o'clock noon on September 1, 20 14 at least \$ 200 are dollar upon said claim(s) or upon one or more of a contiguous a contiguous group of claims for the benefit of all, not income of a contiguous group of claims for the benefit of all, not income of a contiguous group of claims for the benefit of all, not income of the following persons were employed to perform the form of the following persons were employed to perform the form of the following persons were employed to perform the form of the following persons were employed to perform the fol | s worth of work and improgroup of claims for the boluding the location work the work and improvement of in a free of | rovements were done enefit of all, wholly or ents described herein | a and performer partly outside                                                         | - doing             |
| SUBSCRIBED AND SWORN TO before me, a Notary F<br>By: ROSA FLANDER'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Public, this 7 tv                                                                                                    | day of August                                                      | 2014                                                                                   |                     |
| Notary Public 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                                                                                             | ASH<br>NOTAF                                                       | OFFICIAL SEAL<br>ILEE A TOMASE<br>RY PUBLIC - ORE<br>MISSION NO. 46<br>EXPIRES JULY 0: | GON<br>966 <b>5</b> |
| Bureau of Land Management<br>Arizona State Office<br>www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No. of Claims:  Check No.: 7.7  Receipt No.: 316  For BLM Use Only                                                   | x \$10 = \$10 \tag{\frac{1}{2}}                                    | 10.00                                                                                  |                     |

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.

Form 3830-2 (February 2003)

# 1268

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

# MAINTENANCE FEE WAIVER CERTIFICATION

· RED

FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

Amc 352844

1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 2014 2015

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, 2019

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 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 50,000, a prison term not to exceed five years, or both.

7. The main, claims, will or than electes for which this waiver from payment of the main graduate free is requested at:

CLAIM OR SITE NAME BLM RECORDATION SERIAL NUMBER 2. 3. 6. 77. AC247 8. 9. 10. The owner(s) (claimants) of the above mining claims and sites are: ME loth (Street or P.O. Box) (Owner's Name - Please Print) (Street or P.O. Box) クルド (State) (Zip Code) (Continued on next page)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       |
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| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (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)                                                                                                                                                                                                                                            |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · (Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r's Signature)                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |
| (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)                                                                                                                                                                                                                                            |
| INSTRU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       |
| <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> | 7. This form must be filed no assessment year in the BLM Starecorded, or the waiver cannot be waiver for the assessment year 1999, you must qualify for an 1999, in the proper BLM State O  8. For all mining claims which reaffidavit of labor on or before filing of this waiver. For all orecord a notice of intent to hold following the filing of this waiver.  9. Mill and tunnel sites may also payment of the maintenance for required to be filed by the December 1999. | the Office where the mining the granted thy the H.M. (12000, winton begins at not file form waiver and late ffice).  equire assessment work, the December 30th immediate mining claims or either mining claims or either mining claims or either the December. | greatms or sites are sample: to obtain a solid por september 1, or than september 1, you must record an diately following the swaved, you must ber 30th immediately following the solid for these sites is and be waived from hold for these sites is |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The Paperwork Reduction Act of 19 This information is being collected for a waiver from the payment of 3 arthlighed in 30 U.S.C. 28f and the                                                                                                                                                                                                                                                                                                                                     | to allow the BLM to det                                                                                                                                                                                                                                        | ermine if you qualify                                                                                                                                                                                                                                 |

AUTHORTTY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

**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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

response to this request is required in accordance with the statute to obtain your

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St., N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

| Flanders Residence                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------|
| 1755 ME 10 14                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                                             |
| Hillshord ORE 97124                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                             |
| Check here is this is a change of address.                                                                                                                                                                                                                                                                                                     |                                                                                      |                                             |
| elephone: (503) 648 132 8                                                                                                                                                                                                                                                                                                                      |                                                                                      | •                                           |
| E-mail address:                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                             |
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| FFIDAVIT OF PERFORMANCE OF ANNUAL WORK                                                                                                                                                                                                                                                                                                         |                                                                                      | CD .                                        |
| . State of Arizona, County of Maricopa ss                                                                                                                                                                                                                                                                                                      | BLM Date Stamp ARIZON                                                                |                                             |
| . I (Name) Rosa Flanders                                                                                                                                                                                                                                                                                                                       | Date Stamp                                                                           | Z S REC                                     |
| Reside at (Address) 1755 ME (0 +h                                                                                                                                                                                                                                                                                                              | >                                                                                    | ₩ ĀĒ                                        |
|                                                                                                                                                                                                                                                                                                                                                | RIZ                                                                                  | ס היים                                      |
| ity Hillsbord County Washington                                                                                                                                                                                                                                                                                                                | 9                                                                                    | <del>-</del> -                              |
| ghteen years of age, and that all of the facts set forth in this affidavit, so.C. 1001 pertaining to the filing of false, fictitious, or fraudulent states procedured to the hest of my knowledge information.                                                                                                                                 | nents with the United States.                                                        | enalties of 18<br>are true and              |
| Owner's name and address (If not shown in Items 1-3 above).  That I am personally acquainted with the personal of the state of the shown in Items 1.                                                                                                                                                                                           | rents with the United States,                                                        | are true and                                |
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| SUBSO            | ( )                                                           | SWORN TO before                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | Public, this _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TM                                                   | day of <u>A</u>                       | ruguit                                  | 20 14     |                        |              |
| Ву:              | Kosa 1                                                        | Flander                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>s —</u>                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                       | P1.                                     | OFFICIAL  |                        | 7            |
| Notary           | Public 1                                                      | march                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | w.r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                       | NOTAF                                   |           | - OREGON<br>10. 469665 |              |
| My Cor           | mmission Expi                                                 | res <u>JUI 0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2,2016                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W                                                    | MY CO                                 |                                         |           | ULY 02, 2016           |              |
| Arizon           | u of Land Mar<br>a State Office<br>z.blm.gov                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | No. of Cl<br>Check No<br>Receipt N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10:: 31C                                             | x \$<br>}Init<br>}_{(44               | 10 = \$1                                | 0.50      | -                      |              |

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.

Form 3830-2 (February 2003)

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

# MAINTENANCE FEE WAIVER CERTIFICATION

SEE INSTRUCTIONS ON NEXT PAGE

FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

354085

| 1. | 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, and ending at noon on September 1,         | 2014       | 12018  |
|----|------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| 2. | 2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lan | ıds in the | United |

States of America on September 1, 2013 2014

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 Determber 30th following the filing of this waiver.

5. The undersigned understand that mill and tunnel sites may also be listed upon this we iver 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 3012 immediately following the filing of this waiver.

6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 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 13250,000, a prison term not to exceed five years, or both.

| CLAIM OR SITE NAME                                                                                                 | BLM RECORDATION SERIAL NUMBER |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 1. Rusti-TRON                                                                                                      | 1354085                       |
| 2.                                                                                                                 |                               |
| 3./                                                                                                                | PHO PHO                       |
|                                                                                                                    | EN JG ZRE                     |
| <b>4</b> ,                                                                                                         |                               |
| 6.                                                                                                                 | VED FEI                       |
| 7.                                                                                                                 | ZO -: FF                      |
| 8                                                                                                                  | <b>A</b> ICE                  |
| 9.                                                                                                                 |                               |
| 10.                                                                                                                |                               |
| The owner(s) (claimants) of the above mining claims and sites are:  105 A Flander's  (Owner's Name - Please Print) | Owner's Signature)            |
| 1755   YE   10 + 4     (Street or P.O. Box)                                                                        | 4 Ac 483                      |
|                                                                                                                    | Barrier Barrier               |
| (Owner's Name - Please Print)                                                                                      | (Owner's Signature)           |
| (Street or P O Box)                                                                                                |                               |
| (City) (State) (Zip Cod                                                                                            | le)                           |
| (Owner's Name - Please Print)                                                                                      | (Owner'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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (State)                                                                                                                                                                                     | (Zip Code)                                                                                                                                    |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r'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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (State)                                                                                                                                                                                     | (Zip Code)                                                                                                                                    |
| - S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>**</b> ** ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                             |                                                                                                                                               |
| Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r's Signature)                                                                                                                                                                              |                                                                                                                                               |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (State)                                                                                                                                                                                     | (Zip Code)                                                                                                                                    |
| <ol> <li>This certification is made under the provisions of § 1744 of Title 43 and § 28-28k of Title 30 and the United States Code; and the regulations thereunder (43 CFR Pari 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> | 7. This form must be filed no lassessment year in the BLM Star recorded, or the waiver cannot be waiver for the assessment year 1999, you must qualify for and 1999, in the proper BLM State Of  8. For all mining claims which reaffidavit of labor on or before the filing of this waiver. For all of record a notice of intent to hold following the filing of this waiver.  9. Mill and tunnel sites may also be payment of the maintenance fee required to be filed by the Decement. | e granted by the BLM. (1) 2000, which begins at no file for a waiver no late fice).  quire assessment work, you be December 30th immediate mining claims or site on or before the December. | example: to obtain a son on September 1, or than September 1, you must record an isately following the swaived, you must ser 30th immediately |
| ₹ÿ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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.  AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | The Paperwork Reduction Act of 199 This information is being collected t for a waiver from the payment of \$1 established in 30 U.S.C. 28f and the response to this request is required benefit.                                                                                                                                                                                                                                                                                          | o allow the BLM to dete<br>00 per mining claim or<br>implementing regulations                                                                                                               | rmine if you qualify<br>site maintenance fee<br>at 43 CFR 3830. A                                                                             |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BLM would like you to know that yo<br>Federal agency-sponsored information<br>OMB control number.                                                                                                                                                                                                                                                                                                                                                                                         | u do not have to respond<br>n collection unless it disp                                                                                                                                     | to this, or any other,<br>lays a currently valid                                                                                              |
| 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 thansferred 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 foreign agencies when needed for enforcement of civil or criminal codes or                                                                                                                                                                                                                                                                                                                            | Public reporting burden for this for hours) per response, including ti maintaining data, and completing regarding this burden estimate, or Department of the Interior, Bureau Information Collection Clearance Off St., N.W., Washington, D.C. 20240.                                                                                                                                                                                                                                     | me to review instructi<br>and reviewing the form<br>any other aspect of thi<br>of Land Management.                                                                                          | ons, gathering and<br>Direct comments<br>s form, to the U.S.<br>(1004-0114) Bureau                                                            |
| applicable regulations concerning title rights upon the public land.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . FUR OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DIAL USE UNLT                                                                                                                                                                               |                                                                                                                                               |

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.

(Form 3830-2, page 2)

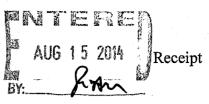
| When i   | Recorded Retu                                    | urn Document to:                                                               |                                                   |                        |                                                  |               |
|----------|--------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------|------------------------|--------------------------------------------------|---------------|
| 17       | 55 ME                                            | edidence                                                                       |                                                   |                        |                                                  |               |
| Hil      | Shore Or                                         | 2E 97124                                                                       |                                                   |                        |                                                  |               |
|          |                                                  |                                                                                |                                                   |                        |                                                  |               |
| ☐ Ch     | neck here is thi                                 | is is a change of address.                                                     |                                                   |                        |                                                  |               |
| Telepho  | one: (503)                                       | 648-1339                                                                       | al I                                              | . 10 0 - Flo           | n dere                                           |               |
| E-mail   | address:                                         |                                                                                | 4/10/11 Contac                                    | ter kosa Tia           | · Platan                                         | revi + her    |
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|          |                                                  | waterial was                                                                   | Pose +                                            | to pera. m             | Garre ct                                         | red 9/20 /16  |
| AFFIDA   | VIT OF PERF                                      | ORMANCE OF ANNUAL                                                              | - WORK                                            |                        | Reid                                             |               |
| 1 04-44  |                                                  | 12.                                                                            | ,                                                 |                        | Ð                                                |               |
| i. State | of Arizona, Co                                   | ounty of Yavapa                                                                | <u>/</u> \$\$:                                    | BLM                    | PHOENIX. ARIZON                                  | F H           |
|          |                                                  | Flonder                                                                        |                                                   | Date<br>Stamp          | Ě                                                | S 1√⊉         |
| 3. Resid | le at (Address)                                  | 1755 ME 10                                                                     | th                                                | Jump                   |                                                  | 21 STA        |
|          |                                                  |                                                                                |                                                   |                        | æ                                                | דיייתייי      |
| City _/  | illsburg                                         | County <u>८</u>                                                                | la chinata                                        |                        | Z01                                              |               |
| State // | OF Tin C.71                                      | ) 4                                                                            | They were                                         |                        |                                                  | I             |
| eighteer | years of age,                                    | being duly sworn, and that all of the facts so to the filing of false, fictiti | depose and say that I an                          | n a citizen of the U   | nited States,                                    | more than     |
| J.U.U. 1 | uu i berraining                                  | to the filing of foliage figure                                                |                                                   | oject to the provision | ons and pena                                     | alties of 18  |
| 1. Owne  | r's name and a                                   | e best of my knowledge, i<br>address (If not shown in It                       | nformation and belief.                            |                        | a Olales, ale                                    | true and      |
|          |                                                  |                                                                                |                                                   |                        |                                                  |               |
| That!    | om nove - II                                     |                                                                                |                                                   |                        |                                                  |               |
| xpense   | of the owner(s                                   | acquainted with the minings) of said claim(s). Said claim(s)                   | ng claim(s). The work and                         | I improvements we      | re made by a                                     | and at the    |
|          |                                                  |                                                                                | S. aut of oldiffia                                | , nated on this doct   | iment, are sit                                   | tuated in the |
|          |                                                  | (optional) Mining Distri                                                       | ot;                                               | County                 | , Arizona.                                       |               |
| Line     | AMC<br>NUMBER                                    | CLAIM/SITE NAME                                                                | COUNTY RECORDS                                    | ER TAG                 |                                                  |               |
| No.      | <del>                                     </del> |                                                                                | DATA (If available)                               | TWP                    | RNG                                              | SEC           |
| 1        | 3 5408                                           | 5 Rusti-IRO                                                                    | x 354085                                          | 13-M                   | J-W                                              | NE - 3        |
| 2        |                                                  | -                                                                              |                                                   | 17/1                   | 19 50                                            | JE-36         |
| 3        |                                                  |                                                                                |                                                   |                        |                                                  |               |
| 13       |                                                  |                                                                                |                                                   |                        |                                                  |               |
| 4        |                                                  |                                                                                |                                                   |                        |                                                  |               |
| 5        |                                                  |                                                                                |                                                   |                        | <del>                                     </del> |               |
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| <u> </u> |                                                  |                                                                                | and another first the second                      | a sad                  |                                                  |               |
|          |                                                  |                                                                                |                                                   |                        | Form: MCF                                        | 108           |
|          |                                                  |                                                                                | Ma AUG 15 2014                                    | F                      | Revised Jan. 2                                   | 006           |
|          |                                                  |                                                                                | B _ 1                                             |                        | Page 1 o                                         | of 2          |
|          |                                                  |                                                                                |                                                   |                        |                                                  |               |

|                                                                                                                                                                                                                                                                                                                                                | BLM<br>Date<br>Stamp                                                            | THOUSE AND LONG                              | AUG 13 P I:                     | RECEIVED           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|--------------------|
| 7                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                              |                                 | ที                 |
| 8                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                              |                                 |                    |
| 9                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                              |                                 |                    |
| 10                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                              |                                 |                    |
| a contiguous group of claims for the benefit of all, not income of a contiguous group of claims for the benefit of all, not income.  7. That the following persons were employed to perform the performance of a contiguous acontiguous group of claims for the benefit of all, not income.  8. That the work and improvements performed were: | group of claims for the ber cluding the location work.  the work and improvemen | nefit of all, wholly or the described herein | partly outside                  | of<br>             |
| caration and testing act what s<br>eries anager finallys of inclusion<br>act limit - asna cruethin and a<br>if any) after the less duy for<br>9. Dated: 27/14 Signature:                                                                                                                                                                       | f beyond of g                                                                   | rounds of                                    | whaten                          | nibut<br>nacineins |
| SUBSCRIBED AND SWORN TO before me, a Notary F                                                                                                                                                                                                                                                                                                  | Public this 7th d                                                               | av of August                                 | 2014                            |                    |
| By: Rosa Flanders -                                                                                                                                                                                                                                                                                                                            |                                                                                 | <u> </u>                                     | OFFICIAL SEAL                   |                    |
| Notary Public Homosall                                                                                                                                                                                                                                                                                                                         |                                                                                 | ASHL                                         | LEE A TOMASE<br>Y PUBLIC - ORE  | EGON               |
| My Commission Expires July 02,2016                                                                                                                                                                                                                                                                                                             |                                                                                 | MY COMMISSION E                              | IISSION NO. 46<br>XPIRES JULY 0 |                    |
| Bureau of Land Management<br>Arizona State Office<br>www.az.blm.gov                                                                                                                                                                                                                                                                            | No. of Claims:  Check No.:   Receipt No.:   For BLM Use Only                    | x \$10 = \$\frac{1}{2} \text{Init.}          | 10.50<br>H.                     |                    |

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



No:

3101144

**Transaction #: 3192697** 

Date of Transaction: 08/14/2014

CUSTOMER:

ROSE FLANDERS 1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                             | REMARKS                                        | UNIT<br>PRICE | TOTAL   |
|-----------|------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING<br>CLAIMS-NOT NEW-UNADJUD,ONE<br>AUTH NO. ONLY / MINING CLAIM<br>MONEY RECEIVED<br>CASES: AMC351108/\$30.00 | MAINT FEE<br>WAIVER (3) 2015 /<br>POL (3) 2014 | - n/a -       | 30.00   |
|           |      |                                                                                                                                         | TOTA                                           | AL:           | \$30.00 |

|   |           | PAYMENT INFORMATION                                              |             |            |
|---|-----------|------------------------------------------------------------------|-------------|------------|
| 1 | AMOUNT:   | 30.00                                                            | POSTMARKED: | 08/12/2014 |
|   | TYPE:     | CHECK                                                            | RECEIVED:   | 08/13/2014 |
|   | CHECK NO: | 21911518866                                                      |             |            |
|   |           | FLANDERS, ROSA<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124-1703 US |             |            |

| _ |         |
|---|---------|
| 1 | REMARKS |
| Ш | REMARKS |
| I |         |
| H |         |

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.

351108

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354085

Flonders Residence 1755 HE 10 h Hillsbord ORE 97134





UNITED STATES DEPARTMENT OF INTERIOR

BURINU OF LANDMANAGEMENT

PRIZONIA STATE OFFICE

ONE NORTH CENTRAL AVE # 800

PHOENIX ARIZOMA85004-4427

BLM AZ STATE OFFICE

NIL AUG 13 P 1: 18
PHOENIX, ARIZONA

Ms. Flanders,

Per our conversation this morning, you will need to submit a "CORRECTED WAIVER"; please insert the correct dates.

Please list all your mining claims {by name and number} on the enclosed newer Waiver Form (Form expires Oct 31, 2016); the form you used show an expiration date of Nov 30, 2003), and obtain the original signatures of all 3 claimants.

{We are requiring all claimants to use the forms that are most current; you can find them on our website}

Also,

Our Database show Rose Flanders (not Rosa Flanders) as a claim owner; the waiver's for AMC351108 and AMC352844, lists Rose Flanders but is signed by Rosa Flanders. The waiver for AMC354085 lists Rosa Flanders and is signed by Rosa Flanders, yet our database list Rose Flanders as the claim owner.

After speaking with Rosa (aka Rose) Flanders on the phone this morning, she stated that her legal name is Rosa Flanders yet her husband wrote Rose Flanders on the notices from the beginning; she would like to have her name corrected so the only way we could do this is to have Rosa write out a statement and provide a copy of an ID showing her legal name; she will have to get the statement notarized as well. She must also list all of her claim numbers on any and all correspondence to the Bureau of Land Management.

If you have any questions, please feel free to call me at 602-417-9360.

Thank you,

PAULINE BROWN LAND LAW EXAMINER

BUREAU OF LAND MANAGEMENT

ARIZONA STATE OFFICE ONE NORTH CENTRAL AVE, STE 800

PHOENIX, AZ 85004-4427 OFFICE: (602) 417-9360 Form 3830-2 (March 2007)

. . . . . .

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



# Amc 357844 Amc 357844 Amc 354085 FORM APPROVED OMB NO. 1004-0114 Expires: February 28, 2010

## 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, 13 and ending at noon on September 1, 13.

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, 12.

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.

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 |                       |
|-------------------------------|----------------------------------------------------------------|-----------------------------------------|-------------------------------|-----------------------|
|                               |                                                                |                                         |                               | 351108                |
|                               |                                                                |                                         |                               |                       |
| 2.                            |                                                                |                                         |                               |                       |
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| 9.                            |                                                                |                                         |                               |                       |
| 10.                           |                                                                |                                         |                               | 3 3 28 E              |
| 1755 ME                       | Name - Please Print)  O + b  reet or P.O. Box)  O N E  (State) |                                         | T bs.                         | (Owner's Signature)   |
|                               |                                                                |                                         | - T                           |                       |
| (Owner's                      | Name - Please Print)                                           |                                         | *                             | (Owner's Signature)   |
| (Str                          | reet or P.O. Box)                                              |                                         |                               |                       |
| ad)                           |                                                                |                                         | *                             |                       |
| (City)                        | (State)                                                        | (Zip Code)                              |                               |                       |
|                               | 4 .                                                            |                                         |                               |                       |
| (Owner's Name - Please Print) |                                                                | *************************************** | (Owner's Signature)           |                       |
|                               |                                                                |                                         |                               |                       |
| (Str                          | reet or P.O. Box)                                              |                                         |                               |                       |
| (City)                        | (State)                                                        | (Zip Code)                              |                               | 4                     |
| (Continued on page 2)         |                                                                |                                         | To V I alo keep               | The Island Washington |

| (Owner's Name - Please Print)  |                     |                     |            |  |
|--------------------------------|---------------------|---------------------|------------|--|
| (Owner's reade - Frease Frint) | (Owner's Signature) |                     |            |  |
| (Street or P.O. Box)           | (City)              | (State)             | (Zip Code  |  |
| (Owner's Name - Please Print)  | (Own                | (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) |  |
| (Owner's Name - Please Print)  | (Owner's Signature) |                     |            |  |
| (Street or P.O. Box)           | (City)              | (State)             | (Zip Code) |  |

#### INCIDITIONS

- 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).
- 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 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.

#### 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.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

Form 3830-2 (March 2007)

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

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

## 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, D 1 and ending at noon on September 1, D 1 S 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, 12.

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.

| CLAIM OR SITE NAME                                                                                                                                                                        | BLM RECORDATION SERIAL NUMBER |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|--|
| 1. Mica-one-two-three                                                                                                                                                                     | 352844                        |                     |  |
| 2.                                                                                                                                                                                        |                               | ,                   |  |
| 3.                                                                                                                                                                                        |                               |                     |  |
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| ).                                                                                                                                                                                        |                               | × w 40              |  |
| 0.                                                                                                                                                                                        |                               | 3 7                 |  |
| The owner(s) (claimants) of the above mining claims and sites are:  Rose Flenders  (Owner's Name - Please Print)  755 ME (0 H)  (Street or P.O. Box)  Hillsbro  (City) (State) (Zip Code) | Masa                          | (Owner's Signature) |  |
| Mork Flonders  (Owner's Name - Please Print)  1755 NE (0th  (Street or P.O. Box)  Hillshord Old 97/24  (City) (State) (Zip Code)                                                          | Monte 7                       | (Owner's Signature) |  |
| Daymond Flanders  (Owner's Name - Please Print)  1755 ME (0 th  (Street or P.O. Box)  Hillshord ONE 97/24  (City) (State) (Zip Code)                                                      | Raymo                         | (Owner's Signature) |  |
| (Continued on page 2)                                                                                                                                                                     |                               |                     |  |

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

- INCIDICATIONS
- 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).
- 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 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.

#### 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.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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) Disciosure 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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

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FOR OFFICIAL USE ONLY

Form 3830-2 (March 2007)

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

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

### 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, 212 and ending at noon on September 1, 213

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, 012

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.

or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

|                                | CLAIM OR SIT           | E NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | BLM RECORDATION SERIAL NUMBER                                                                                                                    |
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| ne owner(s) (claimants) of the | above mining claims    | and sites are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                       |                                                                                                                                                  |
| Dose Flana                     | Name - Please Print)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 Osa                                   | Thenher                                                                                                                                          |
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| 755 ME 10                      | et or P.O. Box)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                  |
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| (City)                         | (State)                | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                                                                                                                                  |
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| (Onemor's                      | Name - Please Print)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | (Owner's Signature)                                                                                                                              |
| (Owner's                       | Ivanic - Ficase Frint) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | *                                                                                                                                                |
| (Stre                          | eet or P.O. Box)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                  |
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| (City)                         | (State)                | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                                                                                                                                  |
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| (Owner's                       | Name - Please Print)   | THE THE PERSON AND ADDRESS OF THE PERSON A | *************************************** | (Owner's Signature)                                                                                                                              |
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| (Stre                          | et or P.O. Box)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                  |
| (City)                         | (State)                | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | 4                                                                                                                                                |
| Continued on page 2)           | (2)                    | , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                                                                                                                                  |

| (Owner's Name - Please Print) | (Own   | er's Signature)  |                                       |
|-------------------------------|--------|------------------|---------------------------------------|
| (Street or P.O. Box)          | (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) | (Own   | er's Signature)  |                                       |
| (Street or P.O. Box)          | (City) | (State)          | (Zip Code)                            |
| (Owner's Name - Please Print) | (Owr   | ier's Signature) |                                       |

#### INCIDITIONS

- 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.
- 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 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.
- 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.

#### 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.

AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

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| Check here is this is a change of address.                                                                                                                                                                                  |         |
| Telephone: 603) 648-1328                                                                                                                                                                                                    |         |
| E-mail address:                                                                                                                                                                                                             |         |
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| AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK                                                                                                                                                                                     | -       |
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| 1. State of Arizona, County of May Ci Coopa                                                                                                                                                                                 | ~       |
| 1. State of Arizona, County of Maricopa ss: BLM Date Stamp                                                                                                                                                                  | 77      |
| 2.1 (Name) Lose Flanders Stamp                                                                                                                                                                                              | 7       |
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| S w T                                                                                                                                                                                                                       |         |
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| City Hillsborno County Washing ton                                                                                                                                                                                          |         |
| State Off Zip 97/14 being duly sworn, depose and say that I am a citizen of the United States, more the                                                                                                                     | han     |
| of grident years of age, and that all of the facts set forth in this amigavit, 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 are correct according to the best of my knowledge, information and belief.                             | ıd      |
| 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 expense of the owner(s) of said claim(s). Said contiguous group of claims, listed on this document, are situated | he      |
|                                                                                                                                                                                                                             | III uie |
| (optional) Mining District; Maricopa County, Arizona.                                                                                                                                                                       |         |
| Line AMC CLAIMISTE NAME COUNTY RECORDER TARE                                                                                                                                                                                |         |
| Line Number CLAIM/SITE NAME DATA (If available) TWP RNG SE                                                                                                                                                                  |         |
| 1 351108 NN -                                                                                                                                                                                                               | 25,     |
| 1 351108 Mica-One 6-N 6-E 5W-                                                                                                                                                                                               | 24      |
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Form: MCF108 Revised Jan. 2006 Page 1 of 2

|                              |                                             |                                | . •           |                                               | BLM<br>Date<br>Stamp | PHOEMI   | 30 P 3          |                         |                   |
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|                              | Neyti                                       | Boone                          | ore me, a nou | ary Public, this _                            | <u></u>              | day of _ |                 | 120_12                  |                   |
| Notary                       | , , , ,                                     |                                | >             |                                               |                      |          | NOTAR           | MARLENE BOY PUBLIC - OF | DONE              |
| Му Со                        | mmission Exp                                | ires Nugus                     | st 10,        | 7013                                          | ·                    | MY CO    | MMISSION EX     | PIRES AUGUST            | 41784<br>10, 2013 |
| Arizon                       | u of Land Ma<br>la State Offic<br>ż.blm.gov | nagement<br>e                  |               | No. of Cl<br>Check No<br>Receipt N<br>For BLM | 10:: <u>5</u>        |          |                 | 0 .60                   |                   |

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.

| When Recorded Return Document to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                       |                   | ·                          |                |
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| Check here is this is a change of address.  Telephone (503) 648 -13 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                       |                   |                            |                |
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| 1. State of Arizona, County of Movicofa ss<br>2. I (Name) Rose Flanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                       |                   |                            |                |
| 2.1 (Name) Rose Flanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date<br>Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | 2 5                                   | 2                 | erige<br>Erige             |                |
| 3. Reside at (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ç                        |                                       |                   |                            |                |
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| State ONE Zip 97/27 being duly sworn, depose and say that I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ्र<br>of the Unit        | od 0#                                 |                   | 30                         | -              |
| significent years of age, and that all of the facts set lotted in this amount,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | subject to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a provision:             | s and                                 | nenal             | tties of 18                |                |
| U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent state correct according to the best of my knowledge, information and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ments with t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | he United S              | State:                                | 🥄 are             | true and                   |                |
| 4. Owner's name and address (If not shown in Items 1-3 above).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                       |                   | ····                       |                |
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| 5. That I am personally acquainted with the mining claim(s). The work a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                       | •                 |                            |                |
| expense of the owner(s) of said claim(s). Said contiguous group of claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ns, listed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nents were<br>this docun | e mad<br>nent, :                      | e by a<br>arë sit | ind at the<br>luated in th | ie             |
| (optional) Mining District; May 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | County.                  |                                       |                   |                            |                |
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| Line AMG CLAIM/SITE NAME COUNTY RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TWP                      | R                                     | ٧G                | SEC                        |                |
| No. I NUMBER: CLAIM/SUENAME DATA (Favailable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Control of the Contro |                          |                                       |                   |                            |                |
| No. 1 PROMOCTAL ASSESSMENT OF THE PROMOCTAL PR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                       | )                 | SE-15                      | NE-15          |
| 1 352844 Mica-on-two-three                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6-N                      | 6-                                    | E                 | SE-15<br>5W-15             | NE-25<br>NW-25 |
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| a conti | guous group o  | f claims for th<br>persons were | more of a contine benefit of all, employed to perfect t | oon on September dollars worth of vocations group of clar not including the leftorm the work as | aims for the to<br>ocation work<br>and improver | cenefit of a<br>c.<br>nents descr | ll, wholly or<br>ibed herein: | partly outsi                              |
| 8. That | t the work and | improvement                     | s performed we<br>チュセバチ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ere: a of inc                                                                                   | Jusive<br>sites                                 | a of (w                           | hatexi                        | Ecva:                                     |
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| When Recorded Return Document to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |
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| 1. State of Arizona, County of Yavapai ss:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BLM                       |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |
| 1. State of Arizona, County of Yavapai ss:<br>2. I (Name) Rose Flanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date                      |                              | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 202              | <u> </u>                               |
| 3. Reside at (Address) 1755 NE 10+h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Stamp                     |                              | 177                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. |
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| City Hillshora County Washing ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | U                | OBVI                                   |
| State OLEZip 97/24 being duly sworn, depose and say that I am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a citizen                 | of the Unit                  | ad State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ų.               | - TE on                                |
| significant years of age, and that all of the facts set forth in this amidavit, sur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | plect to the              | provision                    | s and no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | naMioc           | of 12                                  |
| correct according to the best of my knowledge, information and belief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ents with t               | ne United                    | States, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ire true         | and                                    |
| 4. Owner's name and address (If not shown in Items 1-3 above).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                        |
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| 5. That I am personally acquainted with the mining claim(s). The work and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Improven                  | nents were                   | made h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | w and            | at the                                 |
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Form: MCF108 Revised Jan. 2006 Page 2 of 2

POSTAGE REQUIRED.

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United States Department of the Interior Bureau of Land Management

Receipt

LANDS/RECREATION & PLANNING ONE N CENTRAL AVE PHOENIX, AZ 85004 -2203 Phone: 602-417-9200

No:

2646099

Transaction #: 2726868
Date of Transaction: 08/31/2012

CUSTOMER:

DAVID FLANDERS
1755 NE 10TH AVE
HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                           | REMARKS                                        | UNIT<br>PRICE | TOTAL   |
|-----------|------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED<br>CASES: AMC352844/\$30.00 | MAINT FEE<br>WAIVER (3) 2013 /<br>POL (3) 2012 | - n/a -       | 30.00   |
|           |      |                                                                                                                                       | TOTA                                           | L:            | \$30.00 |

|   | PAYMENT INFORMATION |                                                                   |             |            |  |  |  |  |  |
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| 1 | AMOUNT:             | 30.00                                                             | POSTMARKED: | N/A        |  |  |  |  |  |
|   | TYPE:               | CHECK                                                             | RECEIVED:   | 08/30/2012 |  |  |  |  |  |
|   | CHECK NO:           | 19887107365                                                       |             |            |  |  |  |  |  |
|   |                     | FLANDERS, DAVID<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124-1703 US |             |            |  |  |  |  |  |

| REMARKS |  |
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Form 830 2 (March 2007)

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

ad.

### AMC 354085 AMC 351108 AMC 352844

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

#### 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, Did and ending at noon on September 1, Did.
- 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, 20//.
- 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BLM RECORDATION SERIAL NUMBER       |                              |  |
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| (Owner's                        | Name - Please Print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | (Owner's Signature) 1        |  |
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| (City)                          | (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | OFFICE<br>A 7: 54<br>A 7: 54 |  |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | EM                           |  |
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| (Continued on page 2)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FRED INTO                           | COMPUTER                     |  |

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| <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 State 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 of 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.</li> </ol> | granted by the BLM. (a 600, which begins at ne file for a waiver no late fice).  quire assessment work, ye December 30th immeder mining claims or site on or before the December A notice of intent to be | example: to obtain a soon on September 1, or than September 1, or than September 1, you must record an listely following the s waived, you must er 30th immediately and be waived from old for these sites is |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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.  AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 in response to this request is required in benefit.                                                                                                                                                                                                                                                                                                                        | allow the BLM to deter<br>00 per mining claim or a<br>mplementing regulations                                                                                                                             | rmine if you qualify<br>site maintenance fee<br>at 43 CFR 3830. A                                                                                                                                             |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BLM would like you to know that you<br>Federal agency-sponsored information<br>OMB control number.                                                                                                                                                                                                                                                                                                                                                                                                                               | do not have to respond<br>collection unless it displ                                                                                                                                                      | to this, or any other,<br>ays a currently valid                                                                                                                                                               |
| 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) Disciosure 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Public reporting burden for this forn hours) per response, including tin maintaining data, and completing at regarding this burden estimate, or a Department of the Interior, Bureau Information Collection Clearance Office St., N.W., Washington, D.C. 20240.                                                                                                                                                                                                                                                                  | ne to review instruction<br>of reviewing the form.<br>any other aspect of this<br>of Land Management, (<br>cer (WO-630), Mail Sto                                                                         | ons, gathering and<br>Direct comments<br>form, to the U.S.<br>(1004-0114) Bureau                                                                                                                              |
| proceeding before a court or adjudicative body; or to Federal, State, local or foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FOR OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IAL USEONLE                                                                                                                                                                                               |                                                                                                                                                                                                               |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SEP -2 A TO                                                                                                                                                                                               | RECEIVED<br>\Z STATE OFF                                                                                                                                                                                      |
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Form 3830-2 (March 2007)

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

# AMC 354085 AMC 351108 AMC 3528

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

#### 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, Old and ending at noon on September 1, Old

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, 20//.

