

Recording Requested by and
When Recorded Mail to:

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT OF ANNUAL ASSESSMENT WORK

Number of Claims:
x \$10/claim

Total due BLM:

TO ALL WHOM IT MAY CONCERN:

1.

BLM Serial No.	Name of Claim	Physical Location				Original Location County Recordation	
		Sec(s).	Tp	Rg	Mer	Document No. or Bk./Pg.	Date

2. Type of labor/improvements:

Description	Value	Date(s)
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TOTAL:

3. Name and mailing address of each person who performed labor and improvements:

4. Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contained therein: (Indicate if there is a change of address)

5.

Print

Signature

Date

Title 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.

ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____

On _____ before me, _____
(name and capacity of officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(Seal)