

Return Address:

DAVE MAST
1239 place ST.
Baker City, OR. 97814

PROOF OF LABOR ON MINING CLAIM

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 38.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (if applicable):	<u>ORMC 165438</u>	
Grantor(s) (Claimant): (1)	<u>DAVE MAST</u>	(2) <u>Jennifer MAST</u> Addl. on pg. _____
Grantee(s) ():	(1) <u>BROKEN SHOVEL #2</u>	(2) _____
Addl. on pg. _____	Legal Description (abbreviated): <u>10N, 8E, Sec 4</u>	Addl. legal is on pg. _____
Assessor's Property Tax Parcel /Account # _____		

State of Washington

County of Skamania

DAVE MAST Jennifer MAST
being first duly sworn on oath, deposes and says: That They have performed labor and made improvements upon the following described mining claim, to-wit:

BROKEN SHOVEL #2

situated in the Randle District, Section 4, Township 10N, Range 8E, during the year ending the 31 day of December 2011
for and on behalf of DAVE MAST, Jennifer MAST
the owner(s) (or reputed owner(s)) of said mining claim, in the sum and value of Two hundred + thirty dollars Dollars (\$ 230.00); that such labor and improvements consisted of _____ feet of shaft, _____ feet of tunnel, _____ feet of open cut,

16 hrs sampling + assessment work
3 hrs repair access road to claim
2 hrs repair + clean debris from claim trail
2 hrs pick up trash



and extended over 36 days time which began on the 1ST day of July, 2011, and ceased on the 5TH day of AUGUST, 2011, and that the said claim was filed by said _____ a copy of the written contract, if any, is attached hereto and incorporated by reference.

Claimant(s)

[Signature]
[Signature]

Address(es)

1239 place ST
Baker City, OR
97814

Signed and sworn to before me this 7 day of Nov, 2011



OFFICIAL SEAL
SUANNE M BLASKE
NOTARY PUBLIC-OREGON
COMMISSION NO. 437755
MY COMMISSION EXPIRES JUNE 29, 2013

Suanne M Blaske

Print Name Suanne M Blaske

Notary Public in and for the State of Oregon

My appointment expires: 6-29-13

Unofficial Copy