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

| special control of the second | CLAIM OR SITE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <ol> <li>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> | 7. This form must be filed no assessment year in the BLM Starecorded, or the waiver cannot be waiver for the assessment year 1999, you must qualify for an 1999, in the proper BLM State O.  8. Por all mining claims which raffidavit of labor on or before filing of this waiver. For all o record a notice of intent to hole following the filing of this waive.  9. Mill and tunnel sites may also payment of the maintenance ferequired to be filed by the Dece | the granted by the BLM. It 2000, which begins at not if file for a waiver no late ffice).  equire assessment work, the December 30th immether mining claims or site on or before the December.  be listed upon this waiver a notice of intent to be a notice of intent to be a fire to be a notice of intent to be a notice of in | you must record an itately following the swaived, you must read an itately following the swaived, you must her 30th immediately and be waived from hold for these sites is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 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.  AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | The Paperwork Reduction Act of 19 This information is being collected for a waiver from the payment of sestablished in 30 U.S.C. 28f and the response to this request is required benefit.                                                                                                                                                                                                                                                                           | to allow the BLM to det                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ermine if you qualify<br>site maintenance fee<br>s at 43 CFR 3830. 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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BLM would like you to know that y<br>Federal agency-sponsored informati<br>OMB control number.                                                                                                                                                                                                                                                                                                                                                                       | on collection unless it disj                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 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.  (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.                                                                                                                                                                      | Public reporting burden for this fi<br>hours) per response, including<br>maintaining data, and completing<br>regarding this burden estimate, c<br>Department of the Interior, Bure<br>Information Collection Clearance C<br>St., N.W., Washington, D.C. 20240.                                                                                                                                                                                                       | g and reviewing the form or any other aspect of the au of Land Management, Officer (WO-630), Mail S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Direct comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -2 A 7:54<br>X. ARIZONA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TATE OF TO CE 3830-2, page 2,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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Form 3830-2 (Warch 2007)

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

Ame 354085 Ame 351108 Ame 352 844

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

#### MAINTENANCE FEE WAIVER CERTIFICATION

#### SEE INSTRUCTIONS ON REVERSE

1. This small miner waiver is filed for the assessment year beginning at noon on September 1011 and ending at noon on September 1011

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, ADIL.

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.

| CLAIM OR SITE NAME                                                                                           | BLM RECORDATION SERIAL NUMBER       |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. MICA-one-two-three                                                                                        | V 352844                            |
| 2.                                                                                                           |                                     |
| 3.                                                                                                           |                                     |
| 4.                                                                                                           |                                     |
| 5.                                                                                                           | ST/ X.                              |
| 6.                                                                                                           | THE AR DIV                          |
| 7.                                                                                                           | Z OD                                |
| 8.                                                                                                           |                                     |
| 9.                                                                                                           | w H                                 |
| 10.                                                                                                          | 7                                   |
| (Owner's Name - Please Print)  175 S VE (0 th  (Street or P.O. Box)  (City) (State) (Zip Code)               | (Owner's Signature)                 |
| Mark Flanders  (Owner's Name - Please Print)  175 5 14 0 74  (Street or P.O. Box)  (City) (State) (Zip Code) | Mal. Flex. (Owner's Signature)      |
| Daymond Flanders  (Owner's Name - Please Print)  1755 ME (6th  Hillsboro (Street or P.O. Box)  012 97124     | Phymosol Flends (Owner's Signature) |
| (City) (State) (Zip Code)                                                                                    | 9/9/2011 P A KMOR                   |
| (Continued on page 2)                                                                                        | RED INTO COMPUTER                   |

| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r's Signature)                                                                                                                                                                                                                          | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| INSTRU  1. This certification is made under the provisions of § 1744 of Title 43 and § 28-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ol> <li>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> | assessment year in the BLM State 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  8. For all mining claims which recaffidavist of labor on or before the filing of this waiver. For all other record a notice of intent to hold of following the filing of this waiver.  9. Mill and trained sites may also be payment of the maintenance feer required to be filed by the December 1999. | granted by the BLM. (E 1000, which begins at no file for a waiver no later fice).  quire assessment work, ye December 30th immed ter mining claims or sites on or before the December 4 notice of intent to be A notice of intent to be | Example: to obtain a on on September 1, r than September 1, r than September 1, ou must record an iately following the swaived, you must er 30th immediately and be waived from add for these sites is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NOTICE/BURDEN H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OURS 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.  AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.  PRINCIPLE PURPOSE: This information is to be used to verify that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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 in response to this request is required in benefit.                                                                                                                                                                                                                                                                     | o allow the BLM to deter<br>00 per mining claim or s<br>mplementing regulations<br>a accordance with the sta                                                                                                                            | mine if you qualify<br>ite maintenance fee<br>at 43 CFR 3830. A<br>atute to obtain your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BLM would like you to know that you<br>Federal agency-sponsored information<br>OMB control number.                                                                                                                                                                                                                                                                                                                                                                            | collection unless it displa                                                                                                                                                                                                             | sys a currently valid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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. (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 forn hours) per response, including tim maintaining datu, and completing ai regarding this burden estimate, or a Department of the Interior, Bureau Information Collection Clearance Officst, N.W., Washington, D.C. 20240.                                                                                                                                                                                                                  | ne to review instruction                                                                                                                                                                                                                | ns, gathering and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| applicable regulations concerning title rights upon the public land.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FOR OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TAL USE ONLY                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATE OFFICE P -2 A 7 5                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Flanders residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 3. Reside at (Address) 1755 HE 10 th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| State CVE Zip 97/14 being duly sworn, depose and say that I an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n a citizen of the United States, more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| eighteen years of age, and that all of the facts set forth in this affidavit, su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | bject to the provisions and penalties of 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent statem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ents 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5. That I am personally acquainted with the mining claim(s). The work an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d improvements were made by and at the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| expense of the owner(s) of said claim(s). Said contiguous group of claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s, listed on this document, are situated in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| (optional) Mining District; What icof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County, Anzona.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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9/9/2011 18 ENTERED INTO COMPUTER

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| rs an | upon said claim(s) of a contiguous group of 7. That the following if the lastive a alled and on the sand a testing | dates starting at 12 o'clock next least \$ 400 00  r upon one or more of a control claims for the benefit of all, persons were employed to persons | dollars worth of viguous group of cliquous group of cliquous group of cliquous the document and | work and impairs for the location work and improver and i | provements when the provements of all, k.  ments descrited and inclusive | vere done a wholly or poed herein: | nd performed artly outside of the new constants of |
|       | SUBSCRIBED AND                                                                                                     | SWORN TO before me, a N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| When Recorded Return Document to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |
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| Flanders residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |
| 1755 ME (0 th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |
| - Itillspore ORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
| 77/34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |
| Check here is this is a change of address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |
| Telephone: 503 - 646 - 1328                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |
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| E-mail address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |
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| AFFIDAVIT OF CERFORMANCE OF ANNUAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |
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| 1. State of Arizona, County of Yavapai ss: 2. I (Name) 205e Flanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BIN = Cal ACOM MODE ON NO. 4 18190               |
| Oce El                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date III                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Stamp                                            |
| 3. Reside at (Address) 1755 NE 10 th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FII RIZ                                          |
| 1-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ZQ + F                                           |
| 11.11.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DDDG                                             |
| City Hillshoro County washing ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E m                                              |
| State ORE Zip 97/27 being duly sworn, depose and say that I a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | am a citizen of the United States, wore than     |
| eignteen years of age, and that all of the facts set forth in this anidavit, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | subject to the provisions and penalties of 18    |
| U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent states correct according to the best of my knowledge, information and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ments with the United States, are true and       |
| 4. Owner's name and address (If not shown in Items 1-3 above).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |
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| 5. That I am personally acquainted with the mining claim(s). The work a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and improvements were made by and at the         |
| expense of the owner(s) of said claim(s). Said contiguous group of clair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ns, listed on this document, are situated in the |
| (optional) Mining District; Vava pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | County, Arizona.                                 |
| AMC CLAIM/SITE NAME COUNTY RECOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ODED                                             |
| Line NUMBER CLAIM/SITE NAME DATA (If available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TWP RNG SEC                                      |
| STACK AS AS A SECURIOR STATE CONTRACTOR STATE AND ASSAULT AS A SECURIOR STATE AS A SECURIOR STATE OF A SEC | 2/5-3                                            |
| 1 354085 Rusti Iron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13-N 2-W SE-26                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |
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|    |  |  | BLM<br>Date<br>Stamp | PHOENIX, ARIZONA | 2011 SEP -2 A 7 | RECEIVED |
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| 10 |  |  |                      |                  |                 |          |

6. That between the dates starting at 12 o'clock noon on September 1, 20 10 and ending at 12 o'clock noon on September 1, 20 11 at least \$ 200 clock noon on 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 fo                         | llowing parsons were employed to p    | erform the work and improve | ements described her | ein: David Henr                      |
|---------------------------------------|---------------------------------------|-----------------------------|----------------------|--------------------------------------|
| Janders and (findusi)                 | n commissioned.                       | documenting cof ap          | inlied aid.) of      | helpahined                           |
| marshalled and/or                     | a commissioned.                       |                             |                      |                                      |
| 8. That the w                         | ork and improvements performed we     | ere: lectormed, but in      | relusive a of        | doing the a                          |
| exequation and et                     | esting a of what a sub                | stance (catinguesti         | on) of what a        | of discovery                         |
|                                       | 5// Signature:                        |                             |                      | •                                    |
| 9 Dated &                             | Signature 1 22                        | 4/11.100                    | 30A Whot ar          | inoune major                         |
| 5. Dated. 3/                          | The signatures of the second          | -11-                        | er enziera           | Holes a gray                         |
| SUBSCRIBE                             | ED AND SWORN TO before me, a N        | lotary Public, this         | day of HUM_          | 20                                   |
| ву: Ros                               | sa Flanders                           |                             |                      | FFICIAL SEAL                         |
| · · · · · · · · · · · · · · · · · · · |                                       | 2 1- 6                      | A LORI               | EAN SHEPHERD                         |
| Notary Publi                          | o Jorgan Al                           | uphera                      | COMM                 | PUBLIC - OREGON<br>ISSION NO. 428190 |
|                                       | , , , , , , , , , , , , , , , , , , , |                             | MY COMMISSION        | EXPIRES APRIL 22, 201                |
| My Commiss                            | sion Expires 17711 50                 | 000                         |                      |                                      |
| 1                                     |                                       | No of Claims                | 1 × \$10 =0          | 60.00                                |
|                                       | X X                                   | No of Claims:               | MY COMMISSION        | ISSION NO. 42819 <b>0</b>            |

Bureau of Land Management Arizona State Office www.az.blm.gov No. of Claims: x \$10 = \$10.00

Check No. 18.53716 9774 Init. 1.54.

Receipt No.: 2424/78

For BLM Use Only

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| When Recorded Return Document to:  Flanders residence  1755 NE 10th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                  |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|------------------------------|
| Hillsboro ORE 97124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                  |                              |
| ☐ Check here is this is a change of address.  Telephone: 5.05-648-139 €                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                  |                              |
| E-mail address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                  | •                            |
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| AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | Server Co                                        | S. 3.                        |
| 1. State of Arizona, County of Maricofa ss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7                                            |                                                  |                              |
| 2.1 (Name) Rosa Flanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date<br>Stamp                                |                                                  | Sie de care                  |
| 3. Réside at (Address) 1755 ME 10 th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | -2                                               |                              |
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| City Hillsboro County Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | - <del>-                                  </del> |                              |
| State OREZip 97124 being duly sworn, depose and say that I eighteen years of age, and that all of the facts set forth in this affidavit, U.S.C. 1001 pertaining to the filing of false, fictitious, or fraudulent state 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | subject to the provis                        | ions and pena                                    | illes of 18                  |
| 5. That I am personally acquainted with the mining claim(s). The work expense of the owner(s) of said claim(s). Said contiguous group of cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and improvements v<br>lms, listed on this do | vere made by<br>cument, are s                    | and at the<br>ituated in the |
| (optional) Mining District;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ρα Cou                                       | nty, Arizona.                                    |                              |
| Line NUMBER: COUNTY RECOUNTY R | RDÉR<br>le)i. k. ří M                        | Par GRNG                                         | SEC                          |
| 1 351108 Mica-one #1652                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 113 6-4                                      | 1 6-E                                            | NW-25<br>SW-24               |
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9/9/2011 /8 ENTERED INTO COMPUTER

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| end a testi                           | <u>15</u>                    | f what a                                     | substance (c                                                                          | sfin quest     | ion) 01                                   | fwhat                            | cof d                   | scover      | y 9119          | Man Fi                      | nelin 45                                                   | a of a mag               |
| or -net to a                          | et di                        | mit in a or                                  | withinany                                                                             | · / /          | nel a                                     | of 9 rou.                        | notes a                 | fuha        | +an             | noune                       | ing .                                                      | of a Cip                 |
|                                       | 9. Date                      | /                                            | SWORN TO be                                                                           |                | otary Pi                                  | ublic, this                      | 5H                      | da          | y of <u>f</u>   | tug                         | 20_                                                        | 11_                      |
|                                       |                              | Public                                       | L.Meur                                                                                | nder<br>1 2    | s<br>hey                                  | sher.                            | d                       | -<br>-      | Y COMM          | LORE<br>NOTARY<br>COMMI     | FFICIAL SE<br>AN SHEP<br>PUBLIC -<br>SSION NO<br>EXPIRES A | LEDN:                    |
|                                       | Burea<br>Arizo               | u of Land Ma<br>na State Offic<br>az.blm.gov | nagement                                                                              |                |                                           | No. of C<br>Check N<br>Receipt I | 10.183<br>No.: <u>Ø</u> | 1<br>339697 | x<br>x<br>4_nit | \$10 = <u>-</u>             | <b>8</b> /0.0                                              | 20                       |
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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:

2424178

Transaction #: 2499645

Date of Transaction: 09/02/2011

**CUSTOMER:** 

DAVID FLANDERS 1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                          | REMARKS                             | UNIT<br>PRICE | TOTAL   |
|-----------|------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-NOT<br>NEW-UNADJUD,ONE AUTH NO. ONLY / MINING<br>CLAIM MONEY RECEIVED<br>CASES: AMC352844/\$30.00 | MAINT WAIVER<br>2012 / POL (3) 2011 | - n/a -       | 30.00   |
|           |      |                                                                                                                                      | TOTA                                | L:            | \$30.00 |

|   | PAYMENT INFORMATION |                                                               |                        |  |  |  |  |  |  |  |  |
|---|---------------------|---------------------------------------------------------------|------------------------|--|--|--|--|--|--|--|--|
| 1 | AMOUNT:             | 30.00                                                         | POSTMARKED: 08/31/2011 |  |  |  |  |  |  |  |  |
|   | TYPE:               | CHECK                                                         | RECEIVED: 09/02/2011   |  |  |  |  |  |  |  |  |
|   | CHECK NO:           | 18533969774                                                   |                        |  |  |  |  |  |  |  |  |
|   |                     | FLANDERS, D<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124-1703 US |                        |  |  |  |  |  |  |  |  |

| REMARKS |  |
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> TO Bureau of Land Management Business \$ support SUCS DIV ONE N CENTRAL AVE # 800 Phoenix AZ 85004-442

Label 228, January 2008



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Form 3830-2 (February 2003)

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

# JAN

351108 AMC 354085 FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

### MAINTENANCE FEE WAIVER CERTIFICATION

| SEE INSTRUCTIONS | ON NEXT PAGE | ř. |  |
|------------------|--------------|----|--|
|                  |              |    |  |

| 1. | This smal | l mine | er wa | iver      | is fi | led for | the | assessment' | year | beginning at noor | on Sept | tember 1, | - | and endir | ng at nooi | on S | Septemb | er 1, | · | -  |
|----|-----------|--------|-------|-----------|-------|---------|-----|-------------|------|-------------------|---------|-----------|---|-----------|------------|------|---------|-------|---|----|
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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, 1

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 wriver 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 15 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.

| and the second s | CLAIM OR SITE NAME                                     |                  | BLM RECORDATION SERIAL NUMBER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------|-------------------------------|
| 1. Mica-one-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | two-three                                              | · /              | 352844                        |
| 2. Mica-one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • ,                                                    |                  | 351108                        |
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| Rosa Flang<br>Owner's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name - Please Print)                                   | - Tosa           | (Owner's Signature)           |
| and the second s | eet or P.O. Box)  OR E 97/24:  (State) (Zip Code)      | entri e l'es vil | . 60                          |
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| tilleboro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | et or P.O. Box)  OLE 97/24  (State) (Zip Code)         |                  | ARIZ                          |
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| Mark flanders (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mark Flance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | len               |            |  |  |  |
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| 1755 HE 10 th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HILLSboro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | 97124      |  |  |  |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (State)           | (Zip Code) |  |  |  |
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| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Ov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | vner's Signature) |            |  |  |  |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (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 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 2000, which begins at noon on September 1 1999, you must qualify for and file for a waiver no later than September 1 1999, in the proper BLM State Office).</li> <li>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.</li> <li>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.</li> </ol> |                   |            |  |  |  |
| NOTICE/BURDEN I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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.  AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.  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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The Paperwork Reduction Act of 1995 requires us to inform you that:  This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.  BLM would like you to know that you do not have to respond to this, or any other,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |            |  |  |  |
| entitled to perform assessment work in lieu of paying the maintenance fee for the mining claims listed on this form.  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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.                                                                                                                                 | Federal agency-sponsored information collection unless it displays a currently valid OMB control number.  Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form to the U.S. Department of the Interior, Bureau of Land Management (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Malt Stop 401 LS, 1849 C St., N.W., Washington, D.C. 20240.                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |            |  |  |  |

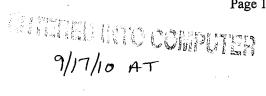
EFFECT OF NOT PROVIDING INFORMATION: Disclosure of this information is required by 30 U.S.C. 28f and 43 CFR Part 3830 for those qualified claimants wishing to take the small miner waiver allowed. Failure to supply the information required in this form to support the claimants certification of waiver 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.

| vvh<br>E                 | en Re                                           | ders R                                                        | Document to:                                     | <u></u><br>. <u>9</u> 1124                                          |                                                                                           | :          |                  |                                |                   |                            |      |
|--------------------------|-------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------|------------------|--------------------------------|-------------------|----------------------------|------|
|                          | ephon                                           | e: <u>503-6</u>                                               | is a change of a                                 | ddress.                                                             |                                                                                           |            |                  |                                |                   |                            |      |
| 1. S                     | State c                                         | of Arizona, Cou                                               | ormance of a<br>unty of Man<br>Flande<br>1755 Mi | i copa                                                              |                                                                                           | D          | LM<br>ate<br>amp | PHOENIX, ARIZONA               | 2010 SEP - 1 A 9: | BLM AZ STATE OFF           |      |
| Sta<br>eig<br>U.S<br>cor | ite <u>() [/</u><br>hteen<br>S.C. 10<br>rect ac | Zip <u>9)/</u> years of age, a 001 pertaining ecording to the | and that all of the to the filing of fa          | y sworn, dep<br>e facts set fo<br>lse, fictitious,<br>wledge, infor | pose and say that<br>rth in this affidavit,<br>, or fraudulent stat<br>mation and belief. | subject    | to the prov      | United                         | nd pena           | alties of 18               |      |
| 5<br>exp                 | That I a                                        | am personally<br>of the owner(s                               | ) of said claim(s)                               | ). Said contig                                                      | laim(s). The work<br>guous group of cla<br>Maricop                                        | ims, liste | ed on this d     | were m<br>locumen<br>unty, Ari | t, are s          | and at the<br>ituated in t | he   |
|                          | Line<br>No.                                     | AMC<br>NUMBER<br>3 5 //08                                     | CLAIM/SITI                                       | ne                                                                  | COUNTY RECC<br>DATA (If availab                                                           | le)<br>/3  | 6-v              | 1 6                            | RNG               | 5EC<br>5W-25<br>5E-35 M    | 4    |
|                          | 3 4                                             | 352844                                                        | Mica-one                                         | -two-thr                                                            | re#1652j                                                                                  | <u> </u>   | 6-17             | / 6                            | -B                | 20-92V                     | 10-2 |

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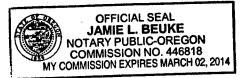
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Form: MCF108 Revised Jan. 2006 Page 1 of 2



|             |                    |                                                                         |                     | BLM<br>Date<br>Stamp |                 | PHOENIX, ARIZONA | 2010 SEP - 1 A 9: 2 | DI MAZETATE DE LO |
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| 9           |                    |                                                                         |                     |                      |                 | ·                |                     | _                 |
| 10          |                    |                                                                         |                     |                      |                 | !                |                     |                   |
| 7. Tha      | t the following pe | claims for the benefit of all<br>ersons were employed to<br>Henry Fland | perform the work a  | and improven         | nents describ   |                  |                     | <del></del> .     |
| <br>3. Tha  | t the work and ir  | mprovements performed w                                                 | vere: Doing         | •                    | of a e          | *plon            | a tory              | 1a work           |
| <b>ور</b> م | ainclusiv          | ea of a excarat                                                         | ting as well a      | 5 testi              | ng a of         | Samp             | 1e18                | a6+ i             |
| 9. Date     | ed: 2/1            | mprovements performed we are a excarate period a but incl               | - 7 Menale          |                      |                 |                  |                     |                   |
| SUBS        | CRIBED AND S       | SWORN TO before me, a l                                                 | Notary Public, this | 5                    | _day of <u></u> | <u>janst</u>     | 20.10               |                   |
| •           | Rosa<br>Public     | Flanders<br>Jamie Ch &                                                  | zuln                |                      |                 |                  |                     |                   |
| Му Сс       | mmission Expire    | 3/2/2014                                                                |                     | <del></del>          |                 |                  |                     |                   |

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



| No. of Claims:   | 2x\$  | 10=_20       |
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| Check No.: 1585  | Init  | - Ame        |
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| For BLM Use Only | ,     |              |

Form: MCF108 Revised Jan. 2006 Page 2 of 2

Recording Requested By: And When Recorded Mail To: Disclaimer WITNESSETH THIS DISCLAIMER made by Ftanders hereinafter called "the undersigned" to avid H Flanders hereinafter called " The Locator" WHEREAS: The locator has a exclusive pight & of, a inclusive a of ining a ownership to the following described property situated in Manicopa County State a of ARIZANA, to-wit: Mining claim-(One-twoz-three)-Including all oil, gas, minerals and petroleum. 2. The property above described is the sole and separate property of Responsible of Flanders. Mark Flanders and Rose Flanders family members a of Locator of ementioned. The undersigned has no present right, title, interest, claim or lien of any kind or nature whatsoever in to or against said property. This instrument shall also constitute a waiver, by the undersigned, in favor of any mortgagee, deed of true beneficiary or deed of trust trustee of any right to file a declaration or claim of homestead affecting the above described 4. This instrument is executed not for the purpose of making a gift to the local but solely for the purpose of clearly showing of record that the undersigned has and claims no interest in and to said property, the undersigned expecting third persons to rely on this disclaimer. NOW, THEREFORE, in consideration of the premises, the undersigned does hereby disclaim, remise, release and quitclaim unto the focatorand to the heirs and assigns of said focator forever, all right title interest, claim and demand which the undersigned might appear to have in and to the above described property. Dated this day of June, 2010. STATE OF California County of Los Angeles This Instrument was acknowledged before me this Z744 day of FLANGERAPUTER RED INTO, CO 1/28/2011 75 AARON BLAISDELL COMM. #1876608 OTARY PUBLIC - CALIFORNIA Nestary Publi LOS ANGELES COUNTY My Comm. Expires Jan. 11, 2014 expires Jan 11th 2014



Form 3830-2 (February 2003)

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

# The

Ame 354685

FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

#### MAINTENANCE FEE WAIVER CERTIFICATION

#### SEE INSTRUCTIONS ON NEXT PAGE

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 2010 and ending at noon on September 1, 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
- 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, 2010
- 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 numediately following the filing of this waiver.
- 6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 15 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.
- The ming claims, mill or thenel sites for which this waiver from payment of the manufacture fees is requested ate:

| , 1                      | CLAIM OR SITE                                       | NAME                |          | BLM RECORDATION SERIAL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 1. Rus                   | ti Iron                                             |                     | /        | 354085                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 6.                       |                                                     |                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 8.                       |                                                     |                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9.                       |                                                     |                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10.                      |                                                     |                     |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Rosa                     | (Owner's Name - Please Print)                       | 97/24<br>(Zip Code) |          | (Owner's Signature)  PHO MARCH |
| (Cit                     | (Street or P.O. Box) (State)                        | (Zip Code)          |          | EIVED<br>PATE O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                          | (Owner's Name - Please Print)  (Street or P.O. Box) | 3                   | ENT      | E (Owner's Signature)  O COMPUTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                          | (Succe of P.O. Box)                                 |                     | ).<br>V- | I mak k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (City<br>Continued on ne |                                                     | (Zip Code)          | · ·      | 9/19/10 AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| (Owner's Name - Please Print) | (Own   | er's Signature) |            |
|-------------------------------|--------|-----------------|------------|
| (Street or P.O. Box)          | (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) | (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) | (State)         | (Zip Code) |

#### INSTRUCTIONS

- 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).
- 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.
- 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.
- 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.

#### 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.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

**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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY ATE OFFICE

|                    | -lan                        | ders De<br>155 ME<br>. Hillsho                       | 47124                                                                                                                                     |                                             |                                             |              |                        |             |                           |   |
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|                    |                             |                                                      | s a change of address.                                                                                                                    |                                             |                                             |              |                        |             |                           |   |
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| 1. 5               | otate o                     | t Arizona, Cou                                       | nty of Yavapai                                                                                                                            |                                             | ss:                                         | BLM<br>Date  | OEN                    | O SEP       | 7.7.                      |   |
|                    |                             |                                                      | 1755 ME 10                                                                                                                                |                                             | ,                                           | Stamp        | ×                      | P - 1       |                           |   |
|                    |                             |                                                      | ,                                                                                                                                         |                                             |                                             |              | PHOENIX, ARIZON        | > -         | ri돔                       |   |
| City               | 1414                        | LIShoro                                              | County <u>(wa </u>                                                                                                                        | hinge                                       | cn                                          |              | <u> </u>               | <u> </u>    | <u> </u>                  |   |
| eigl<br>U.S<br>cor | nteen<br>S.C. 10<br>rect ac | years of age, a<br>01 pertaining t<br>cording to the | being duly sworn, dand that all of the facts set to the filing of false, fictition best of my knowledge, infeddress (If not shown in Iter | forth in this<br>us, or fraud<br>ormation a | affidavit, su<br>ulent statem<br>nd belief. | ubject to th | e provision            | s and pena  | alties of 18              |   |
| 5. Texp            | hat I a                     | of the owner(s)                                      | acquainted with the mining of said claim(s). Said con                                                                                     | tiguous gro                                 | The work an oup of claims                   | s, listed or | ments weren this docun | nent, are s | and at the ituated in the |   |
|                    |                             | ÂMC                                                  |                                                                                                                                           |                                             | ry/RECORU                                   |              |                        |             |                           |   |
|                    | Line<br>No                  | NUMBER                                               | GLAIM/SITE NAME                                                                                                                           | DATA (                                      | lf available)                               |              | TWP                    | RNG         | SEC                       | _ |
|                    | 1                           | 354085                                               | Rusti-Iron                                                                                                                                | B. 47                                       | 43655                                       | 287<br>-87   | 13-X                   | J-W         | NE - 0 6                  | 2 |
|                    | 2                           |                                                      |                                                                                                                                           |                                             |                                             |              |                        |             |                           |   |
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Form: MCF108 Revised Jan. 2006 Page 1 of 2 9/17/10 AT

|   | , 7 |  |   |          | BLM<br>Date<br>Stamp |   | PHOENIX, ARIZON | 2010 SEP - 1 A | RECEIVED<br>BLM AZ STATE OF |
|---|-----|--|---|----------|----------------------|---|-----------------|----------------|-----------------------------|
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Bureau of Land Management Arizona State Office www.az.blm.gov

|      | OFFICIAL SEAL JAMIE L. BEUKE NOTARY PUBLIC-OREGON COMMISSION NO. 446818 |
|------|-------------------------------------------------------------------------|
| MY C | COMMISSION EXPIRES MARCH 02, 2014                                       |

| No. of Claims:         | x \$10 =_ | 10   |
|------------------------|-----------|------|
| Check No.: <u>7585</u> | _ Init    | Ann. |
| Receipt No.: 22        | 10594     |      |
| For BLM Use Only       | ŕ         |      |

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:

No:

2210594

Receipt

Transaction #: 2280678

Date of Transaction: 09/07/2010

CUSTOMER:

DAVID FLANDERS

1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

| LINE<br># | QTY  | DESCRIPTION                                                                                                                           | REMARKS           | UNIT<br>PRICE | TOTAL   |
|-----------|------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-<br>UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM<br>MONEY RECEIVED<br>CASES: AMC351108/\$30.00 | POL 2010/3<br>WAV | - n/a -       | 30.00   |
|           |      |                                                                                                                                       | TOTA              | L:            | \$30.00 |

|   | PAYMENT INFORMATION |                                                                   |             |            |  |  |  |  |  |
|---|---------------------|-------------------------------------------------------------------|-------------|------------|--|--|--|--|--|
| 1 | AMOUNT:             | 30.00                                                             | POSTMARKED: | N/A        |  |  |  |  |  |
|   | TYPE:               | CHECK                                                             | RECEIVED:   | 09/07/2010 |  |  |  |  |  |
|   | CHECK NO:           | 18988507585                                                       |             |            |  |  |  |  |  |
|   |                     | FLANDERS, DAVID<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124-1703 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.

### **Customer Name Update Screen**

System ID:MC

Name: FLANDERS RAY

**Proprietor #: 2104113** 

Category: P - PRIVATE

Address: 1755 NE 10TH AVE

City: HILLSBORO

State: OR

Zip: 971241703

Lookup

Renumber To:

Save

Save/Override DataFlux

Delete

Renumber

Customer details successfully saved for Customer Id 2104113

| List of Proprietors                                            |  |
|----------------------------------------------------------------|--|
| FLANDERS RAY[2104113], BOX 0381, , NORTH PLAINS, OR, 97133, P, |  |
| L Previous Address                                             |  |
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| SEL SE SUID COMPUNER                                           |  |
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| Select Cancel                                                  |  |

Form 3830-2 (March 2007)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

# Ame 354085

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

### 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, 29 and ending at noon on September 1, 20/0
- 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, 29.
- 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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### INSTRUCTIONS

- 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).
- 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 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.

### 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.

AUTHORFTY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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.

(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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 US.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other. Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY



Form 3830-2 (March 2007)

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

### MAINTENANCE FEE WAIVER CERTIFICATION

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, 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, 29.

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:

| 7. The mining crames, that or to |                                                                                         | en particular de la Companya de Companya de la Companya de Companya de Companya de Companya de Companya de Comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to the maintenance rees is requested acc. |
|----------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                  | CLAIM OR SIT                                                                            | ENAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BLM RECORDATION SERIAL NUMBER             |
| 1. MICH-D                        | NE                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 351108                                    |
| 2.                               |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| 3.                               |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| 4.                               |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| 5.                               |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
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| 7.                               |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| 8.                               | er e                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
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| 1755 NE                          | ANDER Name - Please Print) OH et or P.O. Box)                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Owner's Signature)                       |
| (City)                           | (State)                                                                                 | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |
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| (Owner's                         | Name - Please Print)                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Owners piknamic)                         |
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| (Stre                            | eet or P.O. Box)                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ARIZON FILED                              |
| (City)                           | (State)                                                                                 | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |
| (Oromoula)                       | Name - Please Print)                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Owner's Signature)                       |
| (Owners                          | vanc - riease Fint)                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| (Stre                            | et or P.O. Box)                                                                         | AND THE STREET OF THE STREET O | ENTERED INTO COMPUTER                     |
| (City)                           | (State)                                                                                 | (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |
| (Continued on page 2)            |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |

| (Owner's Name - Please Print) | (Owne                    | er's Signature) |                 |
|-------------------------------|--------------------------|-----------------|-----------------|
| (Street or P.O. Box)          | (City)                   | (State)         | (Zip Code)      |
|                               | to be an armed a comment |                 | , 1915.a.s., e1 |
| (Owner's Name - Please Print) | (Owne                    | er's Signature) | April 1997      |
| (Street or P.O. Box)          | (City)                   | (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) | (Owne                    | er's Signature) |                 |
| (Street or P.O. Box)          | (City)                   | (State)         | (Zip Code)      |

### INSTRUCTIONS

- 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.
- 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 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.
- 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.

### 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.

AUTHORIEY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

**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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your

BLM would like you to know that you do not have to respond to this, or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St., N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

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BLM AZ STATE OFFICE

Form 3830-2 (March 2007)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

### MAINTENANCE FEE WAIVER CERTIFICATION

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

mc 75-2844

### SEE INSTRUCTIONS ON REVERSE

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 29 and ending at noon on September 1, 200.

  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, 29.
- 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:

| 7. The mining evalue, and of cannot store to which with water to the payment                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLAIM OR SITE NAME                                                                                              | BLM RECORDATION SERIAL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1. MICH-ONE-TWO-THREE                                                                                           | 352844                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 3.                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4.                                                                                                              | SEP - |
| 5.                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6.                                                                                                              | A A MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 9.                                                                                                              | 0 171                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The owner(s) (claimants) of the above mining claims and sites are:  OSA FIRNDERS  (Owner's Name - Please Print) | Losa Glander (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1755 ME 10 th<br>  Hillsboro                                                                                    | Δ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| EMILY FIRMDERS (Owner's Name - Please Print)                                                                    | Enily Stone don<br>(Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (Street or P.O. Box)  (City)  (State)  (Zip Code)                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ROT FLANDERS (Owner's Name - Please Print)                                                                      | May Hunders (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (Owners Name - Flease Frint)                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (Street or P.O. Box)                                                                                            | ENTERED INTO COMPUTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (City) (State) (Zip Code)                                                                                       | SEP 25 2009 TES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (Continued on page 2)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| MARK FLANDERS                                | mark Flo   | inles            | Treel a                       |
|----------------------------------------------|------------|------------------|-------------------------------|
| (Owner's Name - Please Print)  1755 NE 10 +4 | 14:1/sboro | ner's Signature) | 0 > .1.                       |
| (Street or P.O. Box)                         | (City)     | (State)          | $\frac{9}{(\text{Zip Code})}$ |
|                                              |            |                  |                               |
| (Owner's Name - Please Print)                | (Ow        | ner's Signature) |                               |
| (Street or P.O. Box)                         | (City)     | (State)          | (Zip Code)                    |
| (Owner's Name - Please Print)                | (Ow        | ner's Signature) |                               |
| (Street or P.O. Box)                         | (City)     | (State)          | (Zip Code)                    |
| (Owner's Name - Please Print)                | (Own       | ner's Signature) |                               |
| (Street or P.O. Box)                         | (City)     | (State)          | (Zip Code)                    |

#### INSTRUCTIONS

- 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).
- 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 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.
- 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.

