

AFFIDAVIT OF ASSESSMENT WORK

For Bureau of Land Management Use

For County Recorder's Use

The undersigned certifies that at least one hundred (\$100) dollars per claim was expended for development, labor and improvements for each mining claim listed on the reverse of this document. The mining claims are situated in, the County of _____, State of _____.

OR

Attach report of geological, geochemical, and geophysical surveys, per 43 CFR 3836.

Such expenditure was made by, for, or at the expense of _____, the owner(s) of said claims, for the purpose of developing the mineral potential of the claims and to maintain and hold said claims. All stakes, monuments or trees marking boundaries of said claims are in proper place and position.

This assessment work was performed for the assessment year ending at 12 o'clock noon on September 1, 20 ____.

Dated this _____ day of _____, 20 ____.

Signature: _____

QUARTZ (LODE) _____

Address: _____

PLACER _____

State of _____
County of _____)

Subscribed and sworn to (or affirmed) before me
this _____ day of _____, 20 ____.

(Seal)

Notary Public or County Recorder
(My commission expires _____)

Pursuant to 43 U.S.C. 1212 and 18 U.S.C. Section 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. This information is being collected to enable BLM to determine which claims their owner(s) wish to continue to hold under applicable Federal statute. A response is required to obtain a benefit in accordance with Section 314 of the Federal Land and Policy Management Act of 1976, as amended, 43 U.S.C. 299, and 30 U.S.C. 28f-k, as amended. This authority to collect personal information may be found in DOI Privacy Act System Notice LLM-32. The name and address are required for filing and retrieval purposes. Additional authority: 43 U.S.C. 1601, 43 U.S.C. 1701, and 42 U.S.C. 4601.

IMPORTANT NOTICE:

The information may be submitted in this format or its local equivalent. Use of this format is suggested but not required. It is not copyrighted and may be reproduced without restriction.

Because applicable state laws determine certain requirements, check with your local State and Federal agencies to ensure that all requirements are met.

IMC No.	CLAIM NAME	IMC No.	CLAIM NAME
1.		26.	
2.		27.	
3.		28.	
4.		29.	
5.		30.	
6.		31.	
7.		32.	
8.		33.	
9.		34.	
10.		35.	
11.		36.	
12.		37.	
13.		38.	
14.		39.	
15.		40.	
16.		41.	
17.		42.	
18.		43.	
19.		44.	
20.		45.	
21.		46.	
22.		47.	
23.		48.	
24.		49.	
25.		50.	

If you are filing for more than 50 claims, please attach a separate document listing the other claims.

Processing Fee (s) to be enclosed: _____ claim(s) x \$10.00 = \$ _____