

**NOTICE OF INTENT TO HOLD**

For Bureau of Land Management Use

For County Recorder's Use

The undersigned certifies that they intend to hold all claims and/or sites listed on the reverse of this document for the calendar year in which the assessment year ends, and that they have filed or will file a Notice of Intent to Hold in the county where the claim(s) is located.

Filed for calendar year 20\_\_\_\_\_.

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

- Mill or tunnel sites.
- Claim(s) were located during the current assessment year.
- BLM has deferred assessment work (attach copy of decision granting deferment, or pending petition for deferment including date petition was filed).
- Maintenance fee was paid to maintain claim(s) during this assessment year.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
(at least one owner of record must sign)

Address: \_\_\_\_\_  
\_\_\_\_\_

State of Idaho  
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.

**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.