### 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.

**AUTHORIFY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 20 minutes (.33 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

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| Telepho                             | one: _(                                               | 503)648                                                                                                              | change of address.<br>라 그                                                                                                                                                       |                                                                                                                       |                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
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Form: MCF108 Revised Jan. 2006

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| FIDAVIT                                                                                             | OF PERFORM                                                                                                              | MANCE OF ANNUAL WOF                                                                                                                                                                                                                         |                                                                                                                                          | TIMELY<br>Date |                                    | 138 1                                   | <u> </u>                            |
| State of A                                                                                          | rizona, County                                                                                                          | of Maricopa                                                                                                                                                                                                                                 |                                                                                                                                          | Date Z         |                                    | 12                                      |                                     |
| I (Name) _                                                                                          | Rosa                                                                                                                    | Flanders 10                                                                                                                                                                                                                                 | +6                                                                                                                                       | tamp =         |                                    | $\triangleright$                        |                                     |
| Reside at                                                                                           | (Address)                                                                                                               | 1755 NE 10                                                                                                                                                                                                                                  |                                                                                                                                          | E              | 3                                  | (J                                      | a i                                 |
|                                                                                                     |                                                                                                                         |                                                                                                                                                                                                                                             | 1.                                                                                                                                       |                |                                    | _0                                      | 177                                 |
| State Z<br>sighteen ye                                                                              | Zip 97/24<br>ears of age, and pertaining to                                                                             | being duly sworn, dep<br>d that all of the facts set for<br>the filing of false, fictitious                                                                                                                                                 | rth in this affidavit, subjection, or fraudulent statement mattern and belief.                                                           | ts with the    | the Unite<br>rovisions<br>United S | d States, r<br>and penal<br>states, are | nore than<br>ties of 18<br>true and |
| state Zeighteen ye<br>J.S.C. 100°<br>correct accord. Owner's                                        | Zip 97/24 ars of age, and pertaining to ording to the board and add m personally a fithe owner(s)                       | the duly export der                                                                                                                                                                                                                         | rth in this affidavit, subjet, or fraudulent statement mation and belief.  s 1-3 above).  claim(s). The work and iguous group of claims, | mproveme       | Onned C                            | made by a                               | and at the ituated in the           |
| state Zeighteen ye<br>J.S.C. 100°<br>correct account. Owner's                                       | Zip 97/24 ars of age, and pertaining to ording to the brame and add m personally af the owner(s)                        | being duly sworn, departed that all of the facts set for the filing of false, fictitious best of my knowledge, inforderess (If not shown in Items of said claim(s). Said continuous decay and claim(s). Said continuous decay and claim(s). | rth in this affidavit, subjet, or fraudulent statement mation and belief.  s 1-3 above).  claim(s). The work and iguous group of claims, | mproveme       | nts were<br>is docum               | made by ment, are si                    | and at the tuated in the            |
| State Zeighteen ye<br>J.S.C. 100°<br>correct account. Owner's                                       | Pip 9//24 pars of age, and pertaining to ording to the brame and add and personally at the owner(s)  AMC NUMBER         | being duly sworn, depend that all of the facts set for the filling of false, fictitious best of my knowledge, inforderess (If not shown in Items of said claim(s). Said continuous (optional) Mining District;                              | claim(s). The work and iguous group of claims,  Manico fa                                                                                | mproveme       | nts were is docum                  | made by anent, are si                   | sec                                 |
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Form: MCF108 Revised Jan. 2006 Page 1 of 2

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| an of but-not limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | to-altadisplaced with a second                                                                            | timital to a                                    | Kery his<br>Perent   | iding ting<br>teet a<br>hissing b                  | nelus<br>Taaf     | inclusive of met                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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Form: MCF108 Revised Jan. 2006

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

### **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:

1995560

Transaction #: 2059870

Date of Transaction: 09/03/2009

ENTERED INTO COMPUTER

CUSTOMER: DAVID FLANDERS

1755 NE 10TH AVE

HILLSBORO,OR 97124-1703 US

SEP 25 2009 (25

| LINE<br># | QTY  | DESCRIPTION                                                                                                                          | REMARKS    | UNIT<br>PRICE | TOTAL   |
|-----------|------|--------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-NOT<br>NEW-UNADJUD,ONE AUTH NO. ONLY / MINING<br>CLAIM MONEY RECEIVED<br>CASES: AMC351108/\$30.00 | POL/WAIVER | - n/a -       | 30.00   |
|           |      |                                                                                                                                      | ТОТА       | L:            | \$30.00 |

| PAYMENT INFORMATION |           |                            |             |            |  |  |  |
|---------------------|-----------|----------------------------|-------------|------------|--|--|--|
| 1                   | AMOUNT:   | 30.00                      | POSTMARKED: | 08/31/2009 |  |  |  |
|                     | TYPE:     | CHECK                      | RECEIVED:   | 09/02/2009 |  |  |  |
|                     | CHECK NO: | 16789420607                |             |            |  |  |  |
|                     | NAME:     | FLANDERS, ROSA             |             |            |  |  |  |
|                     |           | 1755 NE 10TH AVE           |             |            |  |  |  |
|                     |           | HILLSBORO OR 97124-1703 US |             |            |  |  |  |

| REMARKS |  |
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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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| That the following persons were employed to per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | form the work and improvement             | ents descr    | ibed he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | basic                                                       | dutie's,                                  |
| That the following persons were employed to per<br>Danid FlanderS  That the work and improvements performed were<br>erisdiand extracting Sample's and property of the persons  | THELUSIVE a OF TE<br>e: digging out debri | ents descr    | ibed he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | basic                                                       | dutie's,                                  |
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| That between the dates starting at 12 o'clock noon eptember 1, 20 08 at least \$ 300.00 do pon said claim(s) or upon one or more of a contiguous group of claims for the benefit of all, not the following persons were employed to personal deptembers.  That the following persons were employed to personal deptembers.  That the work and improvements performed were seried and entracting samples   | of for testing but                        | ents descri   | ing lifeman in the state of the | erein:  basic  minir  fo-c  nib  OFFICIA  ALISON  TABLE PUB | dutieis,<br>ng arec<br>essayins           |
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|             |                        | rn Document to:                                                 |                                       |                       |                   |                                  |
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| 1. State    | of Arizona, Co         | ounty of MARICO                                                 | ) ) / / ss:                           | BLM                   |                   | Ŝ                                |
| 2. I (Nar   | ne) <u>205</u>         | A FLANDERS                                                      |                                       | Date                  | ZIMI SEP -5 A II. | $\pi \lesssim_{\mathcal{F}} \pi$ |
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| State 1     | <u> Z</u> Zip <u> </u> | being duly sworn, do                                            | epose and say that I am               | a citizen of the Un   | ited States       | niore than                       |
| Cignicacii  | years or age,          | and that all of the facts set to the filing of false, fictition | IOITH IN this affidavit cub           | iect to the provision | oo and no-        | allian of 40                     |
| COLLECT     |                        | e pest of my knowledde into                                     | nimation and halief                   |                       |                   |                                  |
| 4. Owne     | i s ilame and a        | address (If not shown in Iten                                   | ns 1-3 above)                         |                       |                   |                                  |
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| 5. That I   | am personally          | acquainted with the mining                                      | claim(s). The work and                | improvements wer      | e made bv         | and at the                       |
| expense     | of the owner(s         | s) of said claim(s). Said cont                                  | tiguous group of claims,              | listed on this docu   | ment, are         | situated in the                  |
|             |                        | (optional) Mining District;                                     |                                       | County                | , Arizona.        |                                  |
| Line<br>No. | AMC<br>NUMBER          | CLAIM/SITE NAME                                                 | COUNTY RECORDE<br>DATA (If available) | R TWP                 | RNG               | SEC                              |
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| 7. That the following persons were employed to per DHVID FLHMDEKS  8. That the work and improvements performed we have the remaining area (periodical and a sisterior periodical and sisterior perio | INCLUSIVE A OF L     | conducting security inspects, a of digging out debris of a serious, but motivated is small on post |
| 9. Dated: 1/13/09 Signature: 100000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Flander 1210         | day of 0/1/3 2019                                                                                  |
| By: ROSA Flander S  Notary Public My Commission Expires 10/14/20/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | otary Public, triis  |                                                                                                    |
| Bureau of Land Management Arizona State Office www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | x \$10 =<br>Init                                                                                   |
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| 5. That<br>expens | I am personally<br>e of the owner(s | acquainted with the mining as) of said claim(s). Said conti                                                                                       | claim(s). The work and                                                    | improve                 | ments we                               | re made by                  | and at the                                       | 9<br>*h-         |
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# 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/

December 12, 2008

In Reply Refer To: 3800 (AZ-933) TS AMC351108,AMC352844,AMC354085 ## 12, 2008

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CERTIFIED MAIL - RETURN RECEIPT REQUESTED No. 7007 3020 0000 8493 3574

**ROSA FLANDERS** 1755 NE 10TH HILLSBORO, OR 97124 This Notice Affects Those Claims Shown in the Block Below.

AMC351108, AMC352844, AMC354085 MICA-ONE, MICA-ONE-TWO-THREE, RUSTI-IRON

### Affidavit of Performance of Annual Work or Notice of Intent to Hold Discrepancies

We have received your Affidavit of Performance of Annual Work (POL) or Notice of Intent to Hold (NOI) for the 2008 assessment year for the mining claim(s) listed above. The following discrepancy was encountered:

- We did not receive the required processing fee. The processing fee for a POL or NOI is \$10 per claim. In accordance with 43 CFR 3830.91(8) you are allowed 30 days from the date you receive this Notice (or December 30, 2008, whichever is later) to pay the additional fees. If we do not receive your payment within this time frame, your documents will not be recorded by the Bureau of Land Management (BLM) and your mining claim will be closed. Any non-refundable processing fees already paid will be forfeited.
- We received the processing fee but did not receive the POL/NOI document. You must submit the document on or before December 30, 2008, or your mining claim(s) will be closed.
- X You did not use the correct form for a POL. We are enclosing the correct form. Complete the form and return it to this office on or before December 30, 2008

| <br>You did not file the correct document. Based on the status of your claim(s) you are required to file a POL, not an NOI. The correct form is enclosed. Please complete the form and return it to this office on or before December 30, 2008. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>The claims for which you submitted the POL or NOI are closed. We cannot Process the document for closed claims. The processing fees are non-refundable and will be retained by BLM.                                                         |

If additional information is required, please contact Tony Smith at 602-417-9355. Please include your AMC serial number(s) on all correspondence.

alin L. Bunk

Alvin L. Burch Group Administrator Renewable and Mineral Resources

PHOENIX, ARIZONA

BLM AZ STATE OFFIC

| NOTICE | OF | NON-L | IABILITY | FOR I | AROR   |      | MATERIALS | FURNISHED |
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|        | •  | 11011 |          | 1 011 | ADUR I | AITU | MAICKIALS | LUKNISHEI |

NOTICE IS HEREBY GIVEN that the undersigned is the owner of the following described mine or unpatented mining claims situated in YAYA PAL County, Arizona, the names of which and the book(s) and page(s) of document number(s) of recording of the location notice(s) in the office of the recorder of said county and the BLM County, Arizona, the names of which and the book(s) and page(s) or serial numbers of which, are as follows:

| Line<br>No. | AMC NUMBER          | CLAIM/SITE NAME  | COUNTY RECORDER DATA (If available) | TWP         | RNG   | SEC       |              |
|-------------|---------------------|------------------|-------------------------------------|-------------|-------|-----------|--------------|
| 1           | 354085              | RUSTI-IRON       | B-4464 P-366<br>A-PL-4090017        | 3-N         | 2-4   | 2000年     |              |
| 2           |                     |                  |                                     | ·           |       | M AZ      |              |
| 3           |                     |                  |                                     |             | X X   | ECE<br>ST |              |
| 4           |                     |                  |                                     | HIED        | EL SI | NEW YEAR  | NOT          |
| 5           |                     |                  |                                     | ACCE        | 1     |           | MU           |
|             | Pursuant to the ter | ms of a EXISTING | agreement entered into be           | tween the o |       | II A JA   | es<br>Secret |

| Pursuant to the terms of a 2/13/106 agreement entered in                 | to between the own | ner and       |
|--------------------------------------------------------------------------|--------------------|---------------|
| DAUID FINDERS which is dated and is for a term commencing on             | ry 4-2005          | and ending on |
| <u>らみそうのき</u> , the property will be in the possession of and operated b |                    |               |

The owner is not and will not be working or operating the claims or mine or any part of the claims or mine and does not intend to purchase supplies or materials for the claims or mine or to employ any persons to labor thereon during the term of the above-described agreement.

The owner will not be liable for labor performed or materials or merchandise furnished in the operation or development of the claims or mine during the term of the above-described agreement, and the claims or mine will not be subject to a lien or any debts incurred for labor performed or materials or merchandise furnished for the operation

| or development of the claims or mine during the term of the agreement.                |
|---------------------------------------------------------------------------------------|
| DATED AND POSTED on the ground this 2nd day of fare 5 20 0 8.                         |
| OWNER Josa Hander Josa January                                                        |
| SUBSCRIBED AND SWORN TO before me, a Notary Public, this 2nd day of Septem 1 20 08 by |
| By: Rosa Flanders. Ist proved to me on the bosis of satisfactory evidence.            |
| Notary Public HANIF C. THAKOR COMM. # 1798929 O                                       |
| My Commission Expires May 315+ 2012 Los Angeles County My Comm. Exp. May 31, 2012     |
| Form MCF116                                                                           |

Revised July 2005

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(j. **34.** 178/353

# NOTICE OF NON-LIABILITY FOR LABOR AND MATERIALS FURNISHED

NOTICE IS HEREBY GIVEN that the undersigned is the owner of the following described mine or unpatented mining claims situated in MALOIN County, Arizona, the names of which and the book(s) and page(s) or document number(s) of recording of the location notice(s) in the office of the recorder of said county and the BLM serial numbers of which, are as follows:

| Line<br>No. | AMC NUMBER | CLAIM/SITE NAME | COUNTY RECORDER DATA (If available) | TWP | RNG    | SEC            |            |
|-------------|------------|-----------------|-------------------------------------|-----|--------|----------------|------------|
| 1           | 352844     | MICH 1-2-3      | # 1652114                           | 6-N | C-F    | 52-25<br>Sω-25 | NE -1      |
| 2           |            |                 |                                     |     | LUUO ( |                | MW-z       |
| 3           |            |                 |                                     |     | THE Y  |                | )<br> <br> |
|             |            |                 |                                     | 3.1 | D#VITE | RLE            | III N      |
|             |            |                 |                                     | 10  | (dPI   |                | FIATE      |

Pursuant to the terms of a Existing agreement entered into between the owner and of represent and or represent and or represent and or represent and or sept 2008 and ending on sept 2008 the property will be in the possession of and operated by DAVID FLANDAN

The owner is not and will not be working or operating the claims or mine or any part of the claims or mine and does not intend to purchase supplies or materials for the claims or mine or to employ any persons to labor thereon during the term of the above-described agreement.

The owner will not be liable for labor performed or materials or merchandise furnished in the operation or development of the claims or mine during the term of the above-described agreement, and the claims or mine will not or development of the claims or mine during the term of the agreement.

| Coloran (H-C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| day of 446 20 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| SURSCRIBED AND SWODN TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SUBSCRIBED AND SWORN TO before me, a Notary Public, this 2nd day of Septembar 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| by Fora Flanders To Proved to me on the basis of sufficted or denie.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HANIF C. THAKOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TO STATE OF THE TOTAL COMM, # 1798929                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NOTARY PUBLIC - CALIFORNIA U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| My Commission Expires May 315+ 2012 Los ANGELES COUNTY MY COMM. EXP. MAY 31, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Form MCE116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Revised July 2005

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(D 63G 7787353 Fre m

Must file long look form by 12/80/08

RAND MATERIALS PURMINED

# NOTICE OF NON-LIABILITY FOR LABOR AND MATERIALS FU代制集機力

NOTICE IS HEREBY GIVEN that the undersigned is the owner of the following described mine or unpatented mining claims situated in MACCOY A County, Arizona, the names of which and the book(s) and page(s) or document number(s) of recording of the location notice(s) in the office of the recorder of said county and the BLM serial numbers of which, are as follows:

| AMC NUMBER | CLAIM/SITE NAME | COUNTY RECORDER DATA (If available) | TWP                                            | RNG                                            | SEC        |
|------------|-----------------|-------------------------------------|------------------------------------------------|------------------------------------------------|------------|
| 351108     | MICH-1          | # 1652113                           | 6-X                                            | 6-E                                            | M(0-3)     |
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|            |                 |                                     |                                                | 13                                             |            |
|            |                 |                                     | FIFDVI                                         | <b>11 D</b>                                    | TRUTTIC    |
|            | AMC NUMBER      |                                     | AMC NUMBER CLAIM/SITE NAME DATA (If available) | AMC NUMBER CLAIM/SITE NAME DATA (If available) | AMC NUMBER |

Pursuant to the terms of a  $\frac{\sum X_1 \le + i \cdot n \cdot S}{\sum \frac{N}{N}}$  agreement entered into between the last of the las

The owner is not and will not be working or operating the claims or mine or any part of the plants of the does not intend to purchase supplies or materials for the claims or mine or to empky any part of the above-described agreement.

The owner will not be liable for labor performed or materials or merchandles furnished in the development of the claims or mine during the term of the above-described agreement, and the development of the claims or mine during the term of the agreement.

| College when                                              |                                         |
|-----------------------------------------------------------|-----------------------------------------|
| DATED AND POSTED on the ground this 2nd day of Act 6 20 C |                                         |
|                                                           | to a a placedant                        |
| OWNER Tosa therestori                                     | ( , , , , , , , , , , , , , , , , , , , |
|                                                           | (a. 1.20m.) 20.(150                     |

By: ROSa Flanders B freed to me on the basis of satisfactory evidence

Notary Public 777

My Commission Expires  $\mathcal{I}^{\mathcal{N}}$ 

HANIF C. THAKOR
COMM. # 1798929
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
MY COMM. EXP. MAY 31, 2012

Form MCF116 Revised July 2005

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0 5167 178/353 Form 3830-2 (February 2003)

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

Amc 351108 Amc 352849 Amc 354085

OMB NO. 1004-0114

FORM APPROVED

# Expires: November 30, 2003

### MAINTENANCE FEE WAIVER CERTIFICATION

| SEE INS | INUCI | IUNS | ON NEX | (I PAGI |
|---------|-------|------|--------|---------|
|         |       |      |        |         |

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 2002 and ending at noon on September 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, 2008
- 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         | E NAME               | BLM RECORDATION SERIAL NUMBER |
|----------|----------------------|----------------------|-------------------------------|
| MICH-ONE |                      |                      | 351108                        |
|          |                      |                      | 7.                            |
|          |                      |                      |                               |
|          |                      |                      |                               |
|          |                      |                      |                               |
| 4,       |                      |                      |                               |
|          |                      |                      |                               |
|          |                      |                      |                               |
|          |                      |                      |                               |
|          |                      |                      |                               |
| (Owner's | Name - Please Print) | 971)-4<br>(Zip Code) | Owner's Signature)            |
| (Owner's | Name - Please Print) | · .                  | (Owner's Signature)           |
| (Stro    | eet or P.O. Box)     |                      | BLM A.F                       |
| (City)   | (State)              | (Zip Code)           | Owner's Signature)            |
| (Owner's | Name - Please Print) |                      | (Owner's Signature)           |
| (Stre    | et or P.O. Box)      |                      | (Owner's Signature)           |
|          |                      |                      |                               |

| (Owner's Name - Please Print) | (Ow                 | ner's Signature)  |            |
|-------------------------------|---------------------|-------------------|------------|
|                               | <u> </u>            |                   |            |
| (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                 | vner'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) |

### INSTRUCTIONS

- 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.
- 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999 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.

### NOTICE/BURDEN HOURS STATEMENT

The Privacy Act of 1974 and the regulations 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.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

**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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 8 minutes (0.133 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management (1004-0114), Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St., N.W., Washington, D.C. 20240.

| 20240. | P               | 2005          | <u> </u>                  |  |
|--------|-----------------|---------------|---------------------------|--|
| FOR OF | FICHIX, ARIZONA | JSEP -5 A 7 1 | RECEIVED<br>AZ STATE OFFI |  |
|        |                 |               | <del>- M</del> -          |  |

Form 3830-2 (February 2003)

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

FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

### MAINTENANCE FEE WAIVER CERTIFICATION

### SEE INSTRUCTIONS ON NEXT PAGE

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, of and ending at noon on September 1, of
- 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, 2008
- 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. MICH-ONE-TWO-THREE                                                 | 352844                        |
|                                                                       |                               |
| 3                                                                     |                               |
| 4.                                                                    | 2000 <b>X</b>                 |
| 5.                                                                    |                               |
| 6.                                                                    | SEP - SEP -                   |
| 7.                                                                    | \$ 5 \$E                      |
| 8.                                                                    | P-5 A TE OFF                  |
| 9.                                                                    | 7 00<br>7 7 F                 |
| 10.                                                                   | <del> </del>                  |
|                                                                       |                               |
| The owner(s) (claimants) of the above mining claims and sites are:    |                               |
| Owner's Name - Please Print)                                          | (Owher's Signature)           |
| 17 66 16 13 4                                                         | (Owner's Signature)           |
| Street or P.O. Box)                                                   |                               |
| (City) OLE 97/24 (Zip Code)                                           |                               |
| (Street or P.O. Box)    HIIShord Old 97/14  (City) (State) (Zip Code) | A                             |
| EMILY FLANDERS                                                        | (Dwner's Signature)           |
| (Owner's Name - Please Print)                                         | (Wwner's Signature)           |
| 1755 ME 10th                                                          | <b>'</b>                      |
| Hillsboro OLE CHIP 97124                                              |                               |
| (City) (State) (Zip Code)                                             | ۸                             |
|                                                                       |                               |
| (Owner's Name - Please Print)                                         | log Dunt                      |
| 1155 NE 10th                                                          | (Owner's Signature)           |
| (Street or D.O. Dow)                                                  |                               |
| HALLS bord OREGON 97124                                               |                               |
| (City) (State) (Zip Code) (Continued on next page)                    |                               |

| MARK FLAMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mark 7                                                                                                                                                                                                                                                                                                                                                                                                                                       | last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |
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| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (0)                                                                                                                                                                                                                                                                                                                                                                                                                                          | wner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |
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| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (0)                                                                                                                                                                                                                                                                                                                                                                                                                                          | wner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |
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| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (0                                                                                                                                                                                                                                                                                                                                                                                                                                           | wner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |
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| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (0                                                                                                                                                                                                                                                                                                                                                                                                                                           | wner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                       | (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</li> </ol> | 7. This form must be filed rassessment year in the BLM recorded, or the waiver canr waiver for the assessment y 1999, you must qualify for 1999 in the proper BLM States.  8. For all mining claims whice affidavit of labor on or befor filing of this waiver. For all record a notice of intent to be following the filing of this was 9. Mill and tunnel sites may all payment of the maintenance required to be filed by the December 1. | State Office where the minot be granted by the BLM rear 2000, which begins at and file for a waiver no late Office).  The require assessment wor, ore the December 30th immile other mining claims or should on or before the December.  The solution of the before the December 30th immile other mining claims or should on or before the December 30th immile of the before the December 30th immiles on the before the December 30th immiles of the before the December 30th immiles and the before the December 30th immiles and the before the before the before the before the before a before the before t | ning claims or sites are (Example: to obtain a noon on September 1, ater than September 1, k, you must record an nediately following the ites waived, you must mber 30th immediately er and be waived from bold for these sites is |
| agent, signed by all of the claimants with proper address given, must be submitted with this waiver.  NOTICE/BURDEN I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HOURS STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                              | . ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ·                                                                                                                                                                                                                                  |
| The Privacy Act of 1974 and the regulations in 43 CFR 2.48(d) provide that you be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The Paperwork Reduction Act o                                                                                                                                                                                                                                                                                                                                                                                                                | f 1995 requires us to inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | you that:                                                                                                                                                                                                                          |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | This information is being colle<br>for a waiver from the payment<br>established in 30 U.S.C. 28f and<br>response to this request is requested<br>benefit.                                                                                                                                                                                                                                                                                    | of \$100 per mining claim<br>d the implementing regulat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or site maintenance fee ions at 43 CFR 3830. A                                                                                                                                                                                     |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BLM would like you to know th<br>Federal agency-sponsored inform<br>OMB control number.                                                                                                                                                                                                                                                                                                                                                      | nation collection unless it d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | isplays a currently valid                                                                                                                                                                                                          |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Public reporting burden for th<br>hours) per response, includi<br>maintaining data, and comple<br>regarding this burden estima<br>Department of the Interior, Bu                                                                                                                                                                                                                                                                             | ng time to review instructing and reviewing the fe<br>te, or any other aspect of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | orm. Direct comments this form, to the U.S.                                                                                                                                                                                        |

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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St.,

| N.W., Washington, D.C. 20240. | 70                   | 20             | BL                        |  |
|-------------------------------|----------------------|----------------|---------------------------|--|
| FOR OFFIC                     | EIAL USENIX, ARIZON, | DB_SEP -5 A 7: | RECEIVED<br>MAZSTATE OFFI |  |
|                               |                      | -9             | G                         |  |

BLM Form 3830-2, Page 2

Form 3830-2 (February 2003)

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

120

FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

### **MAINTENANCE FEE WAIVER CERTIFICATION**

### SEE INSTRUCTIONS ON NEXT PAGE

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 2005 and ending at noon on September 1, 2005
- 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 2008 States of America on September 1,
- 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. Rust 1 - IROC                                                                                                                   | <b>v</b>                                |            | 354085                                                                                         |
| 2.                                                                                                                                 |                                         |            |                                                                                                |
| 3.                                                                                                                                 |                                         |            |                                                                                                |
| 4.                                                                                                                                 |                                         |            |                                                                                                |
| 5.                                                                                                                                 |                                         |            |                                                                                                |
| 6.                                                                                                                                 | ·····                                   |            |                                                                                                |
| 7.                                                                                                                                 |                                         |            |                                                                                                |
| 8.                                                                                                                                 | , , , , , , , , , , , , , , , , , , , , |            |                                                                                                |
| 9.                                                                                                                                 |                                         |            |                                                                                                |
| 10.                                                                                                                                |                                         | :          |                                                                                                |
| Cosh FLANDERS  (Owner's Name - Please Print)  175-5 ME LO-44  (Street or P.O. Box)  11'Usbord ORE 97124  (City) (State) (Zip Code) |                                         |            | (Owner's Signature)                                                                            |
| (Owner's                                                                                                                           | Name - Please Print)                    | <u> </u>   | (Owner's Signature)                                                                            |
| (Str                                                                                                                               | eet or P.O. Box)                        |            | MAZ RE                                                                                         |
| (City)                                                                                                                             | (State)                                 | (Zip Code) | STE                                                                                            |
| (Owner's                                                                                                                           | Name - Please Print)                    |            | (Owner's Signature) 2008 SEP - S A TE OFFICE  (Owner's Signature) 1 9  (Owner's Signature) 1 9 |
| (Stre                                                                                                                              | eet or P.O. Box)                        |            | F 19                                                                                           |
| (City)                                                                                                                             | (State)                                 | (Zip Code) |                                                                                                |

| (Owner's Name - Please Print) | (Ow    | ner's Signature)  |                                       |
|-------------------------------|--------|-------------------|---------------------------------------|
| (Street or P.O. Box)          | (City) | (State)           | (Zip Code)                            |
| (Owner's Name - Please Print) | (Ov    | vner's Signature) | · · · · · · · · · · · · · · · · · · · |
| (Street or P.O. Box)          | (City) | (State)           | (Zip Code)                            |
| (Owner's Name - Please Print) | (Ov    | vner's Signature) |                                       |
| (Street or P.O. Box)          | (City) | (State)           | (Zip Code)                            |
| (Owner's Name - Please Print) | (Ov    | vner's Signature) |                                       |
| (Street or P.O. Box)          | (City) | (State)           | (Zip Code)                            |

- 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.
- 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999 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.

### NOTICE/BURDEN HOURS STATEMENT

The Privacy Act of 1974 and the regulations 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.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830

**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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 8 minutes (0.133 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management (1004-0114), Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St., N.W., Washington, D.C. 20240.

|   |   | FOR OFFICIAL | DENIX, ARIZO | SEP -5 A | RECEIVED<br>LM AZ STATE OF |  |
|---|---|--------------|--------------|----------|----------------------------|--|
| ı | ŧ | )            | Y            | -q       | FICE                       |  |

BLM Form 3830-2, Page 2



# 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/

December 12, 2008

In Reply Refer To: 3800 (AZ-933) TS AMC351108,AMC352844,AMC354085

CERTIFIED MAIL - RETURN RECEIPT REQUESTED No. 7007 3020 0000 8493 3574

### **NOTICE**

ROSA FLANDERS 1755 NE 10TH HILLSBORO, OR 97124

This Notice Affects Those Claims Shown in the Block Below.

AMC351108,AMC352844,AMC354085 MICA-ONE,MICA-ONE-TWO-THREE,RUSTI-IRON

# Affidavit of Performance of Annual Work or Notice of Intent to Hold Discrepancies

We have received your Affidavit of Performance of Annual Work (POL) or Notice of Intent to Hold (NOI) for the 2008 assessment year for the mining claim(s) listed above. The following discrepancy was encountered:

We did not receive the required processing fee. The processing fee for a POL or NOI is \$10 per claim. In accordance with 43 CFR 3830.91(8) you are allowed 30 days from the date you receive this Notice (or December 30, 2008, whichever is later) to pay the additional fees. If we do not receive your payment within this time frame, your documents will not be recorded by the Bureau of Land Management (BLM) and your mining claim will be closed. Any non-refundable processing fees already paid will be forfeited.

We received the processing fee but did not receive the POL/NOI document.

You must submit the document on or before December 30, 2008, or your mining claim(s) will be closed.

\_X\_You did not use the correct form for a POL. We are enclosing the correct form. Complete the form and return it to this office on or before December 30, 2008

ENTERED INTO COMPUTER

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                   | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:  ROSA FLANDERS  1755 NE 10TH | A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery   - G     D. is delivery address different from Item 17   Ves   If YES, enter delivery address below:   No |
| HILLSBORO, OR 97124<br>AZ-933 TS AMC351108/ 352844/354085                                                                                                                                                                                                                                                       | 3. Service Type  Certified Mall Registered Insured Mall C.O.D.                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                 | 4. Restricted Delivery? (Extra Fee)                                                                                                                                                                  |
| 2. Article Number 7007 302                                                                                                                                                                                                                                                                                      | 0 0000 8493 3574                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                 | tum Receipt 102595-02-M-1540                                                                                                                                                                         |

| req  | uired to file a POL,                                         | not an NOI. The   | Based on the status of you correct form is enclosed before December 30, 20 | Please complet           |
|------|--------------------------------------------------------------|-------------------|----------------------------------------------------------------------------|--------------------------|
| Proc | claims for which yeess the document f<br>will be retained by | or closed claims. | POL or NOI are closed. The processing fees are                             | We cannot non-refundable |

If additional information is required, please contact Tony Smith at 602-417-9355. Please include your AMC serial number(s) on all correspondence.

aline L. Bunk

Alvin L. Burch Group Administrator Renewable and Mineral Resources

# NOTICE OF NON-LIABILITY FOR LABOR AND MATERIALS FURNISHED

NOTICE IS HEREBY GIVEN that the undersigned is the owner of the following described mine or unpatented mining claims situated in MARICOVA County, Arizona, the names of which and the book(s) and page(s) or document number(s) of recording of the location notice(s) in the office of the recorder of said county and the BLM serial numbers of which, are as follows:

| Line<br>No. | AMC NUMBER | CLAIM/SITE NAME | COUNTY RECORDER DATA (If available) | TWP    | RNG   | SEC   |
|-------------|------------|-----------------|-------------------------------------|--------|-------|-------|
| 1           | 35/108     | MICH-1          | # 1652113                           | (- H   | 6-E   | とろうから |
| 2           | 7,00       |                 |                                     |        | 2009  | I I   |
| 3           |            |                 |                                     |        | ¥     | RE(   |
| 4           |            |                 |                                     |        | A     | EN    |
| 5           |            |                 |                                     | FIFD V | M B N | 301   |

|                | 4              | The state of the s |    |
|----------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|                | 5              | FIED VAIR ZIMABITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |
| ·              |                | Pursuant to the terms of a £XiS+1'95 agreement entered into between the owner and I P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
| (L)            | SIN            | > FLIANDERS which is dated and is for a term commencing on SEAT 2000 and ending on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
| ۶ <u>و</u>     | pt             | JEV8 , the property will be in the possession of and operated by DIAVID Flound and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
| di<br>de<br>be | evelor<br>subj | The owner is not and will not be working or operating the claims or mine or any part of the claims or mine and ot intend to purchase supplies or materials for the claims or mine or to employ any persons to labor thereon the term of the above-described agreement.  The owner will not be liable for labor performed or materials or merchandise furnished in the operation or pment of the claims or mine during the term of the above-described agreement, and the claims or mine will not ject to a lien or any debts incurred for labor performed or materials or merchandise furnished for the operation elopment of the claims or mine during the term of the agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
| D,             | A I EL         | O AND POSTED on the ground this 2nd day of Auto 20 CE.  OWNER Toront line to the attention of the attention  |    |
|                |                | CRIBED AND SWORN TO before me, a Notary Public, this day of September 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
| В              | /: <u></u> _   | Rosa Flanders B proved to me on the basis of sufisfactory evidence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ۷. |
|                |                | Public HANIF C. THAKOR COMM. # 1798929 NOTARY PUBLIC - CALIFORMIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
| M              | y Cor          | mmission Expires May 313 + 2012 The Communication of the Communication o |    |
|                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |

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

(71.1)

Wester 178/353

Revised July 2005

# NOTICE OF NON-LIABILITY FOR LABOR AND MATERIALS FURNISHED

NOTICE IS HEREBY GIVEN that the undersigned is the owner of the following described mine or unpatented mining claims situated in MALCOLIS—County, Arizona, the names of which and the book(s) and page(s) or document number(s) of recording of the location notice(s) in the office of the recorder of said county and the BLM

| Line<br>No. | AMC NUMBER                        | CLAIM/SITE NAME            | COUNTY RECORDER DATA (If available) | TWP          | RNG                                   | SEC      | 7          |
|-------------|-----------------------------------|----------------------------|-------------------------------------|--------------|---------------------------------------|----------|------------|
| 1           | 352844                            | MICH 1-2-3                 | # 1652114                           | 6-N          |                                       | <u> </u> | NE         |
| 2           |                                   |                            |                                     | 6 //         | 5 6                                   | 10-15    | NW         |
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| 5           |                                   |                            |                                     | FILE         | D-MILA                                | RIB      | Riit       |
|             |                                   |                            |                                     | 1            | , ALDIA                               | D THIS   | יטק<br>יטק |
| a<br>IVIE   | 'ursuant to the term  > FLW KNEAS | which is dated and in form | agreement entered into bet          | tween the ow |                                       |          | and<br>Sen |
|             | 2000                              | •                          | ession of and operated by           | 2000         | and ending                            | 7 An     |            |

The owner is not and will not be working or operating the claims or mine or any part of the claims or mine and does not intend to purchase supplies or materials for the claims or mine or to employ any persons to labor thereon

The owner will not be liable for labor performed or materials or merchandise furnished in the operation or development of the claims or mine during the term of the above-described agreement, and the claims or mine will not be subject to a lien or any debts incurred for labor performed or materials or merchandise furnished for the operation or development of the claims or mine during the term of the agreement.

| DATED AND DOCUMENT (H.L.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | · - · · · · · · · · · · · · · · · · |
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| United and progress and the second of the se |                                     |
| day of 20 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |
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| OWNER Mosa planeter /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Josa Hander                         |
| SUBSCRIPED AND CHARLES OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ( )                                 |
| SUBSCRIBED AND SWORN TO before me, a Notary Public, this 2nd day of Sep-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |
| day of Sep-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10mb=2007                           |
| by Foxa Flander IX Parts I to ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |
| By: for a Floridare Tat Proved to me on the house a Few<br>Notary Public HANIECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | file Eastery Drillance              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |
| 10 COMM # 179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18929 📑                             |
| AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LI IEMPULA UI                       |
| LOS ANGELES C<br>MY COMM. EXP. MAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OUNTY T                             |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 31, 2012                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                   |

Form MCF116

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

1781353

men

### NOTICE OF NON-LIABILITY FOR LABOR AND MATERIALS FURNISHED

NOTICE IS HEREBY GIVEN that the undersigned is the owner of the following described mine or unpatented mining claims situated in VAVAPAL County, Arizona, the names of which and the book(s) and page(s) or document number(s) of recording of the location notice(s) in the office of the recorder of said county and the BLM serial numbers of which, are as follows:

| Line<br>No. | AMC NUMBER | CLAIM/SITE NAME | COUNTY RECORDER DATA (If available) | TWP   | RNG    | SEC      |
|-------------|------------|-----------------|-------------------------------------|-------|--------|----------|
| 1           | 354085     | RUSTI-IRON      | B-4464 P-366<br>14 PL-4090017       | 3-N   | 2-42   | ME-14    |
| 2           |            |                 |                                     |       | 15 S.  | <u> </u> |
| 3           |            |                 |                                     |       | X      | STEC     |
| 4           |            |                 |                                     | FILED | 現けず    |          |
| 5           |            |                 |                                     | ACCE  | STORY. | VI, AGE  |

| Pursuant to the terms of a <u>EXI</u> | 371116 agreement entered into between the o              | wner and      |
|---------------------------------------|----------------------------------------------------------|---------------|
| DIALIB FIRNDERS which is dated        | and is for a term commencing on $\frac{5\pi (t-300)}{2}$ | and ending on |
| SUF 2008, the property will be        | in the possession of and operated by 14010               | PLAMDERS      |

The owner is not and will not be working or operating the claims or mine or any part of the claims or mine and does not intend to purchase supplies or materials for the claims or mine or to employ any persons to labor thereon during the term of the above-described agreement.

The owner will not be liable for labor performed or materials or merchandise furnished in the operation or development of the claims or mine during the term of the above-described agreement, and the claims or mine will not be subject to a lien or any debts incurred for labor performed or materials or merchandise furnished for the operation or development of the claims or mine during the term of the agreement.

| DATED AND POSTED on the ground this 2nd day of pro 20 08.  OWNER Oscar Francisco Tosa Francisco                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBSCRIBED AND SWORN TO before me, a Notary Public, this 2nd day of September 2008 by (5)  By: Rosa Flanders. 15 prived to me on the bosis of satisfactory evidence. |
| Notary Public HANIF C. THAKOR COMM. # 1798929 10                                                                                                                     |
| My Commission Expires M 2012 Notaty Public-California W Los Angeles County My Comm. Exp. May 31, 2012                                                                |

Form MCF116 Revised July 2005

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- 13 1353 1781353

# United States Department of the Interior

**Bureau of Land Management** 

Receipt

BUSINESS & SUPPORT SVCS DIV ONE N CENTRAL AVE SUITE 800

PHOENIX, AZ 85004 -4427

No:

1781353

Phone: (602) 417-9200

**Transaction #: 1839233** 

Date of Transaction: 09/08/2008

CUSTOMER: ROSA FLANDERS

1755 NE 10TH

HILLSBORO,OR 97124

| LINE<br># | QTY  | DESCRIPTION                                                                                                                        | REMARKS                        | UNIT<br>PRICE | TOTAL |
|-----------|------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------|-------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-NOT NEW- UNADJUD,ONE AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455) CASES: AMC351108/\$30.00 | N OF N-L<br>2008 (3)<br>&WAIVS | - n/a -       | 30.00 |
|           | TAL: | \$30.00                                                                                                                            |                                |               |       |

| PAYMENT INFORMATION |           |                                                      |             |                |  |  |  |  |
|---------------------|-----------|------------------------------------------------------|-------------|----------------|--|--|--|--|
| 1                   | AMOUNT:   | \$30.00                                              | POSTMARKED: | 9/2/08<br>0:00 |  |  |  |  |
|                     | TYPE:     | CHECK                                                | RECEIVED:   | 09/05/2008     |  |  |  |  |
|                     | CHECK NO: | CHECK NO: 10625249610                                |             |                |  |  |  |  |
|                     | NAME:     | FLANDERS, ROSA<br>1755 NE 10TH<br>HILLSBORO OR 97124 |             |                |  |  |  |  |

| 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.

| Flanders Re                                                                                  |                                                                                                                      |                                                                                                                  |                                      |                                                 |                               |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|-------------------------------|
|                                                                                              | sidance                                                                                                              |                                                                                                                  |                                      |                                                 |                               |
| 1755 HE 10                                                                                   | +4                                                                                                                   |                                                                                                                  |                                      |                                                 |                               |
| Hillsbora D                                                                                  | Keyon 97124                                                                                                          |                                                                                                                  |                                      |                                                 |                               |
| 12                                                                                           | 7111114                                                                                                              |                                                                                                                  |                                      |                                                 |                               |
| *                                                                                            |                                                                                                                      |                                                                                                                  |                                      |                                                 |                               |
|                                                                                              | is is a change of address.                                                                                           |                                                                                                                  |                                      |                                                 |                               |
|                                                                                              |                                                                                                                      |                                                                                                                  | Ar                                   | MC 3                                            | 54085                         |
| -mail address:                                                                               |                                                                                                                      |                                                                                                                  |                                      |                                                 | 352844                        |
|                                                                                              |                                                                                                                      |                                                                                                                  |                                      |                                                 | 351108                        |
|                                                                                              | FORMANCE OF ANNUAL V                                                                                                 |                                                                                                                  |                                      |                                                 | 20 1100                       |
| . State of Arizona, Co                                                                       | ounty of Maricopa C                                                                                                  | dan y ss:                                                                                                        | DIM ==                               | 200                                             | D                             |
| . I (Name) Rosa                                                                              | Flanders                                                                                                             |                                                                                                                  | BLM = S                              | 2                                               | A B R                         |
|                                                                                              | 1755 HE tent                                                                                                         |                                                                                                                  | Stamp # A A                          | 2001 AUG 3 I                                    | A RECE                        |
|                                                                                              |                                                                                                                      |                                                                                                                  | 290                                  |                                                 | AUE                           |
| ty 11.4/6 baro                                                                               | County <i>L</i> \(\mathcal{U}\)_a                                                                                    | -1.                                                                                                              | NO PORTON                            | U                                               | <b>第</b> 9日                   |
| 145                                                                                          | County _ County                                                                                                      | 2 shing ton                                                                                                      | 7                                    |                                                 |                               |
| 01 pertaining to the                                                                         | being duly sworn, de that all of the facts set forth filing of false, fictitious, or fra f my knowledge, information | audulent statements with the and belief.                                                                         | e United States                      | and penaiti                                     | es of 18 U.S.C<br>and correct |
|                                                                                              |                                                                                                                      |                                                                                                                  |                                      |                                                 |                               |
| Owner's name and a                                                                           |                                                                                                                      |                                                                                                                  |                                      |                                                 |                               |
| Owner's name and a                                                                           | acquainted with the minimum                                                                                          |                                                                                                                  |                                      | <u> </u>                                        |                               |
| Owner's name and a                                                                           |                                                                                                                      | claim(s). The work and imp<br>guous group of claims, liste                                                       | rovements wered on this docu         | <u> </u>                                        |                               |
| Owner's name and a                                                                           | acquainted with the mining of said conti                                                                             | claim(s). The work and imp<br>guous group of claims, liste                                                       | rovements wered on this docu         | re made by<br>ment, are s                       |                               |
| Chat I am personally pense of the owner(s                                                    | acquainted with the mining of said claim(s). Said conti                                                              | claim(s). The work and imp<br>guous group of claims, liste<br>Man copa<br>COUNTY RECORDER<br>DATA (If available) | provements wered on this docu        | re made by<br>ment, are s                       | y and at the situated in the  |
| Owner's name and a  That I am personally pense of the owner(s  Line No. AMC NUMBER           | acquainted with the mining of said claim(s). Said conti  (optional) Mining District;  CLAIM/SITE NAME                | claim(s). The work and imp<br>guous group of claims, liste<br>Man copa<br>COUNTY RECORDER<br>DATA (If available) | rovements wered on this docu  County | re made by<br>ment, are s<br>r, Arizona.<br>RNG | y and at the situated in the  |
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| Owner's name and a  That I am personally pense of the owner(s  Line No. AMC NUMBER  1 352844 | acquainted with the mining of said claim(s). Said conti  (optional) Mining District;  CLAIM/SITE NAME                | claim(s). The work and imp<br>guous group of claims, liste<br>Man copa<br>COUNTY RECORDER<br>DATA (If available) | rovements wered on this docu  County | re made by<br>ment, are s<br>r, Arizona.<br>RNG | y and at the situated in the  |

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| 7. Tha<br>7. Tha<br>8. Tha<br>4. Tha<br>9. Dat<br>SUBS | guous group of the following a vi & It the work and the work and the control of the control | dates starting at 12 o'clock at least \$ 300.000 per upon one or more of a conficial persons were employed to be a conficial person were | perform the work and were: Clearing Sa   | nd improvem          | t, rock | s end       | 1:                             |          |
|                                                        | Rosa F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | landers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | <del></del>          |         |             |                                |          |
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| MYC                                                    | OMMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EXPIRESIU   IU   IU   IU   IU   IU   IU   IU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                      |         | <u></u>     | 102/1                          |          |
| Arizo                                                  | au of Land Mona State Offic<br>az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | anagement<br>ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No. of C<br>Paymen<br>Receipt<br>For BLM | t Type:              | no in   | \$5 =<br>it | 3                              |          |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OFFICIAL SEAL NICOLE HICKM/NOTARY PUBLIC - OF COMMISSION NO. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MEGONI<br>10920                          |                      |         | 1           | Form: M<br>Revised Jun<br>Page |          |

| AAHEI           | Recorded H     | leturn Document to:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
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| FI              | onders         | Residance                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
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|                 | 11.1161        | . 1014                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
|                 | 1+1113 50      | ord Oregon 97124                                                                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                        |                             |
| □ c             | heck here is   | this is a change of address.                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
| Γeleph          | one:           |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
| ≣-mail          | address:       |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
| \FFID.          | AVIT OF PEF    | RFORMANCE OF ANNUAL                                                                                                   | WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                        |                             |
|                 |                | County of Maricopa                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
| . I (Na         | me) P ( c      | a Flan ders                                                                                                           | SS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BLM =              | 200                                    | >                           |
| Resid           | to at /Address | a tion a ers                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Stamp         | 2001 AUG                               | S B R                       |
| 110310          | de at (Addres  | s) 1755 HE 10 +                                                                                                       | <i>h</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X H A              | ω 3                                    | <b>₹</b> 2000               |
|                 |                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 399                |                                        | 201                         |
| ty <u>/</u>     | ills baro      | County 🔱                                                                                                              | as hington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 36                 | [5] E                                  |                             |
| ate <i>lo</i> ? | E 7in 9 11     | ) V hairmall                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.3                | ~ ~                                    | 22                          |
| jhteer          | years of age   | being duly sworn, or, that all of the facts set forther filling of false, fictitious, or from                         | nepose and say that I am a<br>n in this affidavit, subject to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a citizen of the L | Inited State                           | s, more thar                |
| cordin          | g to the best  | e filing of false, fictitious, or from the filing of false, fictitious, or from the file of my knowledge, information | audulent statements with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the United State   | es, are true                           | es of 18 U.S<br>and correct |
|                 |                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
|                 | and and        | address (If not shown in Iter                                                                                         | ns 1-3 above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                        |                             |
|                 |                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                  |                                        |                             |
| hat I           | am personally  | y acquainted with the mining<br>(s) of said claim(s). Said cont                                                       | claim(s). The work and im                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nrovements wa      | ro mada l                              |                             |
| CHSC            | or the owner(  |                                                                                                                       | 5 F or orall 110, 113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ted on this docu   | ire made by<br>iment, are s            | and at the situated in th   |
|                 |                | (optional) Mining District;                                                                                           | Maricopa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | y, Arizona.                            |                             |
| Line            | AMC            |                                                                                                                       | COUNTY RECORDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | ,, , , , , , , , , , , , , , , , , , , | 1,2 - 74 .                  |
| No.             | NUMBER         | CLAIM/SITE NAME                                                                                                       | DATA (If available)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TWP                | RNG                                    | SEC                         |
| 1               | 351108         | MICA-ONE                                                                                                              | # 11-2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | ,                                      | NW-25                       |
| 2               |                |                                                                                                                       | # 1652113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6-M                | 6-E                                    | 54-24                       |
|                 |                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
| 3               |                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
| 4               |                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
| 5               |                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                        |                             |
|                 |                |                                                                                                                       | and the second s | OFFICIAL SEAL      |                                        |                             |
| 6               |                | Carrier Control                                                                                                       | が<br>15代からい                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ARDADE HEKKIRA     | ALL STATES                             |                             |

| FFIDAVIT OF PERFORMANCE OF THE NUAL WORK - page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ge 2                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BLM<br>Date<br>Stamp                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |
| 7. That the following persons were employed to perform the Davi d Flander (  8. That the work and improvements performed were: Clander (  Site Gi Searching For Mine (  and extracting Sample of Formal (  9. Dated: 23/07 Signature: A Notary Publication (  1. The search of the search | earing Debris From mine<br>or also a of marketable value<br>of sting -not limited to-assaying |
| 9. Dated: 23/07 Signature: SUBSCRIBED AND SWORN TO before me, a Notary Pub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | olic, this 12 Rd day of AUGUST 20 OF                                                          |
| By: Rosa Flanders  Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |
| Bureau of Land Management Arizona State Office www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No. of Claims:x \$5 = 10.00  Payment Type: Init    Receipt No.:    For BLM Use Only           |

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OFFICIAL SEAL
NICOLE HICKMAN
NOTARY PUBLIC - OREGON
COMMISSION NO. 410920
MISSION EXPIRES OCTOBER 16, 2010

| When Record   | ded Return Do     | cument to:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
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| Fland         | ers les           | idance                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
| 1755          | NE +              | enth                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
| 11/11         | sboro Or          | regon 97124                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
|               |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
| Chook l       | here is this is a | a change of address.                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
| Telephone     | 503) 640          | -3728                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
|               | ess:              |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
|               | or peneopi        | MANCE OF ANNUAL WOF                                     | RK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |               |                 |
| AFFIDAVIT     | OF PERFORI        | y of <u>Varafai</u> 6                                   | unty ss:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BLM                          |                              | ~             | _               |
| 1. State of A | Arizona, Count    | Handers                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                         | PHOF                         | 2001 AIJG 3 1 | RE BUF          |
| 2. I (Name)   | Rosa              | DES NO 10 th                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Stamp                        | 三五                           | Ais           | REC             |
| 3. Reside a   | t (Address)       | 1755 NE 10 th                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | 32 C                         | 31            | NACE            |
|               |                   | / 1                                                     | 1 > + > >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | PT.                          | J             | 発名日             |
| City Hill     | Isbord            | County Was                                              | hington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | -f the Unite                 | d States)     | nore than       |
| State OR E    | Zip 9712          | being duly sworn, dep                                   | ose and say that I a<br>o this affidavit, subjec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | m a citizen<br>ct to the pro | of the Office<br>visions and | penalties     | of 18 U.S.C     |
| eighteen ye   | ears of age, the  | at all of the facts set forth in                        | dulent statements w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ith the Unit                 | ed States, a                 | re true an    | d cottect       |
|               | ta tha hast at t  | no knowledge, imonia                                    | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                              |               |                 |
| 4. Owner's    | s name and ad     | dress (If not shown in Items                            | 3 1-3 above).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6713                         |                              |               |                 |
| 175           | 5 NEI             | oth Hillshor                                            | o Oregon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9 111                        | 7                            | , i           | and and the     |
|               |                   | acquainted with the mining of said claim(s). Said conti |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 '                          | monto MOTO                   | made by a     | and at the      |
| expense o     | of the owner(s)   | Of Said Claim(s). Said Series                           | Yavapa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                              | Arizona.      |                 |
|               |                   | _ (optional) Mining District;                           | - , T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                              |               | 1               |
| Line          | AMC               | CLAIM/SITE NAME                                         | COUNTY RECOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | :TWP                         | RNG           | SEC             |
| No.           | NUMBER            |                                                         | R-4464 P-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 66                           | 13-H                         | 1-65          | ~1E-35<br>SE-26 |
| 1             | 354085            | Rust-Iron                                               | APL 409001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7                            | 13-14                        | J-10          | 52 24           |
| 2             |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
| 3             |                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                              |               |                 |
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| 4             |                   |                                                         | The Park of the Pa | IOIAL SHAL                   | TO                           |               |                 |
| 5             |                   |                                                         | 9 <b>0N</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UBUC • OHET                  | NOTARY P                     |               |                 |
| ١.            |                   |                                                         | A common                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              | THE STREET                   | 10-3 - 1 - 1  |                 |

| AFFIDAVIT (                                        | OF PERFORMAN OF AN                                             | INUAL WORK - page 2                         |                      |                           |
|----------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|----------------------|---------------------------|
|                                                    |                                                                |                                             | BLM<br>Date<br>Stamp | ·                         |
|                                                    |                                                                |                                             |                      |                           |
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|                                                    | and improvements performed the determination of the limited to |                                             |                      | mine site's<br>mple's for |
| Daled:                                             | ND SWORN TO before me,                                         |                                             | <b>.</b> .           | lausto of                 |
| Rosa                                               | Handers .                                                      |                                             | - 7-                 |                           |
| otary Public                                       | wow from a                                                     | $\supset$                                   |                      |                           |
| Y COMMISSION                                       | EXPIRES 10/16/2                                                | OK                                          |                      |                           |
| Ireau of Land N<br>izona State Off<br>w.az.blm.gov | lanagement<br>ice                                              | No. of Claim<br>Payment Typ<br>Receipt No.: | e: MO Ini            | \$5 = 10. (1)<br>it. 188  |
|                                                    | OFFICIAL SEAL<br>NICOLE HICKMAN<br>NOTARY PUBLIC - ORE         | For BLM Use (                               |                      |                           |

# **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:

1562312

Transaction #: 1614044
Date of Transaction: 09/06/2007

CUSTOMER: ROSA FLANDERS
1755 NE 10TH
HILLSBORO,OR 97124

| LINE<br># | QTY            | DESCRIPTION                                                                                                                                | REMARKS        | UNIT<br>PRICE | TOTAL |
|-----------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|-------|
| 1         | 1.00           | LOCATABLE MINERALS / MINING CLAIMS-NOT<br>NEW-UNADJUD,ONE AUTH NO. ONLY / MINING<br>CLAIM MONEY RECEIVED (455)<br>CASES: AMC351108/\$30.00 | POL/WAIVER (3) | - n/a -       | 30.00 |
|           | TOTAL: \$30.00 |                                                                                                                                            |                |               |       |

|   | PAYMENT INFORMATION |                                                      |             |              |  |  |
|---|---------------------|------------------------------------------------------|-------------|--------------|--|--|
| 1 | AMOUNT:             | \$30.00                                              | POSTMARKED: | 8/29/07 0:00 |  |  |
|   | TYPE:               | CHECK                                                | RECEIVED:   | 09/05/2007   |  |  |
|   | CHECK NO:           | 10283461784                                          |             |              |  |  |
|   |                     | FLANDERS, ROSA<br>1755 NE 10TH<br>HILLSBORO OR 97124 |             |              |  |  |

| 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.

cm 3830-2 January 2004)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

# MAINTENANCE FEE WAIVER CERTIFICATION

# SEE INSTRUCTIONS ON REVERSE

OMB NO. 1004-0114 Expires: December 31, 2006

This small miner waiver is filed for the assessment year beginning at noon on September 1, 0.7 and ending at noon on September 1, 0.8. 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

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.

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.

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 Faudulent 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.

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

| 1. MICA - ONC - two - three  2.  3.  4.  5.  6.  7.  8.  9.  10.  The owner(s) (claimants) of the above mining claims and sites are:  LOCA Flander(  (Owner's Name - Please Print)  1755 NE to th  (Street or P.O. Box)  1+ill(boro OPE G7124  (City) (State) (Zip Code)  Pay Flander(  (Owner's Name - Please Print)  (Owner's Name - Please Print)  Pad. Box 138/  (Sireet or P.O. Box)  (State) (State)  (Owner's Signature)  **Compar's Signature**  **Compar's Signature*  **Compar's Signatu | CLAIM OR SITE NAME                                                | To requested arc.                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|
| 2. 3. 4. 5. 6. 7. 8. 9. 10. The owner(s) (claimants) of the above mining claims and sites are:    Oca + lander(   (Owner's Name - Please Print)     1755 NE ld +h     (City)   (Street or P.O. Box)     Hill(bord (Street or P.O. Box)     City (State)   (Zip Code)     Pay Plander(   (Owner's Name - Please Print)     (Owner's Name - Please Print)     Pad. Bdx   38/2     (Street or P.O. Box)     Marth Plant   Owner's Name - Please Print)     City (State)   (Zip Code)     City (State)   (Zip Code)     City (City)   (State)   (Zip Code)     City (Owner's Name - Please Print)     City (Owner's Name - Plea |                                                                   | BLM RECORDATION SERIAL NUMBER                                    |
| 3. 4. 5. 6. 7. 8. 9. 10. The owner(s) (claimants) of the above mining claims and sites are:    Oca floader(   (Owner's Name - Please Print)     1755 NE to th     (Street or P.O. Box)     Hill(boro Oner's Name - Please Print)     (City) (State) (Zip Code)     Pay Floader(   (Owner's Name - Please Print)     Pab. Box A38     (City) (Street or P.O. Box)     Marth Plains ORE Q7133     (City) (State) (Zip Code)     Emily Floader(   (Owner's Name - Please Print)     City (Owner's Name -  | 2.                                                                | 352844                                                           |
| 4. 5. 6. 7. 8. 9. 10. The owner(s) (claimants) of the above mining claims and sites are:  Poca Floaders  (Owner's Name - Please Print)  (City)  (City)  (State)  (Owner's Name - Please Print)  (Owner's Signature)  Part Floaders  (Owner's Name - Please Print)  (Owner's Signature)  Type Day Floaders  (Owner's Name - Please Print)  (Owner's Signature)  Emily Floaders  (Owner's Name - Please Print)  (Owner's Signature)  Emily Floaders  (Owner's Name - Please Print)  (Owner's Name - Please Print)  Emily Floaders  (Owner's Name - Please Print)  (Owner's Name - Please Print)  Emily Floaders  (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                  |
| 5. 6. 7. 8. 9. 10. The owner(s) (claimants) of the above mining claims and sites are:  Poca floader( (Owner's Name - Please Print) (Owner's Name - Please Print) (City) (Street or P.O. Box) (City) (State) (Owner's Name - Please Print) (Owner's Signature)  Ped. Box 38/ (City) (Street or P.O. Box) (City) (Street or P.O. Box) (Street or P.O. Box) (Street or P.O. Box) (City) (Street or P.O. Box) (Street or P.O. Box) (City) (Street or P.O. Box) (Street or P.O. Box) (City) (Street or P.O. Box) (Owner's Name - Please Print) (Owner's Name - Please Please)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                  |
| 6. 7. 8. 9. 10. The owner(s) (claimants) of the above mining claims and sites are:  Poca Florader (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                  |
| 7.  8.  9.  10.  The owner(s) (claimants) of the above mining claims and sites are:  Poca Flander (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                  |
| 8. 9. 10. The owner(s) (claimants) of the above mining claims and sites are:    Oca floader(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                  |
| 9.  10.  The owner(s) (claimants) of the above mining claims and sites are:    O C a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                  |
| The owner(s) (claimants) of the above mining claims and sites are:    Comparison Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                  |
| The owner(s) (claimants) of the above mining claims and sites are:    Poca floader(   (Owner's Name - Please Print)   (Owner's Signature)     1755 ME 10 H   (Street or P.O. Box)   (Zip Code)     Pay floader(   (Owner's Name - Please Print)   (Owner's Signature)     Pab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ·                                                                 |                                                                  |
| Cowner's Name - Please Print)  1755 NE id th  (Street or P.O. Box)  (City)  (City)  (State)  (State)  (Street or P.O. Box)  (Owner's Name - Please Print)  Pob. Bdx 13B/  (Street or P.O. Box)  (City)  (State)  (City)  (State)  (City)  (State)  (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                  |
| (City) (Street or P.O. Box)  (City) (State) (Zip Code)  Pay Flanders (Owner's Name - Please Print)  Pab. Bax 1381  (Street or P.O. Box) (Street or P.O. Box) (City) (State) (Zip Code)  Emily Flanders (Owner's Name - Please Print)  Cover's Name - Please Print)  Emily Flanders  (Owner's Name - Please Print)  Cover's Name - Please Print)  Emily Flanders  (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | he owner(s) (claimants) of the above mining claims and sites are: |                                                                  |
| (City) (Street or P.O. Box)  (City) (State) (Zip Code)  Pay Flanders (Owner's Name - Please Print)  Pab. Bax 1381  (Street or P.O. Box) (Street or P.O. Box) (City) (State) (Zip Code)  Emily Flanders (Owner's Name - Please Print)  Cover's Name - Please Print)  Emily Flanders  (Owner's Name - Please Print)  Cover's Name - Please Print)  Emily Flanders  (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | loga flunders                                                     | Kan 4/2 / 71/                                                    |
| (City) (State) (Zip Code)  Pay Flander (Somer's Name - Please Print)  Pab. Box 1381  (Street or P.O. Box)  (Street or P.O. Box)  (City) (State) (Zip Code)  Emily Flander Some Please Print)  (Owner's Name - Please Print)  Emily Flander Some Company Compan | (Owner's Name - Please Print)                                     | (Owner's Signature)                                              |
| (City) (State) (Zip Code)  Pay Flander (Size of P.O. Box)  (Street or P.O. Box)  (City) (State) (Zip Code)  Pinily Flander Signature)  Marth Plain Sore 97133  (City) (State) (Zip Code)  Emily Flander Signature)  Cowner's Name Places Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Street or P.O. Box)                                              |                                                                  |
| Cowner's Name - Please Print)  Pob. Box 1381  (Street or P.O. Box)  (Street or P.O. Box)  (City)  (City)  (State)  (State)  (Zip Code)  Emily Flanders  (Owner's Name - Please Print)  (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Itilisporo ORE 97114                                              |                                                                  |
| Pob. Box 1381  (Owner's Name - Please Print)  Pob. Box 1381  (Street or P.O. Box)  (Street or P.O. Box)  (City)  (City)  (State)  (City)  (State)  (City)  (City)  (Comper's Name - Please Print)  (Owner's Name - Please Print)  (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (City) (State) (Zip Code)                                         |                                                                  |
| City) (Street or P.O. Box)  (City) (State) (Zip Code)  2 mily Flanders  (Owner's Name - Places Print)  (Owner's Name - Places Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Day Flander                                                       | 1                                                                |
| City) (Street or P.O. Box)  (City) (State) (Zip Code)  2 mily Flanders  (Owner's Name - Places Print)  (Owner's Name - Places Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Owner's Name - Please Print)                                     | 1 Cay Thanda                                                     |
| Emily Flanders Emily Alacades                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | POD. BOX XZQ/                                                     | (Owner's Signature)                                              |
| Emily Flanders Emily Alacades                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Street or P.O. Box)                                              |                                                                  |
| Emily Flanders Emily Alacades                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (City) ORE 97133                                                  |                                                                  |
| Emily Flanders Emily Alacades                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (State) (Zip Code)                                                |                                                                  |
| (Owner's Name - Please Print)  407 (S 164 + th)  (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Emily Flanders                                                    | 81.0 11-                                                         |
| 407 W 164 th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Owner's Name - Please Print)                                     | - Chile flecholy                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 107 W 164 th                                                      | (Owner's Signature)                                              |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Street or P.O. Box)                                              |                                                                  |
| $\frac{2 \times 10^{-2} \times 10^{-2}}{\text{(City)}} \qquad \frac{2 \times 10^{-2} \times 10^{-2}}{\text{(State)}} \qquad \frac{2 \times 2 \times 10^{-2}}{\text{(Zip Code)}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (City) (State) (7in Code)                                         |                                                                  |
| Continued on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ntinued on page 2)                                                | the first the forms of the commence of the first transfer of the |

|              |                                                                                                                                                                        |                                                                                                                                                                                                                             | E.                                  | , i                  |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|
| - Ma         | (Owner's Name - Please Print)                                                                                                                                          | mark? lank                                                                                                                                                                                                                  | 8/29<br>er's Signatyre)             | 107                  |
|              |                                                                                                                                                                        | 11 11/1/1000                                                                                                                                                                                                                | DRE                                 | 971)4                |
|              | 755 ME (0 +h<br>(Street or P.O. Box)                                                                                                                                   | (City)                                                                                                                                                                                                                      | (State)                             | (Zip Code)           |
|              | (Street of P.O. Box)                                                                                                                                                   | (0.1)                                                                                                                                                                                                                       |                                     |                      |
|              | (Owner's Name - Please Print)                                                                                                                                          | (Owne                                                                                                                                                                                                                       | er's Signature)                     |                      |
|              | (Street or P.O. Box)                                                                                                                                                   | (City)                                                                                                                                                                                                                      | (State)                             | (Zip Code)           |
|              | (Street of F.O. Box)                                                                                                                                                   |                                                                                                                                                                                                                             |                                     |                      |
|              | (Owner's Name - Please Print)                                                                                                                                          | (Owne                                                                                                                                                                                                                       | er's Signature)                     | 41, 1                |
|              | (Street or P.O. Box)                                                                                                                                                   | (City)                                                                                                                                                                                                                      | (State)                             | (Zip Code)           |
|              |                                                                                                                                                                        |                                                                                                                                                                                                                             |                                     |                      |
|              | (Owner's Name - Please Print)                                                                                                                                          | (Own                                                                                                                                                                                                                        | er's Signature)                     |                      |
|              |                                                                                                                                                                        |                                                                                                                                                                                                                             | (04-4-)                             | (Zip Code)           |
|              | (Street or P.O. Box)                                                                                                                                                   | (City)                                                                                                                                                                                                                      | (State)                             | (Zip Code)           |
|              | INSTRU                                                                                                                                                                 | ICTIONS                                                                                                                                                                                                                     |                                     |                      |
| 28k c        | certification is made under the provisions of § 1744 of Title 43 and § 28-<br>of Title 30 of the United States Code; and the regulations thereunder (43<br>Part 3830). | 7. This form must be filed no assessment year in the BLM St recorded, or the waiver cannot waiver for the assessment year 1999, you must qualify for an assessment year 1999, you must qualify for an assessment year 1999. |                                     |                      |
| 2. The c     | claimant(s) must fill in the dates in paragraph 1 for the beginning and<br>ig of the assessment year for which this waiver is sought.                                  | 1999, you must qualify for an<br>1999, in the proper BLM State (                                                                                                                                                            | d file for a waiver no lat office). | er than September 1, |
| 3. The asses | claimant(s) must fill in the date in paragraph 2 for the beginning of the sment year for which this waiver is sought.                                                  | For all mining claims which affidavit of labor on or before                                                                                                                                                                 |                                     | you must record an   |
| 4 All c      | claim and site names and Bureau of Land Management (BLM) serial                                                                                                        | filing of this waiver For all (                                                                                                                                                                                             | other mining claims or sit          | es waived, you must  |

- 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.
- ecord a notice of intent to hold on or before following the filing of this waiver.
- 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.

### 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.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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. me record will be dansiered to the appropriate redetal, state, or local agency; of 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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

**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. The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain response to this request is required in accordance with the statute to obtain your

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 8 minutes (0.133 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

| FOR OFFICIAL U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ISE ONL         | Υ.                  |
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| H <sub>S</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 3m_                 |
| TAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AUG             | <b>宝景</b>           |
| NAME OF THE PARTY | w               | REE                 |
| 至是                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | U               | ACKED YES           |
| - SG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del>- 13</del> | (Form 3830-2 page 2 |

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0114 Expires: December 31, 2006

# 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, 0 6 and ending at noon on September 1, 0 7. 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 1,200.

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.

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 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.

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.

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 NUMB |
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| 1. Mica one-two-three                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 352844                      |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 934877                      |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , B                         |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 900                         |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AUG AR                      |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 S                         |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |
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| The owner(s) (claimants) of the above mining claims and sites are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | # E                         |
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| Nosa Flanders (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Joea Home de a              |
| 1755 NE 10th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Owner's Signature)         |
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| (Owner's Name - Please Print) (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Owner's Signature)         |
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| awndale (Street or P.O. Box)  Calif 90260                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
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| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of I limb                   |
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| orth Mains Dre 97132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |
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| ntinued on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |

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|                                 | Nark Flanders (Owner's Name - Please Print)                                                                                                                                                                                                                                        | Mark 7 Can Hillsbors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rner's Signature)                      |                                                                         |
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|                                 | (Owner's Name - Please Film)  1755 NE 104h  (Street or P.O. Box)                                                                                                                                                                                                                   | Hillshora<br>(City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Oregon (State)                         | 97124<br>(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)                                                                                                                                                                                                                                                      | (Ow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vner's Signature)                      |                                                                         |
|                                 | (Street or P.O. Box)                                                                                                                                                                                                                                                               | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (State)                                | (Zip Code)                                                              |
|                                 | (Owner's Name - Please Print)                                                                                                                                                                                                                                                      | (Ov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vner's Signature)                      |                                                                         |
|                                 | (Street or P.O. Box)                                                                                                                                                                                                                                                               | (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (State)                                | (Zip Code)                                                              |
| =                               | INSTRU                                                                                                                                                                                                                                                                             | JCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                                         |
| 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).                                                                                                       | 7. This form must be filed assessment year in the BLM recorded, or the waiver cann waiver for the assessment y 1999, you must qualify for the assessment y 1999. You must qualify for the state of the s |                                        |                                                                         |
| 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.                                                                                                                                         | 1999, you must qualify for<br>1999, in the proper BLM Stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and file for a waiver no late Office). | ter than September 1,                                                   |
| <ul><li>3.</li><li>4.</li></ul> | 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 Bureau of Land Management (BLM) serial numbers must be listed for the mining claims, mill sites, and tunnel sites for | 8. For all mining claims whice affidavit of labor on or befer filing of this waiver. For a record a notice of intent to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | h raquira accessment work              | , you must record an<br>ediately following the<br>ites waived, you must |

All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.

which the waiver is sought.

- 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.
- following the filing of this waiver.
- 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.

### 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.

AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43

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.

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 geographic area of the public in response to a specific request for partinest information. 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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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. The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 8 minutes (0.133 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St. NW Washington D.C. 20040 St. N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

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| Mark Flanders (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mark 7 lan<br>Hillsbors                                                                                                                                                                                                                                                                                                                                 | ner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |
| 1755 NE 104h<br>(Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hillshora<br>(City)                                                                                                                                                                                                                                                                                                                                     | Oregon<br>(State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Zip Code)                                                                       |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Ow                                                                                                                                                                                                                                                                                                                                                     | ner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (City)                                                                                                                                                                                                                                                                                                                                                  | (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Zip Code)                                                                       |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Ow                                                                                                                                                                                                                                                                                                                                                     | ner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (City)                                                                                                                                                                                                                                                                                                                                                  | (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Zip Code)                                                                       |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Own                                                                                                                                                                                                                                                                                                                                                    | ner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (City)                                                                                                                                                                                                                                                                                                                                                  | (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> </ol> | 7. This form must be filed no assessment year in the BLM S recorded, or the waiver cannot waiver for the assessment year 1999, you must qualify for a 1999, in the proper BLM State  8. For all mining claims which affidavit of labor on or before filing of this waiver. For all record a notice of intent to ho following the filing of this waiver. | be granted by the BLM. () ar 2000, which begins at non file for a waiver no late Office).  require assessment work, the December 30th immediate of the mining claims or site Id on or before the December 10 or before the December 10 or perfore the December 10 or or before the December 10 or | Example: to obtain a con on September 1, or than September 1, you must record an |
| C. TTILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |

- 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.
- 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.

### 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.

**AUTHORITY:** 30 U.S.C. 28-28k, 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit.

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 8 minutes (0.133 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

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

FORM APPROVED OMB NO. 1004-0114 Expires: December 31, 2006

### 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, 0 6 and ending at noon on September 1, 0 7.
- 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 1,2006.
- 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.
- 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.
- 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.
- The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIM OR SI             | TE NAME             | ×          | BLM RECORDATION     | SERIAL NUMBER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|------------|---------------------|---------------|
| 1. Mica one-two-th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ree                     |                     |            | 352844              |               |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                     | 96.        |                     |               |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                     |            | 23                  |               |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                     | ly :       | E/                  |               |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                     |            |                     |               |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                     | х          |                     |               |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                     |            |                     |               |
| 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                     |            |                     | > '''         |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                     | -          |                     |               |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                     | 3          | - E                 | <del>A</del>  |
| The owner(s) (claimants) of the above flosa Flanders (Owner's Name 1755 NE 10th (Street or City)  Emily Flanders (Owner's Name 1755 Name | P.O. Box) (State)       | (Zip Code)          | Rosa       | (Owner's Signature) |               |
| (Owner's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - Please Print)         |                     | - Contract | (Owner's Signature) |               |
| 407 W 164 th  (Street or City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | P.O. Box) Ca/if (State) | 70260<br>(Zip Code) |            |                     |               |
| Ray Flanders (Owner's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                     | Day =      | I limb              |               |
| 1.0, BOX 0381                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                     |            | (Owner's Signature) |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dre                     | 97/33               |            |                     |               |
| (City) (Continued on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (State)                 | (Zip Code)          |            |                     |               |

| V         | Vhen F           | Recorded Retu   | urn Document to:                                                                         |                                                    |                                            |                              |                              |      |
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| -         | Fla              | nders R         | esidance                                                                                 |                                                    |                                            |                              |                              |      |
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|           | Hills            | bord Or         | egon 47124                                                                               |                                                    |                                            |                              |                              |      |
|           |                  | •               | 7.6                                                                                      |                                                    | AN                                         | C 35                         | 1108                         |      |
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|           |                  |                 | is is a change of address.                                                               |                                                    |                                            | 352                          |                              |      |
| F.        | elepno<br>mail a | ne:             |                                                                                          |                                                    |                                            | 354                          | 085                          |      |
| _         | mail a           | uui ess         |                                                                                          |                                                    |                                            |                              |                              |      |
| Al        | FFIDA            | VIT OF PERF     | FORMANCE OF ANNUAL W                                                                     | /ORK                                               |                                            |                              |                              | Ę    |
|           |                  |                 | ounty of <u>Maricaga Coun</u>                                                            |                                                    |                                            |                              |                              |      |
| 2.        | I (Nan           | ne) David       | [Flanders - Locat                                                                        | ar                                                 | BLM<br>Date                                |                              |                              |      |
|           |                  |                 | 1755 NE 10th                                                                             |                                                    | Stamp                                      |                              |                              |      |
|           |                  |                 |                                                                                          |                                                    |                                            |                              |                              |      |
| Cit       | ty <i>H i [</i>  | 1sbord          | County <u>Ua</u> S                                                                       | shing ton                                          |                                            |                              |                              |      |
| Sta       | ate OR           | . Zip 9712      | 4 heing duly owers de                                                                    |                                                    |                                            |                              |                              | _    |
| eig<br>10 | hteen            | years of age,   | being duly sworn, de that all of the facts set forth filing of false, fictitious, or fra | epose and say that I am in this affidavit, subject | a citizen of the Ur<br>to the provisions a | nited States<br>and penaltie | , more than<br>s of 18 U.S.( | C.   |
| ac        | cording          | g to the best o | filing of false, fictitious, or fra<br>of my knowledge, information                      | audulent statements with<br>and belief.            | the United States                          | s, are true a                | ınd correct                  | ٠.   |
| 4.        | Owner            | 's name and a   | address (If not shown in Item                                                            | ns 1-3 above). Rosa                                | Flanders                                   |                              |                              |      |
| 17        | 755              | NE 10th         | - Hillsbord-Dregon                                                                       | -97124                                             | 3, 3, 0, 0                                 |                              | 5                            |      |
| 5.        | That I           | am personally   | acquainted with the mining                                                               | claim(a) The work and                              |                                            |                              |                              |      |
| ext       | oense            | of the owner(s  | s) of said claim(s). Said cont                                                           | iguous group of claims,                            | improvements we<br>listed on this docu     | re made by<br>ıment, are s   | and at the situated in the   | Э    |
|           |                  |                 | (optional) Mining District;                                                              |                                                    |                                            | y, Arizona.                  |                              |      |
|           | Line             | AMC             | CLAIM/SITE NAME                                                                          | COUNTY RECORDS                                     |                                            |                              |                              |      |
|           | No.              | NUMBER          |                                                                                          | DATA (If available)                                | TWP                                        | RNG                          | SEC                          |      |
|           | 1                | 352844          | Mica one-two-three                                                                       |                                                    | 6-N                                        | 6-E                          | SE-25 ME<br>SW-25 MG         |      |
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| AFFIDAVII OI FERFORMANCE OF ANNUAL                                                                                                                                                                                                                                                                                         | wonk - page 2                       |                               |                                                                                                             |
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|                                                                                                                                                                                                                                                                                                                            |                                     | BLM<br>Date<br>Stamp          | B.L.M. AZ STATE OF 2006 AUG 22 A                                                                            |
| 7                                                                                                                                                                                                                                                                                                                          |                                     |                               | PFICE<br>P: U3                                                                                              |
| 8                                                                                                                                                                                                                                                                                                                          |                                     |                               |                                                                                                             |
| 9                                                                                                                                                                                                                                                                                                                          |                                     |                               |                                                                                                             |
| 10                                                                                                                                                                                                                                                                                                                         |                                     |                               |                                                                                                             |
| 8. That the work and improvements, performed work and improvements, performed work and labor not limited to exploratory was a labor for signes and indications a source of a extherinaturally caused period, but at wastion, for signes and indications a consent a extherinaturally caused period.  9. Dated:  Signature: | ere: Seeking and<br>Period) - Kut a | for Searching<br>thelusive ab | -(For precious metal B)                                                                                     |
| SUBSCRIBED AND SWORN TO before me, a N                                                                                                                                                                                                                                                                                     |                                     | day of                        | 8/9 2006                                                                                                    |
| By: Smith Pathl Me Notary Public Strong COMMISSION EXPIRES 6/6/08                                                                                                                                                                                                                                                          | Spblic.                             |                               | SMITA PATEL Commission # 1490880 Notary Public - California Los Angeles County My Comm. Expires Jun 6, 2008 |
| Bureau of Land Management<br>Arizona State Office<br>www.az.blm.gov                                                                                                                                                                                                                                                        | Payment 7                           | o.:                           | Init                                                                                                        |

| AFFIL   | DAVIT OF PER                                 | FORMANCE OF ANNUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WORK – page 2      |                      |            |                                  |                                                      |                                                       |
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| 7       |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                      |            | <u> </u>                         | Ę.                                                   | FICE                                                  |
| 8       |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                      |            |                                  |                                                      |                                                       |
| 9       |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                      |            |                                  |                                                      |                                                       |
| 10      |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                      |            |                                  | $\dashv$                                             |                                                       |
| 8. That | the work and i                               | mprovements performed we retable ralue period in a stim for signar and signary | ionally athour     | rized h              | elp.       | ≯Ce.c.i                          |                                                      | metals<br>rformin<br>(sample<br>specting<br>fring a c |
| SUBSC   | CRIBED AND                                   | SWORN TO before me, a No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | otary Public, this | day                  | of 8/9     | 20                               | 06                                                   | 2                                                     |
| Notary  | Smita Public  DMMISSION EX                   | Peh / MO<br>SPIRES _ 6/6/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ty plic            | - II                 | Nota<br>Lo | nmission<br>ry Public<br>s Angel | PATEL<br># 1490<br>c - Califo<br>es Coun<br>ires Jun | ornia 🐇                                               |
| Arizona | u of Land Man<br>a State Office<br>z.blm.gov | agement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Payment Ty         | ms:                  | Init       |                                  |                                                      |                                                       |

| When R                                                    | ecorded Retur                                                                 | n Document to:                                                                                                                                    |                                                                                                                  |                                  |                      |                            |               |
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| Flan                                                      | ders Res                                                                      | idance                                                                                                                                            |                                                                                                                  |                                  |                      |                            |               |
| 1755                                                      | NE 10 +                                                                       | h                                                                                                                                                 |                                                                                                                  |                                  |                      |                            |               |
| Hills                                                     | boro D                                                                        | reson                                                                                                                                             |                                                                                                                  |                                  |                      |                            |               |
|                                                           |                                                                               | 97124                                                                                                                                             |                                                                                                                  |                                  |                      |                            |               |
|                                                           | eck here is this                                                              | is a change of address.                                                                                                                           |                                                                                                                  |                                  |                      |                            |               |
| E-mail a                                                  | ddress:                                                                       |                                                                                                                                                   |                                                                                                                  |                                  |                      |                            |               |
| AFFIDA'                                                   | VIT OF PERF                                                                   | ORMANCE OF ANNUAL                                                                                                                                 | WORK                                                                                                             |                                  |                      |                            |               |
| 1. State                                                  | of Arizona, Co                                                                | unty of <u>Varapai</u>                                                                                                                            | County ss:                                                                                                       | BLM                              |                      |                            |               |
|                                                           |                                                                               | d Flangurs-10                                                                                                                                     | •                                                                                                                | Date                             |                      |                            |               |
|                                                           |                                                                               | 1755 NE 10th                                                                                                                                      |                                                                                                                  | Stamp                            |                      |                            |               |
|                                                           |                                                                               |                                                                                                                                                   |                                                                                                                  |                                  |                      |                            |               |
| City Hi                                                   | Usbora                                                                        | County _                                                                                                                                          | lashing ton                                                                                                      |                                  |                      |                            |               |
| State OL<br>eighteen<br>1001 per<br>according<br>4. Owner | Zip <u>47/2</u> years of age, rtaining to the f g to the best or's name and a | being duly sworn,<br>that all of the facts set for<br>filing of false, fictitious, or<br>f my knowledge, informati<br>address (If not shown in It | depose and say that I and the in this affidavit, subject fraudulent statements with and belief.  ems 1-3 above). | t to the provis<br>th the United | sions and<br>States, | d penalties<br>are true ai | s of 18 U.S.C |
| 1755                                                      | HE LOTH                                                                       | - Hillshord-ORE                                                                                                                                   | -97124                                                                                                           |                                  |                      |                            |               |
| 5. That I                                                 | am personally                                                                 | acquainted with the minings) of said claim(s). Said co                                                                                            | ng claim(s). The work and                                                                                        | d improvemer                     | nts were             | made by                    | and at the    |
|                                                           |                                                                               | (optional) Mining Distri                                                                                                                          | ct; Yarapai                                                                                                      | (                                | County,              | Arizona.                   |               |
| Line<br>No.                                               | AMC<br>NUMBER                                                                 | CLAIM/SITE NAME                                                                                                                                   | COUNTY RECORD<br>DATA (If available)                                                                             | ER .                             | TWP                  | RNG                        | SEO           |
| 1                                                         | 354085                                                                        | Busti-Iron                                                                                                                                        | File 3.926719                                                                                                    |                                  |                      |                            | NE-35         |

| Line<br>No. | AMC<br>NUMBER | CLAIM/SITE NAME | COUNTY RECORDER DATA (If available) | TWP   | RNG  | SEC            |
|-------------|---------------|-----------------|-------------------------------------|-------|------|----------------|
| 1           | 354085        | Busti-Iron      | File 3.926719 BK/page 43.20/209     | 13- N | a-w  | NE-35<br>5E-26 |
| 2           |               |                 |                                     |       |      |                |
| 3           |               | . :             |                                     |       | TIV. |                |
| 4           |               |                 |                                     |       |      |                |
| 5           |               |                 |                                     |       |      |                |
| 6           |               |                 |                                     |       |      |                |

|                                                                                                                                                                                                                                                                 | BLM<br>Date<br>Stamp                                                                                                                                        |         | PHOENIX, ARIZONA                   | 200h AUG 22 A 9: 4                   | RECEIVED<br>B.L.M. AZ STATE OFFIC                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------|--------------------------------------|--------------------------------------------------------------------|
| 7                                                                                                                                                                                                                                                               |                                                                                                                                                             |         |                                    | =                                    | — <del>—</del> —                                                   |
| 8                                                                                                                                                                                                                                                               |                                                                                                                                                             |         |                                    |                                      |                                                                    |
| 9                                                                                                                                                                                                                                                               |                                                                                                                                                             |         |                                    |                                      |                                                                    |
| 10                                                                                                                                                                                                                                                              |                                                                                                                                                             |         |                                    |                                      |                                                                    |
| David Flanders and Constitut                                                                                                                                                                                                                                    | ionally athrovis                                                                                                                                            | 1 4 1   |                                    |                                      |                                                                    |
| That the work and improvements performed were:  als) a of marketable value period - but a  nituation explanatory work, a of oncome a  estim, for signe) and/or indications) a of  ment a cithin (naturally caused period  activities period  Dated:  Signature: | Secking and for search in clustre a of engaging sextracting mineral sextracting mineral sextracting and faisturbance (s) drawfind and all and a un-naturals | y cause | recious<br>rer for<br>male<br>pect | meta<br>vrmis<br>G F<br>e F tim      | 16) andform<br>g general li<br>h testin<br>he anatu<br>i test to c |
|                                                                                                                                                                                                                                                                 | Secking and for search in clustre a of engaging sextracting mineral sextracting mineral sextracting and faisturbance (s) drawfind and all and a un-naturals | ay of 9 | SN Commissionary Pu                | IITA PATE<br>sion # 14<br>ablic - Co | 2<br>490880                                                        |

| F          | land             | lers Res                                | idance                              |                   |                                                                                            |            |                 |             |                             |
|------------|------------------|-----------------------------------------|-------------------------------------|-------------------|--------------------------------------------------------------------------------------------|------------|-----------------|-------------|-----------------------------|
| 1          | 755              | NE 10+                                  | h                                   |                   |                                                                                            |            |                 |             |                             |
|            | 4:11.            | NE 10th                                 | regon 9                             | 7124              |                                                                                            |            |                 |             |                             |
|            |                  |                                         |                                     |                   |                                                                                            |            |                 |             |                             |
|            | lephon           | ck here is this<br>e: (503) 6<br>dress: | 42-3328                             | <b>0</b>          |                                                                                            |            |                 |             |                             |
| AF         | FIDAV            | IT OF PERF                              | ORMANCE O                           | F ANNUAL W        | ORK                                                                                        |            |                 |             |                             |
| 1. 9       | State o          | f Arizona, Co                           | unty of <u>Ma</u>                   | ricopa            | ss:                                                                                        | BLM        |                 |             |                             |
| 2. 1       | (Nam             | e) David                                | d Flan                              | ders              |                                                                                            | Date       |                 |             |                             |
| 3. F       | Reside           | at (Address)                            | 1755                                | ME 10-            | th                                                                                         | Stamp      |                 |             |                             |
| City       | y Hi             | 11shord                                 |                                     | County Wes        | hing ton                                                                                   |            |                 |             |                             |
| eig<br>100 | hteen<br>01 pert | years of age,<br>aining to the f        | that all of the<br>filing of false, | facts set forth i | pose and say that I an<br>n this affidavit, subject<br>udulent statements w<br>and belief. | t to the p | rovisions an    | d penalties | of 18 U.S.0                 |
|            |                  |                                         |                                     |                   | s 1-3 above). <u>fos a</u><br>90n - 97124                                                  |            |                 |             |                             |
| 5. 7       | Γhat I a         | am personally                           | acquainted                          | with the mining   | claim(s). The work an                                                                      | d improve  | ements were     | made by     | and at the                  |
| exp        | oense (          | of the owner(s                          |                                     |                   | guous group of claims Marisopa                                                             |            |                 |             | ituated in the              |
|            |                  |                                         | (Optional)                          | wining District,  |                                                                                            |            | County,         | Arizona.    | m katharasana anantana aham |
|            | Line<br>No.      | AMC<br>NUMBER                           | CLAIM/                              | SITE NAME         | COUNTY RECORD DATA (If available)                                                          |            | TWP             | RNG         | SEC                         |
|            | 1                | 35/108                                  | Mica                                | one .             |                                                                                            |            | 140-25<br>56-24 | 6-H         | 6-E                         |
|            | 2                |                                         |                                     |                   |                                                                                            |            | (unsurved)      |             |                             |
|            | 3                |                                         |                                     | :                 |                                                                                            |            |                 |             |                             |
|            | 4                |                                         |                                     |                   |                                                                                            |            |                 |             |                             |
|            | _                |                                         |                                     |                   |                                                                                            |            |                 |             |                             |

When Recorded Return Document to:

6

# 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:

1341874

**Transaction #: 1387096** Date of Transaction: 08/23/2006 CUSTOMER: ROSA FLANDERS 1755 NE 10TH HILLSBORO,OR 97124

| LINE<br># | QTY  | DESCRIPTION | REMARKS                  | UNIT<br>PRICE | TOTAL   |
|-----------|------|-------------|--------------------------|---------------|---------|
| 1         | 1.00 | AT          | WAIVER / POL<br>2006 (3) | - n/a -       | 30.00   |
|           |      |             | TOTA                     | L:            | \$30.00 |

|   |           | PAYMENT INFORMATION                                   |             |            |
|---|-----------|-------------------------------------------------------|-------------|------------|
| 1 | AMOUNT:   | \$30.00                                               | POSTMARKED: | N/A        |
|   | TYPE:     | CHECK                                                 | RECEIVED:   | 08/22/2006 |
|   | CHECK NO: | 0001035564                                            |             |            |
|   | NAME:     | FLANDERS, DAVID<br>1755 NE 10TH<br>HILLSBORO OR 97124 |             |            |

| 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 35/108

352844

# 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

354085

No:

1139635

Transaction #: 1178852
Date of Transaction: 08/29/2005

CUSTOMER: DAVID FLANDERS
1755 NE 10TH AVE
HILLSBORO,OR 97124

| LINE<br># | QTY  | DESCRIPTION                                                                                                                                    | REMARKS                | UNIT<br>PRICE | TOTAL   |
|-----------|------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|---------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-<br>NOT NEW-UNADJUD,ONE AUTH NO.<br>ONLY / MINING CLAIM MONEY RECEIVED<br>(455)<br>CASES: AMC351108/\$15.00 | POL/WAIVER<br>2005 (3) | - n/a -       | 15.00   |
|           |      |                                                                                                                                                | ТОТА                   | L:            | \$15.00 |

|   | 7         | PAYMENT INFORMATION                                    | 7           |            |
|---|-----------|--------------------------------------------------------|-------------|------------|
| 1 | AMOUNT:   |                                                        | POSTMARKED: | 08/19/2005 |
|   |           | CHECK                                                  | RECEIVED:   |            |
|   | CHECK NO: | 08391596927                                            |             | 00/22/2005 |
|   |           | FLANDERS, D.<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124 |             |            |

| REMARKS |  |
|---------|--|
| TENANCS |  |
|         |  |

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.

F orm 3830-2 January 2004)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

# MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED OMB NO. 1004-0114 Expires: December 31, 2006

| SEE INSTRU | IOTIONIC    |          |
|------------|-------------|----------|
| OFF INSTRI | ICH INNE AN | IDCVCDOC |
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|            |             |          |

- 1\_ This small miner waiver is filed for the assessment year beginning at noon on September 1, 05 and ending at noon on September 1, 06. 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 1,2005.
- 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.
- 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.
- 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 NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
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| 1. Mica-or                                     | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 35118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 3.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 4.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 5.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 6.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | HOE 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
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| 3.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | A PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
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| he owner(s) (claimants) of                     | the above mining clair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | no and air | IA III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Loca Fland (Owner  1755 NE 10  Hillsbor (City) | essering of the control of the contr | (Zip Code) | Osa Glander<br>(Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| (Owner's                                       | s Name - Please Print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | )          | (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| (\$1:                                          | reet or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·····      | (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                | cct of F.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (City)                                         | (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Zip Code) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (Owner's                                       | Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| (Stre                                          | et or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (City)                                         | (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

| (Owner's Name - Please Print) | (Owne  | er's Signature) |            |
|-------------------------------|--------|-----------------|------------|
| (Street or P.O. Box)          | (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) | (Own   | er's Signature) |            |
| (Street or P.O. Box)          | (City) | (State)         | (Zip Code) |
| (Owner's Name - Please Print) | (Own   | er's Signature) | <u> </u>   |
| (Street or P.O. Box)          | (City) | (State)         | (Zip Code) |

- 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).
- 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 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.
- 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.

## 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.

AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your benefit

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 8 minutes (0.133 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

Fr cm 3830-2 (\_\_January 2004)

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

# MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED OMB NO. 1004-0114 Expires: December 31, 2006

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- 1\_ This small miner waiver is filed for the assessment year beginning at noon on September 1, 05 and ending at noon on September 1, 06. 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
- 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. 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.
- 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:

| BLM RECORDATION SERIAL NUMBER          |
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Emily Flanders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mily T                                                                                                                                                                                                               | ner's Signature)                                                                                                                                        |                                                                   |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1011 10/0                                                                                                                                                                                                            | Cailif                                                                                                                                                  | 90260                                                             |
| 4707 W, 164 th st<br>(Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (City)                                                                                                                                                                                                               | (State)                                                                                                                                                 | (Zip Code)                                                        |
| (3130 3110 21 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      |                                                                                                                                                         |                                                                   |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Ow                                                                                                                                                                                                                  | ner's Signature)                                                                                                                                        |                                                                   |
| (Owner's Families 1 lease 1 line)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                                         |                                                                   |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (City)                                                                                                                                                                                                               | (State)                                                                                                                                                 | (Zip Code)                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      | •                                                                                                                                                       |                                                                   |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Ow                                                                                                                                                                                                                  | ner's Signature)                                                                                                                                        | -                                                                 |
| (Onnot s riamo - riceso - riceso)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                                         |                                                                   |
| · (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (City)                                                                                                                                                                                                               | (State)                                                                                                                                                 | (Zip Code)                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      |                                                                                                                                                         |                                                                   |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Ov                                                                                                                                                                                                                  | vner's Signature)                                                                                                                                       |                                                                   |
| <b>,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                                                                                                                                                         | (7: 0.1)                                                          |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (City)                                                                                                                                                                                                               | (State)                                                                                                                                                 | (Zip Code)                                                        |
| INSTRU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ICTIONS                                                                                                                                                                                                              |                                                                                                                                                         |                                                                   |
| 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).                                                                                                                                                                                                                                                                                                                                                           | 7. This form must be filed rassessment year in the BLM recorded, or the waiver cannuaiver for the assessment y                                                                                                       | no later than September Is<br>State Office where the minipot be granted by the BLM. (I<br>ear 2000, which begins at no<br>and file for a waiver no late | oon on Sentember 1                                                |
| 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.                                                                                                                                                                                                                                                                                                                                                                                             | 1999, in the proper BLM Stat                                                                                                                                                                                         | e Office).                                                                                                                                              |                                                                   |
| <ol> <li>The claimant(s) must fill in the date in paragraph 2 for the beginning of the<br/>assessment year for which this waiver is sought.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                    | For all mining claims whice affidavit of labor on or before                                                                                                                                                          | h require assessment work,                                                                                                                              | you must record an diately following the                          |
| 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.                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      | nold on or before the Decemb                                                                                                                            |                                                                   |
| 5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be given.                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                      | to the tiesed amon this project                                                                                                                         | and he waived from                                                |
| 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.                                                                                                                                                                                                                                                                           | Mill and tunnel sites may all payment of the maintenance required to be filed by the Do                                                                                                                              | e fee. A notice of intent to lecember 30th following the fi                                                                                             | hold for these sites is<br>ling of this waiver.                   |
| NOTICE/BURDEN I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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.                                                                                                                                                                                                                                                                                                           | for a waiver from the navment                                                                                                                                                                                        | of \$100 per mining claim or                                                                                                                            | site maintenance fee                                              |
| <b>AUTHORITY:</b> 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.                                                                                                                                                                                                                                                                                                                                                                                                                                                | established in 30 U.S.C. 28f and response to this request is requirement.                                                                                                                                            | ired in accordance with the                                                                                                                             | statute to obtain your                                            |
| 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                                                                                                                                                                                                                                                                                                      | BLM would like you to know th<br>Federal agency-sponsored inform<br>OMB control number.                                                                                                                              | nation collection unless it dis                                                                                                                         | plays a currently varia                                           |
| mining claims listed on this form.  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. | Public reporting burden for thi hours) per response, includin maintaining data, and comple regarding this burden estimate Department of the Interior, Burden Collection Clearance St., N.W., Washington, D.C. 20240. | ting and reviewing the form<br>of or any other aspect of the present of Land Management.                                                                | n. Direct comments<br>his form, to the U.S.<br>(1004-0114) Bureau |
| (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.                                                                                                                                                                                                                                  | FOR C                                                                                                                                                                                                                | FFICIAL USE ONLY                                                                                                                                        | · ·                                                               |
| 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.                                                   |                                                                                                                                                                                                                      |                                                                                                                                                         |                                                                   |

F- cm 3830-2 (\_January 2004)

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

# MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED OMB NO. 1004-0114 Expires: December 31, 2006

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- 1\_ This small miner waiver is filed for the assessment year beginning at noon on September 1, 05 and ending at noon on September 1, 06. 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
- 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.
- 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.
- 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 NUMB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
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| 2.                                     |                                                                           |            | 354085                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| 3.                                     |                                                                           |            | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| 4.                                     |                                                                           |            | H <sub>S</sub> B5 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| 5.                                     |                                                                           |            | AND DB AND TO AND THE |  |  |  |
| 6.                                     |                                                                           |            | × m² 2 Amc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| 7.                                     |                                                                           |            | ARF ACUV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| 3.                                     |                                                                           |            | ZON A : N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| ).                                     |                                                                           |            | A Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
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| Losa Flands (Owner  1755 NE 10  (Sity) | or's Name - Please Print<br>Orth<br>Street or P.O. Box)<br>Orc<br>(State) | (Zip Code) | (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| (Owner                                 | 's Name - Please Print)                                                   |            | (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| (St                                    | reet or P.O. Box)                                                         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                                        | (State)                                                                   | (Zip Code) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| (City)                                 |                                                                           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                                        | Name - Please Print)                                                      |            | (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| (Owner's                               | Name - Please Print)                                                      |            | (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| (Owner's                               |                                                                           |            | (Owner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |

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| (Owner's Name - Please Print)                                                                                                                                                                             | (Owns                                                                                                                    | er's Signature)                                                                                                  |                                                                                               |
| (Street or P.O. Box)                                                                                                                                                                                      | (City)                                                                                                                   | (State)                                                                                                          | (Zip Code)                                                                                    |
| (block of 1.0. 200)                                                                                                                                                                                       |                                                                                                                          |                                                                                                                  |                                                                                               |
| (Owner's Name - Please Print)                                                                                                                                                                             | (Own                                                                                                                     | er's Signature)                                                                                                  |                                                                                               |
| (Street or P.O. Box)                                                                                                                                                                                      | (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)                                                                                                                                                                             | (Own                                                                                                                     | er's Signature)                                                                                                  |                                                                                               |
| (Street or P.O. Box)                                                                                                                                                                                      | (City)                                                                                                                   | (State)                                                                                                          | (Zip Code)                                                                                    |
|                                                                                                                                                                                                           | UCTIONS                                                                                                                  |                                                                                                                  |                                                                                               |
| <ol> <li>This certification is made under the provisions of § 1744 of Title 43 and § 28-<br/>28k of Title 30 of the United States Code; and the regulations thereunder (43<br/>CFR Part 3830).</li> </ol> | 7. This form must be filed no assessment year in the BLM S recorded, or the waiver cannot waiver for the assessment year | later than September 1s<br>tate Office where the mini-<br>be granted by the BLM. (I<br>r 2000, which begins at n | at for the upcoming<br>ng claims or sites are<br>Example: to obtain a<br>soon on September 1, |

- 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 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.
- 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 appropriately with this proper. submitted with this waiver.
- 1999, you must qualify for and file for a waiver no later than September 1, 1999, 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.
- 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.

## 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.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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 the otherwise required to the otherwise required to the chapter required to the chapter of the chapter of the chapter of the chapter of the part of the chapter of the cha 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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 8 minutes (0.133 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Information Collection Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St, N.W., Washington, D.C. 20240.

FOR OFFICIAL USE ONLY

| When Recorded Return Documento:                                                                                                                                                                                                                                                                          |              |                                                                            |                     |                                      |
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| Flunders Desidance                                                                                                                                                                                                                                                                                       |              |                                                                            |                     |                                      |
| 1755 NE 10th                                                                                                                                                                                                                                                                                             |              |                                                                            |                     |                                      |
| Hillsbord Dregon 97124                                                                                                                                                                                                                                                                                   |              |                                                                            |                     |                                      |
| ☐ Check here is this is a change of address.                                                                                                                                                                                                                                                             |              |                                                                            |                     |                                      |
| Telephone: 503 640-3328                                                                                                                                                                                                                                                                                  |              |                                                                            |                     |                                      |
| E-mail address:                                                                                                                                                                                                                                                                                          |              |                                                                            |                     |                                      |
| AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK                                                                                                                                                                                                                                                                  |              |                                                                            |                     |                                      |
| 1. State of Arizona, County of Maricoja ss:                                                                                                                                                                                                                                                              |              | ST)                                                                        | 2005                | NA                                   |
| 2.1 (Name) David Flanders                                                                                                                                                                                                                                                                                | BLM<br>Date  | TATE<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND | AUG                 | D BUR                                |
| 3. Reside at (Address) 1755 HE 10+h                                                                                                                                                                                                                                                                      | Stamp        | 170<br>120<br>120                                                          | 22                  | A EAC                                |
|                                                                                                                                                                                                                                                                                                          |              | FICI<br>FICI                                                               | Ū                   | Age                                  |
| City Hillsbord County Wishing ton                                                                                                                                                                                                                                                                        |              | N.                                                                         | **                  | W.                                   |
| State <u>Ore Zip 97114</u> being duly sworn, depose and say that I am eighteen years of age, that all of the facts set forth in this affidavit, subject 1001 pertaining to the filing of false, fictitious, or fraudulent statements with according to the best of my knowledge, information and belief. | the United S | ons and per<br>States, are tr                                              | ates, m<br>alties o | nore than<br>of 18 U.S.C.<br>correct |
| 4. Owner's name and address (If not shown in Items 1-3 above). Loga                                                                                                                                                                                                                                      | Flande       | 915                                                                        |                     |                                      |
| 1755 NE 10th - Hillsbord - Oregon - 97124                                                                                                                                                                                                                                                                |              |                                                                            |                     |                                      |
| 5. That I am personally acquainted with the mining claim(s). The work and i                                                                                                                                                                                                                              | improvement  | s were made                                                                | e by and            | d at the                             |
| (optional) Mining District; Maricopa                                                                                                                                                                                                                                                                     |              | ounty, Arizoi                                                              |                     |                                      |
| Line AMC CLAIM/SITE NAME GOUNTY RECORDE No. No. CLAIM/SITE NAME DATA (If available)                                                                                                                                                                                                                      | R.           | VP.   RN                                                                   | lg .                | SEC:                                 |
| 1 35/108 Mica-one                                                                                                                                                                                                                                                                                        | 6-1          | Y 6-1                                                                      | 5 1                 | W- 35                                |
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Form: MCF108
Revised June 2005
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Expire  | # 1490880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |
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| Fla                            | nders R                                                 | esidance                                                                                                                                           |                                        |             |                                   |                                          |                                     |
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| 1+11                           | Us hord Dr                                              | regon 97124                                                                                                                                        |                                        |             |                                   |                                          |                                     |
| ☐ C                            | heck here is th                                         | is is a change of address.                                                                                                                         |                                        |             |                                   |                                          |                                     |
|                                |                                                         | 40-3328                                                                                                                                            |                                        |             |                                   |                                          |                                     |
| AFFID                          | AVIT OF PERI                                            | FORMANCE OF ANNUAL W                                                                                                                               | ORK                                    |             |                                   |                                          |                                     |
| 1. State                       | of Arizona, C                                           | ounty of Muricopa C                                                                                                                                | own-ty ss                              |             | Hd                                | 200:                                     | LAN                                 |
| 2. I (Na                       | me) <u>Davi</u>                                         | d Flanders - loca-                                                                                                                                 | tav                                    | BLM<br>Date | STAT                              | 2005 <b>A</b> UG                         |                                     |
| 3. Resid                       | de at (Address                                          | ) 1755 NEIOTH                                                                                                                                      |                                        | Stamp       | χπ'Ω<br>200                       | 5 22                                     |                                     |
| <del></del>                    |                                                         |                                                                                                                                                    |                                        |             | RRZ<br>RRZ                        | ָּ<br>ס                                  | AGE                                 |
| City <u>#</u>                  | illsboro                                                | County <u>W</u>                                                                                                                                    | ching ton                              |             | ON A<br>3                         | ••                                       | Ž                                   |
| 1001 pe<br>accordir<br>4. Owne | ertaining to the<br>ng to the best o<br>er's name and a | being duly sworn, de that all of the facts set forth filing of false, fictitious, or fra fray knowledge, information address (If not shown in Item | udulent statements with and belief.    | the United  | isions an<br>I States,            | ted States,<br>d penalties<br>are true a | more than s of 18 U.S.C. nd correct |
|                                |                                                         | 4-Hillsbord-Oreg                                                                                                                                   |                                        |             |                                   |                                          |                                     |
| 5. That I                      | am personally<br>of the owner(s                         | acquainted with the mining of said conting of said claim(s). Said conting (optional) Mining District;                                              | grand group of oldiffie, if            | sted on th  | nts were<br>is docum<br>County, a | ient, are si                             | and at the tuated in the            |
| Line<br>No.                    | AMC<br>NUMBER                                           | CLAIM/SITE NAME                                                                                                                                    | COUNTY RECORDER<br>DATA (If available) |             | IWP:                              | RNG                                      | SEC                                 |
| 1                              | 352844                                                  | Mica onc-two-three                                                                                                                                 |                                        | 6           | -N                                | 6-E                                      |                                     |
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| AFFIDAVIT OF PERFORMANCE NNUAL V                                                                                                                                                                                                                                                                                         | NORK - page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 9                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8. That the work and improvements performed we laber involving experience to y work to a the extent a of observing andler importing claim-site a of ain que a or the anatural a environmenta eithier (naturally ased activities ainclusive a effective and conviction of a in question series 9. Dated: 8 705 Signature: | Inclusive a of - Every analor searching - for precious metals ere: analor mineral a of marketable value period - encompassing against extracting sampels for testing - rot limitate to - assaying period in time to - assaying period in time to - assaying period in the time to - assaying and the time and the time to - assaying and the time and the time to - assaying and the time and the time to - assaying at a mining and the time time time to - assaying at a mining and the time time time to - assaying and the time time time to - assaying at a mining and the time time time to - assaying at a mining and the time time time to - assaying at a mining and time time time to - assaying and the time time to - assaying and the time time to - assaying and the time to - assaying and time to - assaying and the time time to - assaying and time to - assaying and time to - assaying a |
| By: Smith Pyll Moty Notary Public MY COMMISSION EXPIRES 6/6/08                                                                                                                                                                                                                                                           | SMITA PATEL Commission # 1490880 Notary Public - California Los Angeles County My Comm. Expires Jun 6, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Bureau of Land Management<br>Arizona State Office<br>www.az.blm.gov                                                                                                                                                                                                                                                      | No. of Claims: x \$5 =  Payment Type: Init  Receipt No.:  For BLM Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| When Recorded Return Document to:                                                                                                                                                                                                                                                                               |                                     |                                       |                                                     |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| Flonders Residence                                                                                                                                                                                                                                                                                              |                                     |                                       |                                                     |                                                  |
| 1753 HE 10th                                                                                                                                                                                                                                                                                                    |                                     |                                       |                                                     |                                                  |
| Hillsboro oregon 97124                                                                                                                                                                                                                                                                                          |                                     |                                       |                                                     |                                                  |
| Check here is this is a change of address.                                                                                                                                                                                                                                                                      |                                     |                                       |                                                     |                                                  |
| Telephone: (5 0 3) 6 4 6 - 3 3 2 8                                                                                                                                                                                                                                                                              |                                     |                                       |                                                     |                                                  |
| E-mail address:                                                                                                                                                                                                                                                                                                 |                                     |                                       |                                                     |                                                  |
| AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK                                                                                                                                                                                                                                                                         |                                     |                                       |                                                     |                                                  |
| 1. State of Arizona, County of Yavapai County ss:                                                                                                                                                                                                                                                               |                                     |                                       |                                                     |                                                  |
| 2.1 (Name) Darid Flanders - locator                                                                                                                                                                                                                                                                             | BLM                                 | <u>-</u> p                            | 200                                                 | <u>.                                    </u>     |
| 3. Reside at (Address) 1755 NE 10th                                                                                                                                                                                                                                                                             | Date<br>Stamp                       | -<br>130Hd                            | 2005 AUG                                            | LAND                                             |
| (Address) (723 (72 to the                                                                                                                                                                                                                                                                                       |                                     | <u> </u>                              | الله <b>22</b><br>مجور کرد                          | A SHOW                                           |
| City Mallet                                                                                                                                                                                                                                                                                                     |                                     | AR                                    | 1                                                   | AU                                               |
| City Hillsboro County Washing ton                                                                                                                                                                                                                                                                               |                                     | RIZO                                  | ,                                                   | <b>Z</b> '                                       |
| State <u>Ofc</u> Zip <u>97124</u> being duly sworn, depose and say that I am eighteen years of age, that all of the facts set forth in this affidavit, subject 1001 pertaining to the filing of false, fictitious, or fraudulent statements with according to the best of my knowledge, information and belief. | a citizer<br>to the pr<br>h the Uni | n of the Univovisions are ted States, | ited Sta <u>te</u> s<br>nd penaltie<br>, are true a | , more than<br>s of 18 U.S.C<br>nd correct       |
| 4. Owner's name and address (If not shown in Items 1-3 above).                                                                                                                                                                                                                                                  | Flan                                | ders                                  |                                                     | ng 1ţ                                            |
| 1755 NE to th-Hillsboro-Ovegon -97124                                                                                                                                                                                                                                                                           |                                     |                                       | <u></u>                                             |                                                  |
| 5. That I am personally acquainted with the mining claim(s). The                                                                                                                                                                                                                                                | ima                                 |                                       |                                                     |                                                  |
| expense of the owner(s) of said claim(s). Said contiguous group of claims,                                                                                                                                                                                                                                      | listed on                           | ments were<br>this docum              | ∍ made by .<br>nent, are s                          | and at the ituated in the                        |
| (optional) Mining District; Yavapai                                                                                                                                                                                                                                                                             |                                     |                                       | Arizona.                                            |                                                  |
| Line AMC CLAIM/SITE NAME COUNTY RECORDE No. NUMBER CLAIM/SITE NAME DATA (If available)                                                                                                                                                                                                                          |                                     | TWP                                   | RNG                                                 | SEC                                              |
| 1 354085 Rusti-Iron #3769830-BK4190                                                                                                                                                                                                                                                                             | -16598                              | 13-N                                  | 2-w                                                 | JE-26                                            |
| 2                                                                                                                                                                                                                                                                                                               |                                     |                                       |                                                     |                                                  |
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Revised June 2005
Page 1 of 2

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|       | AFFID                                                                                                     | AVIT OF PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| assay | a conti<br>7. Tha<br>and<br>8. Tha<br>and lab<br>and lab<br>and lab<br>and lab<br>subs<br>9. Date<br>SUBS | aid claim(s) or guous group of the following legally and of in volving ling and of in volving legally and core in the core of | at least \$ 200 - upon one or more f claims for the ben persons were employed by improvements perf k plocatery work, as a natural a en cal based activity Signature:  SWORN TO before | or a contiguous efit of all, not incoved to perform  ormed were: and to a the ck ten claim a track to a the ck ten claim a track to a the ck ten character a track to a the ck ten character a track to a track t | the work and actually with the work and actually the control of th | of - [3 ack ale a of parting strong for a characting strong for a characting strong for a colly take period | ing anador  any letable  ample (a)  signal and  cod period  and access  day of Access | searching value records to the string of the | Davi u F  - For the cio wind - enco g-not limit tients a of c naturally resspossing  PATEL # 1490880 - California | -landers  metals  mpussing  tsetto-  disturbances |
|       | Burea<br>Arizo                                                                                            | OMMISSION E<br>au of Land Ma<br>na State Offic<br>az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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Form 3830-2 (February 2003)

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

FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

### MAINTENANCE FEE WAIVER CERTIFICATION

#### SEE INSTRUCTIONS ON NEXT PAGE

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 2004 and ending at noon on September 1, 2004.
- 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, 2003-2004
- 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.

|                         | CLAIM OR SITE           | NAME       | BLM RECORDATION SERIAL NUMBER |  |  |
|-------------------------|-------------------------|------------|-------------------------------|--|--|
| RUSTI-IRON              |                         |            | 354085                        |  |  |
|                         |                         |            | ~ [                           |  |  |
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|                         |                         | 44         | OH P H                        |  |  |
|                         |                         |            |                               |  |  |
|                         |                         |            |                               |  |  |
| (City) (Owner           | 's Name - Please Print) | (Zip Code) | (Owner's Signature)           |  |  |
| (City)                  | (State)                 | (Zip Code) |                               |  |  |
| (Owner                  | 's Name - Please Print) | ,          | (Owner's Signature)           |  |  |
| (St                     | treet or P.O. Box)      |            |                               |  |  |
| (City)                  | (State)                 | (Zip Code) |                               |  |  |
| Continued on next page) |                         |            | ENTERED INTO COMPUTER         |  |  |
| Filed -                 | Timely AR               |            | 10/18/04 ars                  |  |  |

Form 3830-2 (February 2003)

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

# FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

#### MAINTENANCE FEE WAIVER CERTIFICATION

#### SEE INSTRUCTIONS ON NEXT PAGE

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 2004 and ending at noon on September 1, 2005.
- 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, 2002 2004
- 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.
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|                                     | CLAIM OR SITE N                       | AME         | BLM RECORDATION SERIAL NUMBER             |  |  |  |
|-------------------------------------|---------------------------------------|-------------|-------------------------------------------|--|--|--|
| 1. MICH ONE-TWO                     | )-THREE                               |             | 352844                                    |  |  |  |
| 2.                                  |                                       |             |                                           |  |  |  |
| 3.                                  |                                       |             |                                           |  |  |  |
| 4.                                  |                                       |             |                                           |  |  |  |
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| 9.                                  |                                       |             | NAP MAR                                   |  |  |  |
| 0.                                  |                                       |             | 8 NA                                      |  |  |  |
| The owner(s) (claimants) of th      | e above mining claims and             | sites are:  |                                           |  |  |  |
|                                     | _                                     |             | K. S. |  |  |  |
| Losa FIANDRE.                       | s Name - Please Print)                |             | (Owner's Signature) #                     |  |  |  |
| 1755 NE th                          |                                       |             | · 1                                       |  |  |  |
| (St                                 | reet or P.O. Box)                     | •           | $\bigcirc$ . 10                           |  |  |  |
| 14 ill sboro<br>(City)              | ORE (State)                           | (Zip Code)  | The the de-                               |  |  |  |
| (City)                              | (State)                               | (Zip Code)  | Charles of the                            |  |  |  |
| FMILS Flounds                       | .,                                    |             |                                           |  |  |  |
| (Owner)                             | s Name - Please Print)                | <del></del> | (Owner's Signature)                       |  |  |  |
| 407 5 16                            | 4 th at                               |             |                                           |  |  |  |
| EMILY Flonde<br>(Owner)<br>467 5 16 | reet or P.O. Box)                     |             |                                           |  |  |  |
| Volendale                           | Calif. 90260 0 (State)                | (Zip Code)  |                                           |  |  |  |
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| Par Flouder                         |                                       |             | Blog of him                               |  |  |  |
| (Owner)                             | s Name - Please Print)                |             | (Owner's Signature)                       |  |  |  |
| V.D. 1304                           | 038/<br>reet or P.O. Box)             |             |                                           |  |  |  |
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| Mostly blo                          | (State)                               | <u> </u>    | Date                                      |  |  |  |
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| (Continued on next page)            |                                       |             | CONFUER                                   |  |  |  |
| Filed Timele                        | (A)                                   |             | 10/18/04 aus                              |  |  |  |

Form 3830-2 (February 2003)

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

#### FORM APPROVED OMB NO. 1004-0114 Expires: November 30, 2003

#### MAINTENANCE FEE WAIVER CERTIFICATION

### SEE INSTRUCTIONS ON NEXT PAGE

- 1. This small miner waiver is filed for the assessment year beginning at noon on September 1, 2005.
- 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, 2664.
- 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.

|                                | CLAIM OR SITE          | NAME          | BLM RECORDATION SERIAL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
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| he owner(s) (claimants) of the | above mining claims at | nd sites are: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
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| Continued on next page)        |                        |               | The wind complite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |

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| Bureau of Land<br>222 North Cent<br>Phoenix, Arizon<br>602-417-9200<br>www.az.blm.go | ral Avenue<br>na 85004-2203                                                        | A STATE OF THE STA |                                    |                                         | ARIZONA<br>STATE OFFIC<br>PHOENIX, ARIZO | 2004 SEP -8 A | RECEIVED<br>BUREAU OF<br>LAND MANAGEN |
| BLM requires a smill site or tunne Mail to:                                          | 55 nonrefundable service ch<br>I site payable on or before I                       | narge for each mining<br>December 30 <sup>th</sup> (not th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | g claim,<br>ne 31 <sup>st</sup> ). |                                         |                                          |               |                                       |
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| AMC NUMBER                                                                           | CLAIM/SITE NAME                                                                    | COUNTY RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DRDER DATA                         |                                         | SEC                                      | TNSP          | RNGE                                  |
| side of this docur                                                                   | AVIT OF PERFORMANT<br>ment.<br>OF INTENTION TO HO<br>I in Items1 through 4 and Ite | DLD. I intend to hold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the claims(s)/si                   | te(s) listed b                          |                                          |               |                                       |
| SELECT ONL                                                                           | Y ONE:                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                         |                                          | <del></del>   |                                       |
| Telephone:                                                                           | (23) 640-3328                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *                                  |                                         | USE ONLY                                 |               |                                       |
| Hillshop                                                                             | Dregon                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHECK NO: _                        |                                         |                                          |               |                                       |
|                                                                                      | esidence<br>10th                                                                   | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NO. OF CLAIN                       | //S:                                    | <del></del>                              |               |                                       |
|                                                                                      | ent to:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                         | A3850                                    | -1(Sept 20    | 03)                                   |

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| Return Docum                                                    | ent to:                                                                                              |                                                                                        |                      | A3850-      | 1(Sept 200   | )3)    |
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| Telephone:                                                      | 037640-3378                                                                                          |                                                                                        | FOR BLM USE          | ONLY        | •            |        |
| SELECT ON                                                       | LY ONE:                                                                                              |                                                                                        |                      |             |              |        |
| side of this docu                                               | iment. E OF INTENTION TO HO                                                                          | LD. I intend to hold the claims(s)/sm 9 on the reverse side of this do                 | site(s) listed belov |             |              |        |
| AMC NUMBER                                                      | CLAIM/SITE NAME                                                                                      | COUNTY RECORDER DATA                                                                   |                      | SEC         | TNSP         | RNGE   |
| 352844                                                          | Mica One-Two-Three                                                                                   |                                                                                        |                      |             |              |        |
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| mill site or tunn<br>Mail to:<br>Bureau of Lan<br>222 North Cen | \$5 nonrefundable service chel site payable on or before Ind Management otral Avenue on a 85004-2203 | parge for each mining claim,<br>December 30 <sup>th</sup> (not the 31 <sup>st</sup> ). | PHOENI               | AR<br>STATI | 2004 SEP     | AND ME |

ENTERED INTO COMPUTER

10/18/04 aB

| NO. OF CLAIMS:   X 65 =   X 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Return Docume  |                               |                              |                    |                                       |             | 1(Sept 200  |              |
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| CHECK NO:   INIT:   FOR BLM USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                               | <del></del>                  | NO. OF CLAIM       | s:                                    | x \$5 =     | 500         | _            |
| elephone: FOR BLM USE ONLY  SELECT ONLY ONE:  A AFFIDAVIT OF PERFORMANCE OF ANNUAL WORK. Also fill in Items 1 through 9 on the reverse ide of this document.  NOTICE OF INTENTION TO HOLD. I intend to hold the claims(s)/site(s) listed below for the calendar year Also fill in Items 1 through 4 and Item 9 on the reverse side of this document.  MC NUMBER CLAIM/SITE NAME COUNTY RECORDER DATA SEC TNSP RNG.  354095 RUSTI-IRON  BLM requires a \$5 nonrefundable service charge for each mining claim, mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>th</sup> ).  BLM requires a \$5 nonrefundable service charge for each mining claim, mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>th</sup> ).  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  BLM requires a \$5 nonrefundable Service Charge for each mining claim, mill site or tunnel site payable on a before December 30 <sup>th</sup> (not the 31 <sup>th</sup> ).  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | itillsboa      | OREGON                        |                              |                    |                                       |             |             | 1            |
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| NOTICE OF INTENTION TO HOLD. I intend to hold the claims(s)/site(s) listed below for the calendar year.  Also fill in Items1 through 4 and Item 9 on the reverse side of this document.  MIC NUMBER  CLAIM/SITE NAME  COUNTY RECORDER DATA  SEC TNSP RNG  354085  RustI-lun  BLM requires a \$5 nonrefundable service charge for each mining claim, mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  602-417-9200 www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AFFID          | AVIT OF PERFORMAI             | NCE OF ANNUA                 | L WORK. Also       | fill in Items                         | 1 through ! | 9 on the re | everse       |
| Also fill in Items1 through 4 and Item 9 on the reverse side of this document.  MC NUMBER CLAIM/SITE NAME COUNTY RECORDER DATA SEC TNSP RNG  35 4 0 8 C Rustillon  BLM requires a \$5 nonrefundable service charge for each mining claim, mill site or tunnel site payable on or before December 30 (not the 31st). Mail to:  Bureau of Land Management  222 North Central Avenue Phoenix, Arizona 85004-2203  BUM ARIZON  BUM                       |                |                               |                              |                    |                                       |             |             |              |
| Also fill in Items1 through 4 and Item 9 on the reverse side of this document.  MC NUMBER CLAIM/SITE NAME COUNTY RECORDER DATA SEC TNSP RNG  35 4 086 Ru 5 T J Lo N  BLM requires a \$5 nonrefundable service charge for each mining claim, mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>th</sup> ).  Mail to:  Bureau of Land Management  222 North Central Avenue Phoenix, Arizona 85004-2203  BUM ARIZON  BUM ARI | l NOTICI       | E OF INTENTION TO HO          | <b>LD</b> . I intend to hold | the claims(s)/site | e(s) listed be                        | low for the | calendar    | year         |
| BLM requires a \$5 nonrefundable service charge for each mining claim, mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ). Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  602-417-9200 www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Also fi        | ll in Items1 through 4 and It | em 9 on the reverse          | side of this docu  | iment.                                |             |             |              |
| BLM requires a \$5 nonrefundable service charge for each mining claim, mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MC NUMBER      | CLAIM/SITE NAME               | COUNTY REC                   | ORDER DATA         |                                       | SEC         | TNSP        | RNG          |
| BLM requires a \$5 nonrefundable service charge for each mining claim, mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25 4 ABC       | RUSTT-TOON                    |                              | ,                  |                                       |             |             |              |
| BLM requires a \$5 nonrefundable service charge for each mining claim, nill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  BO2-417-9200  Www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 77-1005        | 1/4315 Droit                  |                              |                    |                                       |             |             |              |
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| nill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  STATE OF MANAGE  ARE ZONA  |                |                               |                              |                    |                                       |             |             |              |
| nill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  STATE OF HOLL AND MANAGE  ARE 200  Noww.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                               |                              |                    |                                       |             | -           |              |
| mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  602-417-9200  www.az.blm.gov  RIM Date States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                               |                              |                    |                                       |             |             |              |
| mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  602-417-9200  www.az.blm.gov  Control of tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  ARIZON BURE AU  ARIZON  ARIZON  BIM Date States of tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  ARIZON  ARIZON  BIM Date States of tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                               |                              |                    |                                       |             |             | <del> </del> |
| mill site or tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  Mail to:  Bureau of Land Management 222 North Central Avenue Phoenix, Arizona 85004-2203  602-417-9200  www.az.blm.gov  Cand Management  ARIZON  ARIZON  ARIZON  BIM Date States of tunnel site payable on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).  ARIZON  ARIZON  BIM Date States on or before December 30 <sup>th</sup> (not the 31 <sup>st</sup> ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                               |                              | ···                | · · · · · · · · · · · · · · · · · · · |             |             | <u> </u>     |
| Mail to:  Bureau of Land Management  222 North Central Avenue  Phoenix, Arizona 85004-2203  602-417-9200  www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BLM requires a | \$5 nonrefundable service c   | harge for each mini          | ng claim,          |                                       |             |             |              |
| Bureau of Land Management  222 North Central Avenue Phoenix, Arizona 85004-2203  602-417-9200  www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | el site payable on or before  | December 30" (not            | the 31°°).         |                                       |             |             |              |
| 222 North Central Avenue Phoenix, Arizona 85004-2203  602-417-9200 www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | d Managamant                  |                              |                    | 4                                     |             |             |              |
| SEP - 8 DENIX, Arizona dosor also STATE OF THE AU CONTROL OF THE A                       | 222 North Cen  | tral Avenue                   |                              |                    | <u>-</u>                              | 100         | L A         |              |
| Www.az.blm.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Phoenix, Arizo | na 85004-2203                 |                              |                    |                                       |             |             | E,           |
| www.az.blm.gov  ARCA  BLM Data Stamp A REL  OF THE STAMP A REL  OF                       | £∩2_417_02∩∩   |                               |                              |                    | <u> </u>                              | ਸ≅ :        |             | ב<br>ב       |
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10/18/04 aB

#### 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:

948974

Transaction #: 983453

Date of Transaction: 09/09/2004

**CUSTOMER: DAVE FLANDERS** 

P O BOX 10774

PRESCOTT, AZ 86304

| LINE#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | DESCRIPTION                                                                                                                                   | REMARKS             | UNIT<br>PRICE | TOTAL   |
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| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.00 | LOCATABLE MINERALS / MINING<br>CLAIMS-NOT NEW-UNADJUD,ONE<br>AUTH NO. ONLY / MINING CLAIM<br>MONEY RECEIVED (455)<br>CASES: AMC351108/\$15.00 | POL 2004 (3)<br>WAV | - n/a -       | 15.00   |
| A CONTRACTOR OF THE STATE OF TH |      |                                                                                                                                               | TO                  | TAL:          | \$15.00 |

|   |           | PAYMENT INFORMAT                                     | ION         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---|-----------|------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | AMOUNT:   | \$15.00                                              | POSTMARKED: | 08/30/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   | TYPE:     | CHECK                                                | RECEIVED:   | 09/08/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   | CHECK NO: | 07288290325                                          |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |           | FLANDERS, DAVE<br>P O BOX 10774<br>PRESCOTT AZ 86304 |             | and a second and a |

# 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 352844

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| Return Document to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A3850-1(NOV.2001)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Flanders Residence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No of Class 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1755 n. E. 10 th ove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No. of Claims: 7 x \$5 = 5 Fig. 12 Check No.: 7 Check No.: |
| HILLSBORD, OREGON, 97124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Init:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Telephone: 503) 600-3328                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FOR BLM USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| AFFIDAVIT OF PEDEODMANOS OF AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT  |
| reverse side of this document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NUAL WORK. Also fill in Items 1 through 9 and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| reverse side of this document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NOTICE OF INTENTION TO HOLD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | particular in the second of th  |
| document for the calendar year 20 Also fill in Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d to hold the claims(s)/site(s) listed on the reverse side of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Also fill in iten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ns I through 4 and Item 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| lotices of Intention to Hold are for mill sites and tunnel sites or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | for mining claims when accomment work have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| and the difficult of the difficult days been suspended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | deterred or not yet approach The fill-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| and of the control of | State laws pertaining to the mark-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| vith the Bureau of Land Management (BLM) must be identical to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the one that was or will be filed with the county                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| vidence of Annual Assessment Work or a Notice of Intention to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hold must be filed each calendar year following the calendar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| . I, (Name) KOSA FLANCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| . Reside at (Address) 1755 M.E. 10 Sh AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | entitioners and the second sec  |
| ity JILLS BORD , County Washing 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tou , State OREGON Zip 97124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| eing duly sworn, deposes and says that he/she is a citizen of the lacts set forth in this affidavit/notice, subject to the provisions are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | United States, more than eighteen years of age, that all of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| acts set forth in this affidavit/notice, subject to the provisions and ctitious, or fraudulent statements with the United States, are formation and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| formation and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | true and correct according to the best of my knowledge,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Owner's name and address (If not shown in Items 1-3 above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | . Check here if this is a change of address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| KOSA FLANders 1755 NE 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the Differ I like is a change of address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1103 116 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MADE AILLSBOKA, OREGON 97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| That I am personally acquainted with the mining claim(s). The the owner(s) of said claim(s). Said contiguous group of claims.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e work and improvements were made by and at the expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| call configured group of claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | listed on the reverse side of this document, are situated in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mining District, War                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County, Arizona.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| That between the dates starting at 12 o'clock noon on Septem 2003 at least \$ Four hundred Dallars worth of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ber 1, 2002 and ending at 12 o'clock noon on September                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2003 at least \$ Four hundred Deltars worth of vaims or upon one or more of a contiguous group of claims for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | work and improvements were done and performed upon said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| oup of claims for the benefit of all, not including the location wo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the benefit of all, or wholly or partly outside of a contiguous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| That the following persons were employed to perform the wor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rk and inspection to the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| BLM requires a\$5 nonrefundable servic (not the 31st). 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| Bureau of Land Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| This form is for the purpose of comply States Department of the Interior, Bure the State of Arizona pertaining to asse intention to hold. 30 U.S.C. 28, 43 C Subject to Paperwork Reduction Act as Subject 10 Paperwork Reduction Reduction Reduction Reduction Reduction Act as Subject 10 Paperwork Reduction Re | eau of Land Managemen<br>ssment work and/or not<br>FR 3833.2, ARS 27-208<br>nd Privacy Act statemen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| available at the BLM AZ State Office. T<br>may be reproduced without permission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nted. 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Receipt

733706

No:



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

**Transaction #:** 763172

**Date of Transaction:** 08/19/2003

**CUSTOMER: DAVE FLANDERS** 

1755 NE 10TH AVE HILLSBORO,OR 97124

| LINE<br># | QTY  | DESCRIPTION                                                                                                                                  | REMARKS                  | UNIT<br>PRICE | TOTAL  |
|-----------|------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|--------|
| 1         | 1.00 | LOCATABLE MINERALS / MINING<br>CLAIMS-NOT NEW-UNADJUD,ONE AUTH NO.<br>ONLY / MINING CLAIM MONEY RECEIVED<br>(455)<br>CASES: AMC352844/\$5.00 | WAIVER & POL<br>2003 (1) | - n/a -       | 5.00   |
|           |      |                                                                                                                                              | тот                      | AL:           | \$5.00 |

| 1 | AMOUNT:   | \$5.00                                                | POSTMARKED: 08/15/2003 |
|---|-----------|-------------------------------------------------------|------------------------|
|   | TYPE:     | CHECK                                                 | RECEIVED: 08/19/2003   |
|   | CHECK NO: | 05022277773                                           |                        |
|   | NAME:     | FLANDERS, D<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124 |                        |

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 No. 548411 | LEAD FILE #'S            |
|--------------------|--------------------------|
| Trans No. 573100   | AMC 351108 - AMC 352844- |
|                    | Amc354085                |

| AMC Number | Code | Amount     |
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| OTAL:                                 |  |        | Martin L |             |

| Date of Doc 8 26 2002   |
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| Date of Rec't 8 26 2002 |
| Amount Rec'd \$1500     |
| Amount Earned \$1500    |

| 480 | POL   |
|-----|-------|
| 481 | NOI   |
| 482 | MAINT |
| 396 | TRANS |
| 635 | AMEND |

| Date Entered:_   | 10/2/02  | AB       |
|------------------|----------|----------|
| Date Verified:_  | 10/15/02 | as       |
| Sent to Accts: _ | 11       | <u>'</u> |
| Date Earned: _   |          |          |
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return Document to:  FLANGES RESIDENCE  1755 M.E. Joth AVE  HILLSBORD OREGON 97124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No. of Claims:  x \$5 = 500   Receipt No.:  Check No.:  0                                                                                                              |
| Telephone: 573 640-3328  AFFIDAVIT OF PERFORMANCE OF ANNUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FOR BLM USE ONLY 3 7 3                                                                                                                                                 |
| reverse side of this document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |
| NOTICE OF INTENTION TO HOLD. I intend to hold document for the calendar year 20 Also fill in Items 1 thr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                        |
| Notices of Intention to Hold are for mill sites and tunnel sites or for mini regardless of whether the annual assessment has been suspended, deferre to Hold shall not relieve the owner of complying with federal and state law work. Notices of Intention to Hold for mill sites or tunnel sites need not with the Bureau of Land Management (BLM) must be identical to the one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ed, or not yet accrued. The filing of a Notice of Intention ws pertaining to the performance of annual assessment be county recorded. For mining claims the form filed |
| Evidence of Annual Assessment Work or a Notice of Intention to Hold m year in which the claim/site was located. All claims listed on a single after the control of the cont | nust be filed each calendar year following the calendar fidavit must be contiguous.                                                                                    |
| <ol> <li>State of Arizona, County of MARICOPA</li> <li>I, (Name) ROSA FLANCESS</li> <li>Reside at (Address) 1755 NE 10 th AVE</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State OR = 0. 7: 97/7/                                                                                                                                                 |
| being duly sworn, deposes and says that he/she is a citizen of the United facts set forth in this affidavit/notice, subject to the provisions and penal fictitious, or fraudulent statements with the United States, are true a information and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | States, more than eighteen years of age, that all of the ties of 18 U.S.C. 1001 pertaining to the filing of false,                                                     |
| 4. Owner's name and address (If not shown in Items 1-3 above). Che  ROSA FLANTEYS 1755 7. E. 10  LILLS BORO, ORE SON- 97124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |
| 5. That I am personally acquainted with the mining claim(s). The work of the owner(s) of said claim(s). Said contiguous group of claims, listed o Mining District,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on the reverse side of this document, are situated in the                                                                                                              |
| 6. That between the dates starting at 12 o'clock noon on September 1, 1, 20 DR at least \$\int hree Hirror \text{Nored} Dollars worth of work a claim(s) or upon one or more of a contiguous group of claims for the benefit of all, not including the location work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and improvements were done and performed upon said                                                                                                                     |
| 7. That the following persons were employed to perform the work and $\frac{\partial ave}{\partial ave} Flanders$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | improvements described herein:                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/2/02 as                                                                                                                                                             |

| 8. That the work and improvement                              |                           |                                           |                   | weeks-                                |
|---------------------------------------------------------------|---------------------------|-------------------------------------------|-------------------|---------------------------------------|
| inspecting claim site,                                        | seuvehing and sum         | pling earth deposit's a                   | nd remoinn        | 4 Somples                             |
| For ussay testing.                                            |                           | <del></del>                               |                   | ·                                     |
|                                                               | *                         |                                           | /                 |                                       |
| 9. Dated: 8/2//2007                                           | Signature:                | na I land                                 | ore/              | ·                                     |
| SUBSCRIBED AND SWORN TO befo                                  | re me, a Notary Public, t | his 2187 day of angust                    | <i></i>           | ,2002_                                |
| by KOSA Handers Notary Public And Market                      | O1 2 -                    | OFFICIAL:                                 | veni              |                                       |
| MY COMMISSION EXPIRES                                         | 3/21/2003                 | SAMAN R. W                                | '                 |                                       |
|                                                               |                           | NOTARY PUBLIC COMMISSION R                | in second         |                                       |
| If the claims/sites have consecutive as follows:              | BLM numbers and are in    | the same Township, Range and              | d Section(s), the | y may be listed                       |
| Sample 1 - 10                                                 | A MC 19640 - 49           | Dkt/Pg 1025/1-10<br>Recording #9106173-82 | 4N 20W            | <b>36</b>                             |
|                                                               |                           | 11000141119 11010170 02                   |                   |                                       |
| Claim/Site Name                                               | Carial Monahan            | Dkt/Pg or Record # of                     | TWN               |                                       |
| Claim/Site Name                                               | Serial Number             | Orig Location Notice                      | SHP RNG           | SEC(S)                                |
| MICH-ONE                                                      | 351108                    | 99-0005963                                | 6-N 6-E           | NW-25/SW-2                            |
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| BLM requires a\$5 nonrefundable serv (not the 31st). Mail to: | ice charge for each minin | g claim, mill site or tunnel site p       | ayable on or bef  | ore December 30 <sup>th</sup>         |
|                                                               |                           |                                           |                   |                                       |
| Bureau of Land Management                                     |                           |                                           |                   |                                       |

222 North Central Avenue Phoenix, Arizona 85004-2203 602-417-9200 www.az.blm.gov

This form is for the purpose of complying with the laws of the United States Department of the Interior, Bureau of Land Management and the State of Arizona pertaining to assessment work and/or notice of intention to hold. 30 U.S.C. 28, 43 CFR 3833.2, ARS 27-208. Subject to Paperwork Reduction Act and Privacy Act statements available at the BLM AZ State Office. This form is not copyrighted. It may be reproduced without permission.

| BLM Date Stamp |
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| Return Document to:                                                                                                                                                                                                                                                                                                                                                                                                                                             | A3850-1(NOV.2001)                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Flonders Residence<br>1755 NE 10th ave                                                                                                                                                                                                                                                                                                                                                                                                                          | No. of Claims: 1 x \$5 = 500  Receipt No.: Check No.: 170                                                                                                                                                        |
| HIIISboro OREGON 97124 Telephone: 503 640-3328                                                                                                                                                                                                                                                                                                                                                                                                                  | Init: FOR BLM USE ONLY                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\sim 9.5$                                                                                                                                                                                                       |
| AFFIDAVIT OF PERFORMANCE OF ANNUAL reverse side of this document.                                                                                                                                                                                                                                                                                                                                                                                               | WORK. Also fill in Items 1 through 9 and the                                                                                                                                                                     |
| NOTICE OF INTENTION TO HOLD. I intend to hold document for the calendar year 20 Also fill in Items 1 thro                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |
| Notices of Intention to Hold are for mill sites and tunnel sites or for mining regardless of whether the annual assessment has been suspended, deferred to Hold shall not relieve the owner of complying with federal and state law work. Notices of Intention to Hold for mill sites or tunnel sites need not liwith the Bureau of Land Management (BLM) must be identical to the one Evidence of Annual Assessment Work or a Notice of Intention to Hold must | d, or not yet accrued. The filing of a Notice of Intention is pertaining to the performance of annual assessment be county recorded. For mining claims the form filed that was or will be filed with the county. |
| year in which the claim/site was located. All claims listed on a single affi                                                                                                                                                                                                                                                                                                                                                                                    | idavit must be contiguous.                                                                                                                                                                                       |
| 1. State of Arizona, County of Maricopa                                                                                                                                                                                                                                                                                                                                                                                                                         | ss:                                                                                                                                                                                                              |
| 2. 1, (Name) Rosa Flanders 3. Reside at (Address) 1755 NE 10 th ave                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , State ORE 609 Zip 97/24                                                                                                                                                                                        |
| being duly sworn, deposes and says that he/she is a citizen of the United States set forth in this affidavit/notice, subject to the provisions and penaltifictitious, or fraudulent statements with the United States, are true are information and belief.                                                                                                                                                                                                     | States, more than eighteen years of age, that all of the ies of 18 U.S.C. 1001 pertaining to the filing of false,                                                                                                |
| 4. Owner's name and address (If not shown in Items 1-3 above). Chec                                                                                                                                                                                                                                                                                                                                                                                             | ck here if this is a change of address. □                                                                                                                                                                        |
| 5. That I am personally acquainted with the mining claim(s). The work of the owner(s) of said claim(s). Said contiguous group of claims, listed or Mining District, Navi Copa                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                  |
| 6. That between the dates starting at 12 o'clock noon on September 1, 21, 20 ps at least \$ Three hundred Dollars worth of work ar claim(s) or upon one or more of a contiguous group of claims for the benefit of all, not including the location work.                                                                                                                                                                                                        | nd improvements were done and performed upon said                                                                                                                                                                |
| 7. That the following persons were employed to perform the work and i                                                                                                                                                                                                                                                                                                                                                                                           | improvements described herein:                                                                                                                                                                                   |
| DAVE FLANDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ENTERED INTO COMPUTER                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10/2/02 ab                                                                                                                                                                                                       |

| 8. That the work and improvement                                           | ts performed were: ウ/ヒ                            | ran amounta of ti                             | Me a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e thr           | ee weeks—                                    |
|----------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------|
| inspecting claim site,                                                     |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
| for a ssay testing. Plus                                                   |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
| River                                                                      | . ,                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
| 9. Dated: 2/2/200                                                          | 2Signature:                                       | Josa I fland                                  | de l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2               |                                              |
| SUBSCRIBED AND SWORN TO before by KOSA FLANCES                             | ore me, a Notary Public, t                        | his 21 day of Augus                           | 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,2              | 2002                                         |
| Notary Public DANGE TO NOTARIO                                             | rev                                               | OFFICIAL SEAL SARAM R. McG                    | RAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,<br>6          |                                              |
| MY COMMISSION EXPIRES                                                      | 3/2/12003                                         | NOTARY PUBLIC-OR                              | EGON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | i<br>P          |                                              |
| If the claims/sites have consecutive as follows:                           | BLM numbers and are in                            | the same Township, Range and                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | :<br>s), they n | nay be listed                                |
| Sample 1 - 10                                                              | A MC 19640 - 49                                   | Dkt/Pg 1025/1-10<br>Recording #9106173-82     | 4N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20W             | 36                                           |
| Claim/Site Name                                                            | Serial Number                                     | Dkt/Pg or Record # of<br>Orig Location Notice | TWN<br>SHP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RNG             | SEC(S)                                       |
| Mica One-two-three                                                         | 352844                                            | 00-0126/97                                    | 6N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | 2 <u>M_92/VM</u> _9?<br>NE-92/2 <u>E</u> _9? |
|                                                                            |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
|                                                                            |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
|                                                                            |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | <u></u>                                      |
|                                                                            | **************************************            |                                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                              |
| · · · · · · · · · · · · · · · · · · ·                                      |                                                   | · · · · · · · · · · · · · · · · · · ·         | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · · · · · ·     |                                              |
|                                                                            |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
|                                                                            | •                                                 | ,                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
|                                                                            |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
|                                                                            |                                                   |                                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>     |                                              |
|                                                                            |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
|                                                                            |                                                   | ,                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | ,                                            |
| BLM requires a\$5 nonrefundable servinot the 31 <sup>st</sup> ). Mail to:  | vice charge for each minin                        | g claim, mill site or tunnel site pa          | ayable on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or before       | December 30 <sup>th</sup>                    |
| Bureau of Land Management                                                  |                                                   |                                               | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                              |
| 222 North Central Avenue                                                   |                                                   |                                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>     |                                              |
| Phoenix, Arizona 85004-2203                                                |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                              |
| 602-417-9200<br>www.az.blm.gov                                             |                                                   |                                               | Marie y<br>Ny s<br>1990 - Marie Mari | 200             | Paranta<br>Series                            |
| <del>-</del>                                                               |                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 A             |                                              |
| This form is for the purpose of comp                                       | plying with the laws of th                        | e United                                      | 8372                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AUG 2           | 700 ATT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| States Department of the Interior, B the State of Arizona pertaining to as | ureau of Land Manageme<br>sessment work and/or no | ent and otice of                              | Ž92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 26              |                                              |

**BLM Date Stamp** 

intention to hold. 30 U.S.C. 28, 43 CFR 3833.2, ARS 27-208. Subject to Paperwork Reduction Act and Privacy Act statements available at the BLM AZ State Office. This form is not copyrighted. It

may be reproduced without permission.

| Return Document to:                                                                                                                                                                                                                                                                                                                                        | A3850-1(NOV.2001)                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FLANTES RESIDENCE                                                                                                                                                                                                                                                                                                                                          | No. of Claims: $x $5 = 5$                                                                                                                                                              |
| HILLS BORD OREGON, 97124                                                                                                                                                                                                                                                                                                                                   | Receipt No.: Check No.: MO                                                                                                                                                             |
| Telephone: 583) 640-3328                                                                                                                                                                                                                                                                                                                                   | FOR BLM USE ONLY Jof 3                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                        |
| AFFIDAVIT OF PERFORMANCE OF ANNUreverse side of this document.                                                                                                                                                                                                                                                                                             | JAL WORK. Also fill in Items 1 through 9 and the                                                                                                                                       |
| NOTICE OF INTENTION TO HOLD. I intend to document for the calendar year 20 Also fill in Items                                                                                                                                                                                                                                                              |                                                                                                                                                                                        |
| Notices of Intention to Hold are for mill sites and tunnel sites or for regardless of whether the annual assessment has been suspended, de to Hold shall not relieve the owner of complying with federal and star work. Notices of Intention to Hold for mill sites or tunnel sites need with the Bureau of Land Management (BLM) must be identical to the | eferred, or not yet accrued. The filing of a Notice of Intention te laws pertaining to the performance of annual assessment d not be county recorded. For mining claims the form filed |
| Evidence of Annual Assessment Work or a Notice of Intention to Ho<br>year in which the claim/site was located. <b>All claims listed on a sing</b>                                                                                                                                                                                                          |                                                                                                                                                                                        |
| 1. State of Arizona, County YAVA DAI                                                                                                                                                                                                                                                                                                                       | ss:                                                                                                                                                                                    |
| 2. I, (Name) ROSA FLANGER'S                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |
| 3. Reside at (Address) / 755 M.E. 10 Lh AVE                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |
| City 9/16/550RD , County Washing to                                                                                                                                                                                                                                                                                                                        | u , State OREGON Zip 97124                                                                                                                                                             |
| being duly sworn, deposes and says that he/she is a citizen of the Ur facts set forth in this affidavit/notice, subject to the provisions and processions, or fraudulent statements with the United States, are transformation and belief.                                                                                                                 | nited States, more than eighteen years of age, that all of the penalties of 18 U.S.C. 1001 pertaining to the filing of false,                                                          |
| 4. Owner's name and address (If not shown in Items 1-3 above).                                                                                                                                                                                                                                                                                             | Check here if this is a change of address. □                                                                                                                                           |
| ROSA FLANders 1755 NE 10to                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                        |
| 5. That I am personally acquainted with the mining claim(s). The of the owner(s) of said claim(s). Said contiguous group of claims, lis Mining District,                                                                                                                                                                                                   | •                                                                                                                                                                                      |
| 6. That between the dates starting at 12 o'clock noon on September, 2002 at least \$ Three Hundred Dellars worth of w claim(s) or upon one or more of a contiguous group of claims for the group of claims for the benefit of all, not including the location world                                                                                        | ork and improvements were done and performed upon said ne benefit of all, or wholly or partly outside of a contiguous                                                                  |
| 7. That the following persons were employed to perform the work                                                                                                                                                                                                                                                                                            | and improvements described herein:                                                                                                                                                     |
| Dave Flanders                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                            | *NIERED INTO COMPUTED                                                                                                                                                                  |

10/2/02 aB

| 6. That the work and improvemen                                           | nts performed were: OVE    | r an amount aut Til                           | men a or                              | fthr                                  | ree Weeks-                  |
|---------------------------------------------------------------------------|----------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------|-----------------------------|
| inspecting claim site, sea                                                | erching; sompling ear      | rth depositis and rime                        | ving son                              | ples                                  | For                         |
| assay testing.                                                            |                            |                                               |                                       | -,                                    |                             |
| 9. Dated: 8/21/200                                                        | Signature:                 | rea flande                                    |                                       |                                       |                             |
| SUBSCRIBED AND SWORN TO bef                                               | / /                        | this 21st day of Augu                         | it                                    |                                       | ,20 <u>0</u> 2              |
| Notary Public NAN 1877 NA                                                 | 77.69                      | ar i sance-resser - arrando nos.              | 77.1<br>50. a                         |                                       |                             |
| MY COMMISSION EXPIRES                                                     | 32/1203                    | WERCHALL BY SARAH R. BY                       | 物温取利公                                 |                                       |                             |
| If the claims/sites have consecutive as follows:                          | BLM numbers and are in     | NOTARY PUBLIC COMMISSION N                    | an annear                             | ,<br>they                             | may be listed               |
| Sample 1 - 10                                                             | A MC 19640 - 49            | Dkt/Pg 1025/1-10<br>Recording #9106173-82     | 4N                                    | 20W                                   | 36                          |
| Claim/Site Name                                                           | Serial Number              | Dkt/Pg or Record # of<br>Orig Location Notice | TWN<br><u>SHP</u>                     | RNG                                   | SEC(S)                      |
| RUSTIIRON                                                                 | 354085                     | 3276546<br>BK-3769                            | 13 -N                                 | 2W                                    | NE-35/SE-26                 |
|                                                                           |                            |                                               | · · · · · · · · · · · · · · · · · · · |                                       |                             |
|                                                                           |                            |                                               |                                       | · · · · · · · · · · · · · · · · · · · |                             |
|                                                                           |                            |                                               | -                                     |                                       |                             |
|                                                                           | ****                       |                                               |                                       | · · · · · · · · · · · · · · · · · · · |                             |
|                                                                           |                            | · · · <del></del>                             | <del></del>                           | <del></del>                           |                             |
|                                                                           |                            |                                               |                                       |                                       |                             |
|                                                                           |                            |                                               |                                       |                                       |                             |
| BLM requires a\$5 nonrefundable ser (not the 31 <sup>st</sup> ). Mail to: | vice charge for each minin | g claim, mill site or tunnel site p           | ayable on o                           | r befor                               | e December 30 <sup>th</sup> |
| Bureau of Land Management<br>222 North Central Avenue                     |                            |                                               | ·                                     | -                                     | Çuman.                      |
| Phoenix, Arizona 85004-2203<br>602-417-9200                               |                            |                                               | 면<br>현역                               |                                       |                             |
| www.az.blm.gov                                                            |                            |                                               |                                       | MII6 2                                |                             |

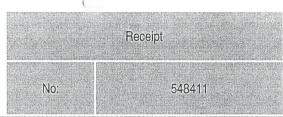
This form is for the purpose of complying with the laws of the United States Department of the Interior, Bureau of Land Management and the State of Arizona pertaining to assessment work and/or notice of intention to hold. 30 U.S.C. 28, 43 CFR 3833.2, ARS 27-208. Subject to Paperwork Reduction Act and Privacy Act statements available at the BLM AZ State Office. This form is not copyrighted. It may be reproduced without permission.

PHASE 26 A II: 02

BLM Date Stamp

## 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



Transaction #: 573100
Date of Transaction: 08/26/2002

CUSTOMER: DAVE FLANDERS
1755 NE 10TH AVE
HILLSBORO,OR 97124

| LINE # | QTY            | DESCRIPTION                                                                                                                             | REMARKS                  | UNIT PRICE | TOTAL |
|--------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-------|
| 1      | 1.00           | LOCATABLE MINERALS / MINING CLAIMS-NOT NEW-UNADJUD,ONE<br>AUTH NO. ONLY / MINING CLAIM MONEY RECEIVED (455)<br>CASES: AMC351108/\$15.00 | WAIVER & POL 2002<br>(3) | - n/a -    | 15.00 |
|        | TOTAL: \$15.00 |                                                                                                                                         |                          |            |       |

|   | and the filter and the second | PAYMENT INFORMATION                                      |             | To the stage have a self-indeed |
|---|-------------------------------|----------------------------------------------------------|-------------|---------------------------------|
| 1 | AMOUNT:                       | \$15.00                                                  | POSTMARKED: | 08/21/2002                      |
|   | TYPE:                         | CHECK                                                    | RECEIVED:   | 08/26/2002                      |
|   | CHECK NO:                     | 04057038527                                              |             |                                 |
|   |                               | FLANDERS, DAVE<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124 |             |                                 |

|           | Sec. 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REMARKS   | (800)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TILMININO | 4000000001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|           | CONTRACTOR OF THE PARTY OF THE |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|           | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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 (January 2000)

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

# ORM APPROVED OMB NO. 1004-0114 Expires: December 31, 2002

#### 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, 2003 and ending at noon on September 1, 2003
- 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, 300.
- 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. MICH ONE-TWO-THREE                                                                                                                                                                  | AMC 352844                                  |
| 2.                                                                                                                                                                                     | , W. V. |
| 3.                                                                                                                                                                                     |                                             |
| 4.                                                                                                                                                                                     |                                             |
| 5.                                                                                                                                                                                     |                                             |
| 6.                                                                                                                                                                                     |                                             |
| 7.                                                                                                                                                                                     |                                             |
| 8.                                                                                                                                                                                     |                                             |
| 9.                                                                                                                                                                                     |                                             |
| 10.                                                                                                                                                                                    |                                             |
| The owner(s) (claimants) of the above mining claims and sites are:  (OSA (Owner's Name - Please Print)  (Owner's Name - Please Print)  (Street or P.O. Box)  (City) (State) (Zip Code) | Tora Hondar<br>(Owner's Signature)          |
| Cowner's Name - Please Print)  Po Box 038/  (Street or P.O. Box)  (City)  (State)  (State)  (State)  (Zip Code)                                                                        | May Ilanders (Owner's Signature)            |
| (Owner's Name - Please Print)  So W. PALM AVE  (Street or P.O. Box)  (City) (State) (Zip Code)                                                                                         | (Owner's Signature)                         |
| (Continued on reverse)                                                                                                                                                                 | 9/3/02 141                                  |

| MARK FINNDERS (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | m ande                                                                                                                                                                                                                                                                                                                                           | 70.6                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mark Flandi<br>(Owner's Signature)<br>Hillsbord OREGON                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |
| [755 NE10 thave<br>(Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Hillsbord (City)                                                                                                                                                                                                                                                                                                                                 | ONEGON (State)                                                                                                                                                                                                                                                        | (Zip Code)                                                                                                                                                                                                       |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (0                                                                                                                                                                                                                                                                                                                                               | Owner's Signature)                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (City)                                                                                                                                                                                                                                                                                                                                           | (State)                                                                                                                                                                                                                                                               | (Zip Code)                                                                                                                                                                                                       |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (C                                                                                                                                                                                                                                                                                                                                               | Owner's Signature)                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (City)                                                                                                                                                                                                                                                                                                                                           | (State)                                                                                                                                                                                                                                                               | (Zip Code)                                                                                                                                                                                                       |
| (Owner's Name - Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (C                                                                                                                                                                                                                                                                                                                                               | Owner's Signature)                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |
| (Street or P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (City)                                                                                                                                                                                                                                                                                                                                           | (State)                                                                                                                                                                                                                                                               | (Zip Code)                                                                                                                                                                                                       |
| INSTRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UCTIONS                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |
| <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> | recorded, or the waiver cann waiver for the assessment y 1999, you must qualify for 1999 in the proper BLM Stat  8. For all mining claims whice affidavit of labor on or befor filing of this waiver. For all record a notice of intent to be following the filing of this waiver.  9. Mill and tunnel sites may all payment of the maintenance. | State Office where the minit of the granted by the BLM. (It care 2000, which begins at no and file for a waiver no late of the Office).  The require assessment work, ore the December 30th immed all other mining claims or site field on or before the Decembaiver. | ng claims or sites are Example: to obtain a con on September 1, or than September 1, you must record an diately following the is waived, you must wer 30th immediately and be waived from old for these sites is |
| NOTICE/BURDEN H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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.  AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | The Paperwork Reduction Act of This information is being collect for a waiver from the payment c established in 30 U.S.C. 28f and response to this request is requiremental.                                                                                                                                                                     | ted to allow the BLM to dete<br>of \$100 per mining claim or the implementing regulations                                                                                                                                                                             | rmine if you qualify<br>site maintenance fee<br>at 43 CFR 3830. A                                                                                                                                                |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BLM would like you to know tha<br>Federal agency-sponsored inform<br>OMB control number.                                                                                                                                                                                                                                                         | it you do not have to respond<br>ation collection unless it displ                                                                                                                                                                                                     | to this, or any other, ays a currently valid                                                                                                                                                                     |
| 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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.                                                                                                                                                                                                                                                      | Public reporting burden for this hours) per response, including maintaining data, and completi regarding this burden estimate, Department of the Interior, Bu Clearance Officer (WO-630), M D.C. 20240.                                                                                                                                          | g time to review instruction<br>ng and reviewing the form.<br>or any other aspect of this<br>reau of Land Management.                                                                                                                                                 | Direct comments form, to the U.S. (1004-0114) Bureau                                                                                                                                                             |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                  | Zb A II: 02<br>IZONA<br>OFFICE<br>ARIZONA                                                                                                                                                                                                                             | EAU OF<br>NAGEMENT                                                                                                                                                                                               |

### DEPARTMENT THE INTERIOR BUREAU OF LA MANAGEMENT

#### MAINTENANCE FEE PAYMENT WAIVER CERTIFICATION

FORM APPROVED 39 2 OMB NO. 1004-0114 Expires September 30, 1999

waiver is filed to hold the claims/sites listed below for the assessment year beginning at noon on the first September 1 following the

official fiting of this form with BLM.

The undersigned owner(s) of the mining claims/sites listed below hereby certify under penalty of 18 U.S.C. 1001 and 43 U.S.C. 1212 that:

I/We control, or will control, ten or fewer mining claims/sites located and maintained on Federal land in the United States of America on the August 31 that is one day before the beginning of the assessment year indicated in line one above.

I/We have/will performed/perform assessment work upon the claims listed below for the current assessment year as of the August 31 indicated in line three above. This work meets the requirements of the General Mining Law of 1872, as amended; the Act of August 10, 1993; and the regulations at 43 CFR 3833 and 3850. Such work will be described on our affidavit of labor. Listing a site on this form constitutes a filing of a Notice of Intention to Hold for that site. I enclose a \$5.00 per site service charge (recording fee) for each site listed.

| Please check this box if the following statement applies to you.  I/We relinquish my/our claims and/or sites not listed below. | 252848 |
|--------------------------------------------------------------------------------------------------------------------------------|--------|
| The mining claims and sites for which the above waiver from payment of the maintenance fees is made are:                       |        |

**BLM RECORDATION SERIAL NUMBER CLAIM NAME** one-two 2. 3. 4. 5. 6. 7. 8. 9. 10. All owner(s) of the above mining claims and sites are filing for this waiver. I/We understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing of a false, fictitious, or fraudulent document with the Bureau of Land Management may result in a fine of up to \$10,000, a prison term not to exceed five years, or both. (Owner's Signature) (City) (State) (Street or P.O. Box) (Owner's Signature) (Owner's Name - Please Print) (State) (City) (Street or P.O. Box) (Owner's Signature) Owner's Name - Please Print) (State) (Owner's Signature) ORE E 10 thave (Zip Code) (State) (City) (Street or P.O. Box)

| (Owner's Name - Please Print) | (0              | wner's Signature) |            |
|-------------------------------|-----------------|-------------------|------------|
| (Street or P.O. Box)          | (City)          | (State)           | (Zip Code) |
|                               |                 | \ .               | (Lip code) |
| (Owner's Name - Please Print) | (O <sub>1</sub> | wner's Signature) |            |
| (Street or P.O. Box)          | (City)          | (State)           | (Zip Code) |
| (Owner's Name - Please Print) | (Ov             | 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) |

#### INSTRUCTIONS

- This certification of waiver from payment of maintenance fees is made under the regulations at 43 CFR 3833 and 3850.
- 2. This waiver must be filed in advance or the assessment year for which a waiver is sought, but in no event be filed later than the August 31st preceding the assessment year for which the waiver is sought.
- You raust still record your affidavit of assessment work for claims listed and/or Notices of Intention to Hold for any sites listed with the BLM by each December 30th, and the local recording office under State law, as in the past.
- 4. A \$5.00 service charge (recording fee) is required for all sites listed, otherwise a separate notice of intent to hold must be filed by December 30.
- This waiver must be filed in the BLM State Office where the mining claims are recorded.
- 6. If the claims and sites are located in more than one State, a separate waiver form must be filed in each State in which they are held. The total number of claims and sites listed on separate waiver forms cannot exceed ten.
- 7. All claim names and Bureau of Land Management (BLM) serial numbers must be listed for all mining claims and sites for which a waiver is sought.

- 8. All owners and their addresses must be listed.
- 9. This waiver form must be signed by all of the owners or their designated agent. If an agent is designated, a statement appointing the agent, signed by all of the owners, must be submitted with this certification, if a designation of agent is not currently on file with the BLM State office where your claims and sites are recorded.
- 10. Mining claims and sites held by a husband and wife, either jointly or individually, or their children under the age of discretion, shall be counted towards the 10 claim limit. Mining claims and sites held in co-ownership, or by an association of locators, by a partnership, or by a corporation shall be counted towards the 10 claim limit for claimants that have an interest in these entities.
- 11. Failure to pay the maintenance fee or meet the requirements for waiver from payment of the maintenance fee by any August 31st deadline for the following assessment year shall cause the mining claims and sites to be declared null and void.

#### NOTICE/BURDEN HOURS STATEMENT

The Privacy Act of 1974 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 exemption from rental fees form.

**AUTHORITY:** 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1740, and 1744; 43 CFR 3833 and 3850.

PRINCIPLE PURPOSE: This information is to be used to verify that the owner(s) of a mining claim has complied with the Act of August 10, 1993 (107 Stat. 312), and is entitled to perform assessment work in lieu of paying the maintenance fee for the mining claims listed on this form.

ROUTINE USE: (1) Adjudication of the claimant(s) certification of waiver from paying the maintenance fee otherwise required by the Act of August 10, 1993 (107 Stat. 312). (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public

EFFECT OF NOT PROVIDING INFORMATION: Disclosure of this information is required by the Act of August 10, 1993 (107 Stat. 312) and 43 CFR 3833 for the owner(s) wishing to take the small miners waiver allowed under 43 CFR 3833 and 3850. Failure to supply the information required in this form to support the owner(s) certification of waiver from payment of the otherwise required maintenance fees will result in the waiver disallowed and the mining claims declared null and void by the Bureau of an agreement (BLM).

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501, et seq.) requires us to tell you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim maintenance fee established by the Act of August 10, 1993 (107 Stat. 312) and the implementing regulations at 43 CFR 3833 and 3850. A response to this request is required in accordance with the statute (107 Stat. 312) to retain your benefit.

Public reporting burden for this form is estimated to average 8 minutes per response; including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the Department of the Interior, Bureau of Land Management Information Collection Clearance Officer (DW-101) Denver Federal Center, Building 40, P.O. Box 25047, Denver, CO 80225-0047 and the Office of Management and Budget, Paperwork Reduction Project (1004-0114), Washington, D.C. 20503.

BLM would like you to know that 1867 do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

LNAMARYN**för Official use only** ald nyamna Graidorn

10/he/f

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| Return Docum                                                                                          | nent to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | For BLM Use Only                                                                                                                                                                                  | AZ-3850-1 (July 199                                                                                                 |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1756 NE<br>Hillsbor                                                                                   | Residence 10 thank 0 Oregon 97114 503) 640-3328                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ]=\$500<br>e                                                                                                                                                                                      |                                                                                                                     |
| V                                                                                                     | AFFIDAVIT OF P Also fill in ITEMS 1 through 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ERFORMANCE OF ANNUA and the reverse side of this document.                                                                                                                                        | L WORK.                                                                                                             |
|                                                                                                       | NOTICE OF INTI I intend to hold the claims(s)/sit Also fill in ITEMS 1 through 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ENTION TO HOLD  te(s) listed on the reverse side of this document for and ITEM 9.                                                                                                                 | the calendar year 19                                                                                                |
| SUSPENDED, DI<br>RELIEVE THE O<br>ANNUAL ASSES<br>BE COUNTY RE<br>ONE THAT WAS                        | EFERRED, OR NOT YET ACCR<br>WNER OF COMPLYING WITH<br>SSMENT WORK. NOTICES OF<br>CORDED. FOR MINING CLAIN<br>OR WILL BE FILED WITH TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MILLSITES AND TUNNEL SITES OR FOR MINEGARDLESS OF WHETHER THE ANNUAL AS UED. THE FILING OF A NOTICE OF INTENTIFICATION TO HOLD FOR MILL SITES OR TOWN THE FORM FILED WITH THE BLM MUST OF COUNTY. | SSESSMENT HAS BEEN<br>ION TO HOLD SHALL NOT<br>TO THE PERFORMANCE OI<br>UNNEL SITES NEED NOT<br>BE IDENTICAL TO THE |
| ALL CLAIM                                                                                             | S LISTED ON A SING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LE AFFIDAVIT MUST BE CONTI                                                                                                                                                                        | GUOUS.                                                                                                              |
| 3. Reside at (Add<br>City [tits];<br>being duly sworn, set forth in this affi                         | ress) 1755 INF 10th ave<br>deposes and says that he/she is a c<br>davit/jnotice, subject to the provise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OREGON , State_OREG                                                                                                                                                                               | on Zip Q 712 4 rs of age, that all of the facts                                                                     |
| 4. Owner's Name                                                                                       | and Address (IE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and correct according to the best of my knowledge and correct according to the best of my knowledge as 1-3 above) CHECK HERE IF THIS IS A CHA there It II Charo Oregon a 7 12 4                   | e, information and belief.                                                                                          |
| 5. That I am perso owner(s) of said cla                                                               | nally acquainted with the mining indicate indica | claims(s). The work and improvements were made claims, listed on the reverse side of this document,  Mayicopa County,                                                                             | e by and at the expense of the are situated in the Arizona.                                                         |
| 6. That between the at least \$ \( \frac{1}{1} \) free one or more of a column benefit of all, not in | e dates starting at 12 o'clock noor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 001<br>n on September 1, 19 And ending at 12 o'clock<br>work and improvements were done and performed<br>enefit of all, or wholly or partly outside of a contig                                 | k noon on September 1 13900)                                                                                        |
| 7. That the followi                                                                                   | ng persons were employed to perf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Form the work and improvements described herein:                                                                                                                                                  | Dare Flanders                                                                                                       |
| 8. That the work a<br>Murkers Th<br>and removi                                                        | nd improvements performed were:  47 were eithier tak  ng sumple's for asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ETUSPECTING CLAIM SITES-<br>(en for unknown reason's and/or<br>by testing, over a period of or                                                                                                    | Replacing Claim<br>stolen - and search<br>ne week.                                                                  |
| 9. Dated: 8 2() SUBSCRIBED AND by K () SCL   Notary Public ( MY COMMISSION                            | SWORN TO before me, a Notar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Public, this day of CHEMAINE R SO NOTARY PUBLIC O COMMISSION EXPIRES IAM                                                                                                                          | REGON                                                                                                               |

If the claims/sites have consecutive BLM#s and are in the same Township, Range and Section(s), the may be listed as follows:

SAMPLE 1 - 10

A MC 19640 - 49

DKT/Pg 1025/1-10 RECORDING #9106173-82. 4N

V 36

| CLAIM/SITE NAME | SERIAL NUMBER | Dkt/Pg or Recording # Of ORIGINAL LOCATION NOTICE | TWN<br>SHP | RNG | SEC(S)  |
|-----------------|---------------|---------------------------------------------------|------------|-----|---------|
| 1. Mica One     | AMC 351108    | 99-0005463                                        | 611        | 6£  | NW-25-5 |
| 2.              | AMC           |                                                   |            |     |         |
| 3.              |               |                                                   |            |     |         |
| 4.              |               |                                                   |            |     |         |
| 5.              | AMC           | ,                                                 |            |     |         |
|                 | AMC           |                                                   |            |     |         |
|                 | AMC           |                                                   |            |     |         |
| 8.              | _ AMC         |                                                   |            |     |         |
| 9               | _ AMC         |                                                   |            |     |         |
| 10              | AMC           |                                                   |            |     |         |
| 11              | _ AMC         |                                                   |            |     |         |
|                 | AMC           |                                                   |            |     |         |
|                 | _ AMC         |                                                   |            |     |         |
|                 | AMC           |                                                   |            |     |         |
| 15              | AMC           |                                                   |            |     |         |
| 16              | _ AMC         |                                                   |            |     |         |
| 17              | AMC           |                                                   |            |     |         |
| 18              | AMC           |                                                   |            |     |         |
| 19              | AMC           |                                                   |            |     |         |
| 20              | AMC           | ·                                                 | ,          |     |         |
| 21              | AMC           |                                                   |            |     |         |
| 22              | AMC           |                                                   |            |     |         |
| 23              | AMC           |                                                   |            |     |         |
| 24              | AMC           |                                                   |            |     |         |
| 25              | AMC           |                                                   |            |     |         |
| 26              | AMC           |                                                   |            |     |         |
| 27              | AMC           |                                                   |            |     |         |
| 28              | AMC           |                                                   |            |     |         |
| 29              | AMC           |                                                   |            |     |         |
| 30.             | AMC           |                                                   |            |     |         |

FILE WITH: BUREAU OF LAND MANAGEMENT, 222 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-2203 and the respective county recorder, ON OR BEFORE DECEMBER 30th (NOT THE 31st). BLM requires a \$5.00 nonrefundable service charge for each mining claim, mill site or tunnel site.

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For BLM Use Only

MENDER WAR DAY

OF ALL SON

| Return ocument to:                                                                                                                                                                                                                                      | For BLM Use Only                                                                                                                                                                  | AZ-3850-1 (July 1992)                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Flunders Residence                                                                                                                                                                                                                                      |                                                                                                                                                                                   | ٦.                                                                                          |
| 1755 NE10th Ave                                                                                                                                                                                                                                         | 1 Clarm = 85                                                                                                                                                                      | -{ ·                                                                                        |
| Itillsbord UREGOIY 97124                                                                                                                                                                                                                                | , Ciuri, C                                                                                                                                                                        |                                                                                             |
|                                                                                                                                                                                                                                                         | C                                                                                                                                                                                 | <del>-</del>                                                                                |
| Telephone # (503) 640-3328                                                                                                                                                                                                                              | L.                                                                                                                                                                                | J                                                                                           |
| AFFIDAVIT OF I Also fill in ITEMS 1 through                                                                                                                                                                                                             | PERFORMANCE OF ANNUA and the reverse side of this document.                                                                                                                       | AL WORK.                                                                                    |
|                                                                                                                                                                                                                                                         | ENTION TO HOLD ite(s) listed on the reverse side of this document f                                                                                                               | or the calendar year 10                                                                     |
| Also fill in ITEMS 1 through                                                                                                                                                                                                                            | 4 and ITEM 9.                                                                                                                                                                     | or the calcidar year 13                                                                     |
| NOTICES OF INTENTION TO HOLD ARE FOR ASESSMENT WORK HAS NOT BEEN DONE, SUSPENDED, DEFERRED, OR NOT YET ACC RELIEVE THE OWNER OF COMPLYING WIT ANNUAL ASSESSMENT WORK. NOTICES O BE COUNTY RECORDED. FOR MINING CLA ONE THAT WAS OR WILL BE FILED WITH T | REGARDLESS OF WHETHER THE ANNUAL RUED. THE FILING OF A NOTICE OF INTEN HEDERAL AND STATE LAWS PERTAINING FINTENTION TO HOLD FOR MILL SITES OF INS THE FORM FILED WITH THE BLM MUS | ASSESSMENT HAS BEEN ITION TO HOLD SHALL NOT G TO THE PERFORMANCE OF R TUNNEL SITES NEED NOT |
| Evidence of Annual Assessment Work or a Notice which the claim/site was located.                                                                                                                                                                        |                                                                                                                                                                                   |                                                                                             |
| ALL CLAIMS LISTED ON A SING                                                                                                                                                                                                                             | GLE AFFIDAVIT MUST BE CON                                                                                                                                                         | TIGUOUS.                                                                                    |
| 1. State of Arizona, County of Yavapai                                                                                                                                                                                                                  | 951                                                                                                                                                                               |                                                                                             |
| 2. I, (Name) Rosa Flanders                                                                                                                                                                                                                              |                                                                                                                                                                                   |                                                                                             |
| 3. Reside at (Address) 1755 NE 107                                                                                                                                                                                                                      |                                                                                                                                                                                   |                                                                                             |
| City 11:115borb , Count                                                                                                                                                                                                                                 | y, State_ore                                                                                                                                                                      | 26014 , Zip 47124                                                                           |
| being duly sworn, deposes and says that he/she is a<br>set forth in this affidavit/jnotice, subject to the pro-<br>fraudulent statements with the United States, are tr                                                                                 | visions and penalties of 18 USC 1001 pertaining t                                                                                                                                 | o the filing of false, fictitous, or                                                        |
| 4. Owner's Name and Address (If not shown in it                                                                                                                                                                                                         |                                                                                                                                                                                   | HANGE OF ADDRESS                                                                            |
| 1755 ME 10th 0                                                                                                                                                                                                                                          |                                                                                                                                                                                   |                                                                                             |
| Hillshoro UK                                                                                                                                                                                                                                            | LB60N 97124                                                                                                                                                                       |                                                                                             |
| 5. That I am personally acquainted with the minimum ewner(s) of said claim(s). Said contiguous group walker Mining Distriction                                                                                                                          | of claims, listed on the reverse side of this docum                                                                                                                               | nade by and at the expense of the ent, are situated in the nty, Arizona.                    |
| 6. That between the dates starting at 12 o'clock nat least \$\frac{Two hundred}{\text{bound}} Dollars worth one or more of a contiguous group of claims for the benefit of all, not including the location work.                                        | of work and improvements were done and perform                                                                                                                                    | ned upon said claim(s) or upon                                                              |
| 7. That the following persons were employed to p                                                                                                                                                                                                        | perform the work and improvements described he                                                                                                                                    | rein: David Flanders                                                                        |
| 8. That the work and improvements performed w and removing sum ple's for                                                                                                                                                                                | ere: INSPECTING CLAIM SIT                                                                                                                                                         | E and searching<br>dof 2-weeks.                                                             |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                   |                                                                                             |
| 9. Dated: 8-20-01 , Signature:                                                                                                                                                                                                                          | Kara (bla lan)                                                                                                                                                                    |                                                                                             |
| 9. Dated: 8 A) 6 , Signature: SUBSCRIBED AND SWORN TO before me, a N                                                                                                                                                                                    |                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                       |
| by KOSA Flander                                                                                                                                                                                                                                         | otary Public, this day of                                                                                                                                                         | 19 20                                                                                       |
| Notary Public NUMBER SOME NOTARY Public NUMBER SOME STREET SOME STREET SOME SOME SOME SOME SOME SOME SOME SOME                                                                                                                                          |                                                                                                                                                                                   | AL SEAL VE R SOULE BLIC - OREGON ON NO. 330705                                              |
|                                                                                                                                                                                                                                                         | 1456                                                                                                                                                                              | FXPIRES JAN. 22, 2004                                                                       |

If the claims/sites have consecutive BLM#s and are in the same Township, Range and Section(s), the may be listed as follows:

**SAMPLE 1 - 10** 

A MC 19640 - 49

DKT/Pg 1025/1-10 RECORDING #9106173-82. 4N

20W 36

Dkt/Pg or Recording #
Of ORIGINAL LOCATION

TWN

|                 |               | OF ORGUNAL LOCATION | 1 44 14     |             |                                         |
|-----------------|---------------|---------------------|-------------|-------------|-----------------------------------------|
| CLAIM/SITE NAME | SERIAL NUMBER | NOTICE              | SHP         | RNC         | SEC(S)                                  |
| 1. Rusti Iron   | AMC 354085    | 3276546             | 13-N        | 2-10        | NE-35-5840                              |
| 2               | AMC           |                     |             |             |                                         |
| 3.              | AMC           |                     | <del></del> |             |                                         |
| 4               | AMC           |                     | <del></del> |             | <del></del>                             |
| 5               |               |                     |             |             |                                         |
|                 |               |                     |             | •           |                                         |
| 7               | AMC           |                     |             |             |                                         |
| 8               |               |                     | <del></del> |             |                                         |
| 9               | AMC           |                     |             |             |                                         |
| 10              | AMC           |                     | <del></del> |             |                                         |
|                 | AMC           |                     |             | <del></del> | • •                                     |
| i2              | AMC           |                     | <del></del> |             |                                         |
|                 | AMC           |                     | <del></del> |             |                                         |
| 14              | A 3 4 C       |                     |             |             |                                         |
| 15              | AMC           |                     | <del></del> |             | •                                       |
| 16              | AMC           |                     | <del></del> |             | •                                       |
| 17              | _ AMC         |                     | <del></del> |             |                                         |
| 18              | _ AMC         |                     | <del></del> | `           | ~                                       |
| i9              | _ AMC         |                     |             |             | -                                       |
| 20              | _ AMC         |                     |             | <del></del> |                                         |
| 21              | _ AMC         |                     |             |             |                                         |
| 22.             | 43.60         |                     |             |             | <del></del>                             |
| 23              | AMC           |                     |             | <del></del> | **************************************  |
| 24              | _ AMC         |                     |             |             |                                         |
| 25              | _ AMC         |                     |             |             |                                         |
| 26              | _ AMC         |                     |             |             |                                         |
| 27              | _ AMC         |                     |             |             |                                         |
| 28              |               |                     |             |             |                                         |
| 29              | AMC           |                     |             |             |                                         |
| 30              | _ AMC         |                     | -           |             | W.F                                     |
|                 |               |                     |             |             | *************************************** |

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For BLM Use Only
VMUZISTO STATE
BOLLED STATE
VARIABLE
VAR

RAMD MANAGEMENT BUREAU OF RECEIVED

CHEMAINE R SOULE NOTABY PUBLIC - OREGON COMMISSION NO. 330705

MY COMMISSION EXPIRES JAN. 22, 2004

MY COMMISSION EXPIRES 1

If the claims/sites have consecutive BLM#s and are in the same Township, Range and Section(s), the may be listed as follows:

SAMPLE 1 - 10

A MC 19640 - 49

DKT/Pg 1025/1-10 RECORDING #9106173-82.

36

Dkt/Pg or Recording #

20W

| CLAIM/SITE NAME       | SERIAL NUMBER | NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SHP                                   | RNG         | SEC(S)                                  |
|-----------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------|-----------------------------------------|
|                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 1                     | AMC           | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |             |                                         |
| 2. Mica One-two-three |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.60                                  | 4           |                                         |
|                       |               | 00-0126147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _ = = 11                              | 6           | 3W.72-4                                 |
| 3                     | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                           | <del></del> |                                         |
| 4                     | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
|                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
|                       | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             | <del></del>                             |
| 7                     |               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | <del></del> |                                         |
| 8                     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                           |             |                                         |
| 9                     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
|                       | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
|                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
|                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |             |                                         |
|                       | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
|                       |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 15                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
|                       |               | form a second se |                                       |             |                                         |
| 17                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
|                       | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 19                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 20                    | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 21                    | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 22                    | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 23                    | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 24                    | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 25                    | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 26                    | 43.40         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             | -                                       |
| 27                    | 13.60         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| = -                   | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |
| 29                    | AMC           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             | *************************************** |
| 30.                   | AMC.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                         |

FILE WITH: BUREAU OF LAND MANAGEMENT, 222 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-2203 and the respective county recorder, ON OR BEFORE DECEMBER 30th (NOT THE 31st). BLM requires a \$5.00 nonrefundable service charge for each mining claim, mill site or tunnel

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PHOEMIX, ARIZONA JOFor BLM Use Only

2001 AUG 24 A 933

LAND-MATIAGEMENT BABEVA OL GEATED 39

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:

365051

Transaction #: 383660

Date of Transaction: 08/25/2001

CUSTOMER: DAVE FLANDERS 1755 NE 10TH AVE HILLSBORO,OR 97124

| LINE# | QTY  | COMMODITY / SUBJECT / ACTION / PRODUCT                                                                          | REMARKS                        | UNIT<br>PRICE | TOTAL   |
|-------|------|-----------------------------------------------------------------------------------------------------------------|--------------------------------|---------------|---------|
| 1     | 1.00 | LOCATABLE MINERALS / MINING CLAIMS-NOT<br>NEW-UNADJUD, ONE AUTH NO. ONLY /<br>MINING CLAIM MONEY RECEIVED (455) | WAIVER & POL<br>2001 (♣) ( ~3) | - n/a -       | \$15.00 |

TOTAL: \$15.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | PAYMENT INFORMATIO                                       | N 3                    |
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| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AMOUNT:   | \$15.00                                                  | POSTMARKED: 08/20/2001 |
| Transport of the Control of the Cont | TYPE:     | CHECK                                                    | RECEIVED: 08/24/2001   |
| Processor and a second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CHECK NO: | 03001219773                                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME:     | FLANDERS, DAVE<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124 |                        |

|                | REMARKS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| PHONE: SEE DOC |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| CASE SERIAL NUMBER INFORMATION |       |                   |  |  |
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| 383660                         | 1     | AMC351108/\$15.00 |  |  |

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.

Form 3830-2 (January 2000)

**UNITED STATES** DEPARTMENT OF THE INTERIOR

**BUREAU OF LAND MANAGEMENT** 

FORM APPROVED OMB NO. 1004-0114 Expires: December 31, 2002

#### 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, 2000 and ending at noon on September 1, 2001
- 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, 2000
- 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.

| CLAIM OR SITE NAME                                                                                                       | BLM RECORDATION SERIAL NUMBER    |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Mica One-two-three.                                                                                                      | AMC 352844                       |
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|                                                                                                                          |                                  |
| Owner's Name - Please Print)  1126 N Scottsdale #2  (Street or P.O. Box)  Tempe Arizona SS281  (City, (State) (Zip Code) | (Owner's Signature)              |
|                                                                                                                          | mik flanders (Owner's Signature) |
| (Street or P.O. Box)  (Street or P.O. Box)  (City)  (State)  (Zip Code)                                                  |                                  |
| ROSA FLANDONS<br>(Owner's Name - Please Print)                                                                           | Osa fanders (Owner's Signature)  |
| 1755 P. E. 10 th A VO<br>(Street or P.O. Box)  (City)  (State)  97124  (Zip Code)                                        | ENTERED INTO COMPUTER            |
| ontinued on reverse)                                                                                                     | 20m 9/15/00                      |

| (Owner's Name - Please Print)              | mark Tland        | vner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
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| 1755 N.E. 10 1H (Street or P.O. Box)       | Hills Boke (City) | OR (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 97/24<br>(Zip Code)  |
| Pay Flanbers (Owner's Name - Please Print) | Pay Iland         | vner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                    |
| O381 Noveth Plains (Street or P.O. Box),   | North Plans       | The Signature of the State of t | 9 7/33<br>(Zip Code) |
| (Owner's Name - Please Print)              | (Ov               | vner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
| (Street or P.O. Box)                       | (City)            | (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Zip Code)           |
| (Owner's Name - Please Print)              | (Ov               | vner's Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
| (Street or P.O. Box)                       | (City)            | (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Zip Code)           |

#### 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.
- 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 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.
- 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 2000, which begins at noon on September 1, 1999, you must qualify for and file for a waiver no later than September 1, 1999 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.
- 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.

#### 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.

AUTHORITY: 30 U.S.C. 28-28k; 43 U.S.C. 1201, 1457, 1740, and 1744; and 43 CFR 3830.

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.

**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. (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 foreign agencies when needed for enforcement of civil or criminal codes or applicable regulations concerning title rights upon the public land.

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.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow the BLM to determine if you qualify for a waiver from the payment of \$100 per mining claim or site maintenance fee established in 30 U.S.C. 28f and the implementing regulations at 43 CFR 3830. A response to this request is required in accordance with the statute to obtain your

BLM would like you to know that you do not have to respond to this, or any other, Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Public reporting burden for this form is estimated to average 8 minutes (0.133 hours) per response, including time to review instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Bureau of Land Management, (1004-0114) Bureau Clearance Officer (WO-630), Mail Stop 401 LS, 1849 C St., N.W., Washington, D.C. 20240. PHOEME ANYZOHA

FOR OFFICIAL USE ONLY

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RETURN RECEIPT REQUESTED

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United States Dept of THE Interior

Bureau of Land management Business & Support Services Division

222 N. CENTRAL AVE Phoenix, AZ 85004-2203

| Receipt #:/ 58323    |
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| Date:7/24/00         |
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Date

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Flanders Residence<br>1755 NE 10th are<br>Hillsburg Cregan<br>97124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20 8500 _ 8/0                                                                                                                                                                                                                            |                                                                                                   |
| Telephone # (いろ) しいつろうよく                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                          | •                                                                                                 |
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| 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TENTION TO HOLD  )/site(s) listed on the reverse side of this documen h 4 and ITEM 9.                                                                                                                                                    | t for the calendar year 19                                                                        |
| ASESSMENT WORK HAS <u>NOT</u> BEEN DONI<br>SUSPENDED, DEFERRED, OR NOT YET AC<br>RELIEVE THE OWNER OF COMPLYING W<br>ANNUAL ASSESSMENT WORK. NOTICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OR MILLSITES AND TUNNEL SITES OR FOR E, REGARDLESS OF WHETHER THE ANNUA CCRUED. THE FILING OF A NOTICE OF INTI ITH FEDERAL AND STATE LAWS PERTAINI OF INTENTION TO HOLD FOR MILL SITES CLAIMS THE FORM FILED WITH THE BLM MILTHE COUNTY. | L ASSESSMENT HAS BEEN ENTION TO HOLD SHALL NOT ING TO THE PERFORMANCE OF OR TUNNEL SITES NEED NOT |
| which the claim/site was located.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ice of Intention to Hold must be filed each calenda                                                                                                                                                                                      | -                                                                                                 |
| 1. State of Arizona, County of Warian<br>2. I, (Name) 12 12 14 15<br>3. Reside at (Address) 12 2 15 County of County of Warian Co | costsodale #2                                                                                                                                                                                                                            | 47 ,Zip St 2.87                                                                                   |
| being duly sworn, deposes and says that he/she set forth in this affidavit/inotice, subject to the p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | is a citizen of the United States, more than eightee<br>provisions and penalties of 18 USC 1001 pertaining<br>true and correct according to the best of my known                                                                         | en years of age, that all of the facts                                                            |
| 4. Owner's Name and Address (If not shown in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n items 1-3 above) CHECK HERE IF THIS IS A                                                                                                                                                                                               | CHANGE OF ADDRESS                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                   |
| 5. That I am personally acquainted with the minowner(s) of said claim(s). Said contiguous groum Mining D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ining claims(s). The work and improvements were up of claims, listed on the reverse side of this docu istrict,                                                                                                                           | e made by and at the expense of the ment, are situated in the ounty, Arizona.                     |
| 6. That between the dates starting at 12 o'clock at least \$ 1 he e ITUND (CD) Dollars wor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | k noon on September 1, 19 <u>44</u> And ending at 12 of th of work and improvements were done and perform the benefit of all, or wholly or partly outside of a                                                                           | o'clock noon on September 1,-19-2000                                                              |
| 7. That the following persons were employed to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to perform the work and improvements described                                                                                                                                                                                           | herein: Mario Repey                                                                               |
| 8. That the work and improvements performed Digging and making 1415, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I were: <u>Carring</u> and for hauling ouks over a permi of five                                                                                                                                                                         | Mining hand tools and                                                                             |
| 9. Dated: 7-26-00, Signatur SUBSCRIBED AND SWORN TO before me, a by DAVID H. FLANDERS  Notary Public Zaucutte Mod MY COMMISSION EXPIRES Deck 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | au .                                                                                                                                                                                                                                     | DE COMPUTER                                                                                       |
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If the claims/sites have consecutive BLM#s and are in the same Township, Range and Section(s), the may be listed as follows:

SAMPLE 1 - 10

A MC 19640 - 49

DKT/Pg 1025/1-10 RECORDING #9106173-82. 4N 20W

**TWN** 

36

Dkt/Pg or Recording #
Of ORIGINAL LOCATION
CLAIM/SITE NAME SERIAL NUMBER NOTICE

SHP RNG SEC(S) AMC\_351108 99-0005913 6-E NO.25,500 2. 2. MICH ONE, TWO, THREE AMC 352844 00-0126197 AMC\_ AMC AMC AMC \_\_ AMC 10.\_\_\_\_\_ AMC\_ 11.\_\_\_\_\_ AMC\_ \_\_\_\_ AMC 12.\_\_\_\_ 13.\_\_\_\_\_ AMC\_ \_\_\_\_ AMC\_ 14.\_\_\_\_ \_\_ AMC 15. 16.\_\_\_\_\_ AMC\_ 17.\_\_\_\_\_ \_\_\_\_ AMC\_ \_\_\_\_ AMC\_ \_\_\_\_\_ AMC 20.\_\_\_\_\_ AMC\_ \_\_\_ AMC\_ 22.\_\_\_\_\_ AMC\_ \_\_\_\_ AMC\_ \_\_\_ AMC\_ \_\_\_\_ AMC\_ 27.\_\_\_\_\_ AMC\_ AMC AMC

FILE WITH: BUREAU OF LAND MANAGEMENT, 222 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-2203 and the respective county recorder, ON OR BEFORE DECEMBER 30th (NOT THE 31st). BLM requires a \$5.00 nonrefundable service charge for each mining claim, mill site or tunnel site.

This form is for the purpose of complying with the laws of the United States Department of the Interior, Bureau of Land Management and the State of Arizona pertaining to assessment work and/or noitce of intention to hold. 30 USC 28, 43 CFR 3833.2, ARS 27-208. Subject to Paperwork Reduction Act and Privacy Act statements available at the BLM AZ State Office. This form is not copyrighted. It may be reproduced without restriction.

For BLM Use Only

PHOENIX, ARIZONA

2000 70F 5P 15: 5P

BITIM, AZ STATE OFFICE

# 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

|     | Receip | ot de la company | A-4-4 |
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| Date o    | f Trans | saction: 07/26/2000                                                                                 |              |               |         |
|-----------|---------|-----------------------------------------------------------------------------------------------------|--------------|---------------|---------|
|           |         | CUSTOMER: DAVID FLANDERS 1755 NE 10TH AVE HILLSBORO,OR 97124                                        |              |               |         |
| LINE<br># | QTY     | COMMODITY / SUBJECT / ACTION / PRODUCT                                                              | REMARKS      | UNIT<br>PRICE | TOTAL   |
| 1         | 1       | LOCATABLE MINERALS / MINING<br>CLAIMS-ACCOUNTS/UNADJUDICATED / MINING CLAIM<br>MONEY RECEIVED (455) | POL 2000 (2) | - n/a -       | \$10.00 |

|         | PAYMENT INFORMATIO                                        | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 1 AMOUN | T: \$10.00                                                | POSTMARKED: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TYPI    | E: CASH                                                   | RECEIVED: 07/26/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NAMI    | FLANDERS, DAVID<br>1755 NE 10TH AVE<br>HILLSBORO OR 97124 | - Commission of the Commission |

| REMARKS |  |
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|        |       | CASE SERIAL NUMBER INFORMATION |
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| TRNS#  | LINE# | CASES                          |
| 171298 | 1     | AMC351108                      |

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.

#### **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 7/2/2019



Box Number= AZ15139



Claim Begin-End: AMC352844-AMC352844

5 Miscellaneous



AMC351108 AMC352844 AMC354085

#### NOTE TO FILE RECORD

Mr. David Flanders called today (2/14/2018) to certify his current mailing address. He said he submitted a corrected waiver with his current address. I did a search and found that indeed his new current address was on the corrected waiver he submitted for AMC351108 and AMC354085, which we received on 11/24/2017.

On 11/27/2017, I sent him a note due to the fact that there was a different address written on the corrected waiver he submitted for AMC352844, which we also received on 11/24/2017.

Per my conversation with Mr. Flanders, I updated the address in LR-2000 and left a message at the phone number on file, to inform Mr. Flanders about my actions.

PBrown, LLE

## Customer Name Update Screen

| System ID:MC            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                        |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|
| Name: FLAN              | NDERS DAVID H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Lookup                               |                                        |
| Proprietor #: 2104      | 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Renumber To:                         |                                        |
| Category: P - F         | PRIVATE 🗸                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                        |
| Address: 1755           | NE 10TH AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                        |
| City: HILL              | SBORO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | ,                                      |
| State: OR               | Lookup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                        |
| Zip: 9712               | 41703                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                        |
|                         | NDELIVERABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                        |
| particular and a second | o Annual Reminders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7                                    |                                        |
| Email:                  | 400 4145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | all Maria                              |
| Phone: 480-             | 488-1145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | ENTERED FEB 1 4 2018                   |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | <b>ENTERED</b> FEB 1 4 2018            |
|                         | Paulian contract a service and |                                      | 4                                      |
|                         | Save                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Save/Override DataFlux               | PB.                                    |
|                         | Del                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ete Renumber                         |                                        |
|                         | Customer details success                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | sfully saved for Customer Id 2104111 |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | AC 176 Entered for:                    |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | AMC 351108<br>AMC 352844<br>AMC 354085 |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | Amc 352844                             |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | 1 2511 195                             |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | Amc 337003                             |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | 8ª                                     |

## Customer Name Update Screen

| System ID:MC               | · · · · ·    |   |
|----------------------------|--------------|---|
| Name: FLANDERS DAVID H     | - Lookup     |   |
| Proprietor #: 2104111      | Renumber To: |   |
| Category: P - PRIVATE      |              |   |
| Address: GENERAL DELIVERY  |              |   |
|                            |              |   |
| City:PRESCOTT              |              |   |
| State: AZ Lookut           |              |   |
| Zip: 863019999             |              |   |
| □UNDELIVERABLE             |              |   |
| ☐ No Annual Reminders      | · .          |   |
| Email:                     |              |   |
| Phone: 480-488-1145        |              |   |
|                            | •            |   |
|                            |              |   |
| Save Save/Override DataFlu | , x          |   |
| Delete Renumber            |              | • |

## **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 7/2/2019



Box Number= AZ15139



Claim Begin-End: AMC352844-AMC352844

6 Location Notices-Amendments and Supporting Documents

## United States Department of the Interior

BUREAU OF LAND MANAGEMENT ARIZONA STATE OFFICE 222 North Central Avenue Phoenix, Arizona 85004-2203

January 12, 2000

In Reply Refer To: 3800 (952.3)

CLAIMANT(S):

David H. Flanders 1755 NE Tenth Ave. Hillsboro, OR 97124

Emily Flanders 1755 NE Tenth Ave. Hillsboro, OR 97124

Mark Flanders 1755 NE Tenth Ave. Hillsboro, OR 97124

Ray Flanders 1755 NE Tenth Ave. Hillsboro, OR 97124

Rose Flanders 1755 NE Tenth Ave. Hillsboro, OR 97124

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. Please send name and address verification for David A. and David H. Flanders.

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

Enclosure

### **MINING CLAIM STATUS REPORT**

Status Checked By:

MTP Checked By:

GEO Checked By:

Preadjudication By:

Final Adjudication By:

| LEAD                                        | SERIAL NO. AMC                                       | 352844       | _ THROUG                     | H AMC                   |                                                        |
|---------------------------------------------|------------------------------------------------------|--------------|------------------------------|-------------------------|--------------------------------------------------------|
|                                             | LODE PLACER MILL SITE TUNNEL SITE ASSOCIATION PLACER | @ \$10 = \$_ | 10.0<br>25.0<br>100.6<br>,26 |                         | -curable defect<br>nance Fee<br><b>S</b><br>Shortage □ |
| OVER-T                                      | THE-COUNTER: MA                                      | AIL: 🗆 Tir   | mely Filed:                  | YES                     | NO □                                                   |
| TTTTGENER SPLIT E WILDER CLAIMS PROPE COMME | ation within                                         | S SW -       | TTTFOREST A                  | R R R R Name N/A Specif | y<br>y                                                 |
| TATUS:                                      | PARTIALLY VOID   NERALS   WITHDRAW                   | VOID OTHER C | at                           |                         |                                                        |
|                                             |                                                      |              |                              |                         |                                                        |

### County Recordation Information:

B.L.M. AZ STATE OFFICE

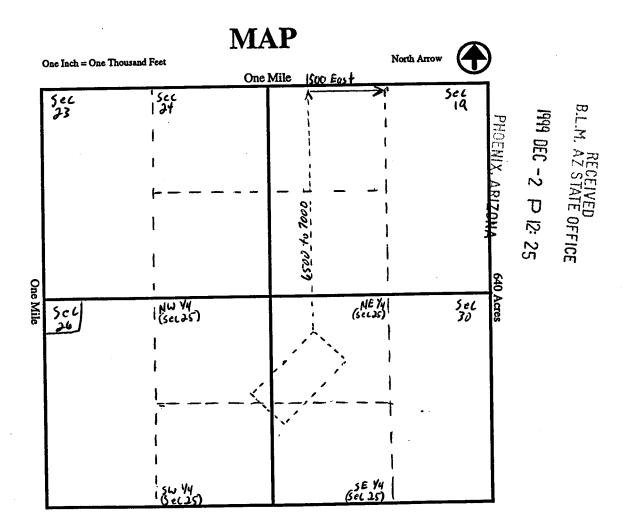
1999 DEC -2 P 12: 25

PHOENIX. ARIZONA

|     | NOTICE OF MINING CLAIM LOCATION                                                                                                                                                                | ]##=2 k           |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1.  | TYPE OF NOTICE: /1/2 Location /_/ Amendment /_/ Relocation                                                                                                                                     | 11                |
| 2.  | TYPE OF CLAIM OR SITE: /_/ Placer // Lode /_/ Millsite /_/ Tunnelsite                                                                                                                          | က<br>'ယ           |
| 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)                                                   | 528               |
|     | Name: David H Flanders  Address: 1755 NE tenth ave  City/State/Zip Code: Hill Sbero ORE 60N 97124  Telephone Number (include area code): (\$037 640 -3324                                      | ф<br>ф<br>ф       |
| 4.  | The name of the claim: Mica one two three                                                                                                                                                      | _                 |
| 5.  | The date of location is: 11-26-99                                                                                                                                                              | _                 |
| 6.  | The claim is 1500 feet long and 600 feet wide. The distance from the location monument to each end of the claim is 600 feet in a 500th east direction and 1500 feet in a 500th east direction. |                   |
| 7.  | The Northwest corner of the claim is 6500 to 7000 Feet due south                                                                                                                               |                   |
|     | from a survey monument or permanent natural object described as the North west boundry of section 24                                                                                           | -<br>-            |
| 8.  | The general course of the claim is from the <u>South west</u> to the <u>North east</u>                                                                                                         |                   |
| 9.  | The location of the claim is in Section(s) 25 , Quarter Section(s) 125-5E25-56  Township(s) 6-N , Range(s) 6-E , Gila and Salt River Meridian, Maricopa County, State of Arizona.              | <u>1325-11002</u> |
| 10. | Is the claim filed under Public Law 359? /_/ yes /_/ no                                                                                                                                        |                   |
| 11. | Monument types are 4-4x4 WOODEN POSTS                                                                                                                                                          | _                 |
|     | Locator                                                                                                                                                                                        | <del>-</del>      |
| Da  | ate 1/-26-99 Signature David Wolumbus // Agent Only                                                                                                                                            |                   |

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

500



| Section Township6N | Quarter Section NEJS-SEJS-SW-JSNU-JS<br>G&SR Meridian, Mari copu | , Range 6-E,<br>County, Arizona. |
|--------------------|------------------------------------------------------------------|----------------------------------|
| Date               | Signature David A Fla                                            | nders                            |

CQ

| CLAIM NAME M          | CA ON == DO THREE         |                        |
|-----------------------|---------------------------|------------------------|
| Additional Owners:    |                           |                        |
| Name:                 | Mark Flanders             | Dretues                |
| Address:              | 1755 NE 10th ave          | B.L.M. AZ STATE OFFICE |
| City/State/Zip Code:  | Hillsboro ORELOW 97124    | 1999 pcc               |
| Telephone Number (are | ea code): 503 -640-3328   | blc -2 P 12: 25        |
|                       |                           | PHOENIX. ARIZONA       |
| Name:                 | Ray Flanders              |                        |
| Address:              |                           |                        |
| City/State/Zip Code:  |                           |                        |
|                       | ea code): (\$03)-647-9309 |                        |
|                       |                           |                        |
| Name:                 | EMILY Flunders            |                        |
| Address:              |                           |                        |
| City/State/Zip Code:  |                           |                        |
| Telephone Number (are | ea code): (310-322-3556   |                        |
|                       |                           |                        |
| Name:                 | ROSE Flanders             |                        |
| Address:              | 1755 NE 10th are          |                        |
| City/State/Zip Code:  | Hillsborn OREGON G7124    |                        |
| Telephone Number (are | ea code): (503-640-3318   |                        |
|                       |                           |                        |
| Name:                 |                           |                        |
| Address:              |                           |                        |
| City/State/Zip Code:  |                           |                        |
| Telephone Number (are | ea code):                 |                        |
|                       |                           |                        |
| Name:                 |                           |                        |
| Address:              |                           |                        |
| City/State/Zip Code:  |                           |                        |
| Telephone Number (are | ea code):                 |                        |
|                       |                           |                        |
| Name:                 |                           |                        |
| Address:              |                           |                        |
| City/State/Zip Code:  |                           |                        |

Telephone Number (area code):

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

01 03-03-1879;020STAT0394;43USC31

Casetype 234400: WDL-FERC

**Total Acres** 

Serial Number

Commodity 952: SUBJECT TO PRIOR RIGHTS

dity 302. 3000LCT TO Phion high

1.0

AZA--- - 021589

**Case Disposition: AUTHORIZED** 

Serial Number: AZA--- - 021589

\_\_\_

 Name & Address
 Int Rel
 %Interest

 FERC
 888 FIRST ST NE
 WASHINGTON DC 20426
 HOLDING AGENCY 100.000000

 GENTRY RES CORP
 11920 E MAPLE
 AURORA CO 80012
 APPLICANT 0.000000

Serial Number: AZA--- - 021589

MerTwp Rng Sec STypeSNrSubdivision District/Resource Area County Mamt Agency 14 0060N 0060E 001 ALIQ ALL; PHOENIX FIELD OFFICE **MARICOPA** 14 0060N 0070E 001 ALIQ ALL; PHOENIX FIELD OFFICE MARICOPA 14 0070N 0080E 001 ALIQ ALL: PHOENIX FIELD OFFICE **MARICOPA** 

Serial Number: AZA--- - 021589

| Act Date   | Code / | Action                | Action Remarks |    | Pending Office |
|------------|--------|-----------------------|----------------|----|----------------|
| 08/02/1984 | 124    | APLN RECD             | MC             | •  |                |
| 08/02/1984 | 501 p  | REFERENCE NUMBER      | PROJ-7825;     |    |                |
| 08/02/1984 | 543 (  | SEGREGATION (MINERAL) | NON;           |    |                |
| 08/02/1984 | 544 (  | SEGREGATION (SURFACE) | ALL;           |    |                |
| 08/02/1984 | 705 (  | ORDER ISSUED          |                |    |                |
| 08/02/1984 | 830 /  | WITHDRAWN             |                |    |                |
| 01/02/1986 | 149 (  | CASE RECEIVED FROM    |                |    |                |
| 01/03/1986 | 042 (  | CASE SENT TO          | DRAFTING,JB    | SD |                |
| 02/18/1986 | 149 (  | CASE RECEIVED FROM    |                |    |                |
| 07/14/1986 | 600 j  | RECORDS NOTED         |                |    |                |
|            |        |                       |                |    |                |

## DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RUN DATE: 12/02/99

Input Parameters for Geographic Report

**RUN TIME: 11:28 AM** 

Admin State: AZ
Geo State: AZ
Case Disposition: ACTIVE

MTR:

MTRS: 14 0060N 0060E 025

Quadrant:

NO WARRANTY IS MADE BY BLM FOR USE OF THE DATA FOR PURPOSES NOT INTENDED BY BLM **REPORT TIME: 11:28 AM RUN DATE: 12/02/1999** 

#### UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** LIST OF MINING CLAIMS BY SECTION

PAGE: 1

**MER TWP RNG SEC** 14 0060N 0060E 025

SERIAL NUM AMC351108

QUAD NW

**CLAIM NAME** MICA ONE

CLAIMANT FLANDERS DAVID A **LEAD FILE** AMC351108 CASE TYPE 384101

**STATUS** LOC DATE ASSESSMENT ACTIVE 01/01/1999

2000

LAST

Run Date: 12/14/1999 RUN TIME:11:40 AM

## UNITED STATES DEPARTMENT OF INTERIOR BUREAU OF LAND MANAGEMENT

STATE: AZ

GEOGRAPHIC REPORT WITH LAND

| <b>CASETYPE</b> | CASE DISP      | MEF   | TWP   | <u>RNG</u> | <u>SECT</u> | <u>SUR TYP</u> | SUR NR | SUF | SUBDIVISION |
|-----------------|----------------|-------|-------|------------|-------------|----------------|--------|-----|-------------|
| Serial Nu       | mber: AZA 0    | 27497 |       |            |             |                |        |     |             |
| Total Cas       | se Acres: 1.00 | 0     |       |            |             |                |        |     |             |
| 837000          | CLOSED         | 14    | 0060N | 0060E      | 025         | 1              |        | 1   | ALL:        |

Page: 1

# PARTIALLY SURVEYED TOWNSHIP 6 NORTH RANGE 6 EAST OF THE GILA AND SALT RIVER MERIDIAN, ARIZONA

MARICOPA COUNTY

STATUS OF PUBLIC DOMAIN LAND AND MINERALTITLES

|                                        |                           |    | MARICOP | A COUNTY | etina – i a lelikalisi asal                  |    |
|----------------------------------------|---------------------------|----|---------|----------|----------------------------------------------|----|
| WS 1196                                | 28542<br>0/C              |    |         |          |                                              |    |
| *                                      | 6<br>(617°)               | 5  |         | <b>3</b> | 2                                            |    |
|                                        | (633 a)                   | 8  | 9       | 10       |                                              | 12 |
|                                        | J8<br>(634 <sub>0</sub> ) |    | 16      | 15       |                                              |    |
| ************************************** | 19<br>(634a)              | 20 | 21      | 22       | 23                                           | 24 |
|                                        | 30<br>(635 o)             | 29 | 28      | 27       | 26                                           | 25 |
|                                        | 39.16                     | 32 | 33      | 34       | 35 A 21589 Wdl Pwr Proj 7025 Prolim Per Apin | 36 |

| INDEX TO SEGREGATED TRACTS |     |                 |     |                                         |  |  |  |
|----------------------------|-----|-----------------|-----|-----------------------------------------|--|--|--|
| RESURVEY                   | i i | ORIGINAL SURVEY |     |                                         |  |  |  |
| TRACT NO                   | T   | P               | SEC | SUBDIVISION                             |  |  |  |
|                            |     |                 | 1   |                                         |  |  |  |
|                            | V.  |                 |     |                                         |  |  |  |
|                            |     | 26              | . 3 |                                         |  |  |  |
|                            | 3.  |                 |     | 10.1                                    |  |  |  |
|                            |     |                 |     |                                         |  |  |  |
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| EFER TO INDE                               | T.                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | W. Carl                                 |
|--------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|
| III Tp. i Inclu                            | ded+   n 7461                         | Tonto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | W.FL. P                                                | rot 16                                  |
| 7/14/1923                                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                         |
|                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4-1                                                    |                                         |
| ROTRACTION DIA                             | GRAM NO.60                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | 4                                       |
| I TO MOUNTED                               | W DEVERANCE                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A 4-1-1                                                |                                         |
| LL TR INCLUDED                             | W DE I ENMINA                         | ION ANEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MLJ67 7-5-1                                            | <b>HOUMPORT</b>                         |
|                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | <del></del>                             |
| IDS IIS NW                                 | <del></del> -                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                         |
| 102 40 0                                   |                                       | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |                                         |
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|                                            |                                       | Contract of the Contract of th | -                                                      | 1>2                                     |
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| <del></del>                                | · · · · · · · · · · · · · · · · · · · | Net C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10                                                     | - C                                     |
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|                                            | <del></del>                           | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IJ_                                                    | - [7]                                   |
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