*	
Return Address:	
AUE MAST	
1270 0/10 07	
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 36.18 and RCW 65.04) 1/97:	
Reference # (If applicable): ORMC 165438	(pleise print last name first)
Grantor(s) (Claimant): (1) DAUE MAST (2) Jennifer HB	ST. Addi'. on pg
Grantee(s) (1) Broken Shove #2 (2)	
Grantor(s) (Claimant): (1) DAVE MAST (2) Jennifer HB Grantee(s) []: (1) Broyen Shove #2 (2) Addl'. on pg Legal Description (abbreviated): 10N, 8E, Sec 4 Addl'. legal	is on pg
Assessor's Property Tax Parcel /Account #	
State of Washing Ton.	
State of TVOAS VIJIC 1011,	
SS.	
County of Skamania	
DAUE MAST Jennifer MAST	
being first duly sworn on cath, deposes and says: That The yhave performed labor and	l made improvements upon
the following described mining claim, to-wit:	
Broken Shove # 2	
17,0,10,10,10	
	-
situated in the	en 1.
situated in the Randle District, Section District, Section during the year ending the 3/ de	Township
for and on behalf of DAUS 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 \$3 2	30 00); that such
labor and improvements consisted of feet of shaft,	feet of tunnel,
feet of open cut,	
16 hrs sampling of assessment work	·
re- sampling I desired to	
3 hrs repain access road to clair	n
2 hrs andia of along of lice Con	1, _ 1
3 hrs repain access road to clair 2 hrs repain + clean debris from c 2 hrs pick up Trash	Iaim Trail
Proof of Labor On Mining Claim Overshington Legal Blank, Inc., Issaquah, WA Form No. 255 12/95 MATERIAL MAY NOT BE REPRODUCED IN WHICH ON IN PART IN ANY FORM WHATSOCUER	

AFN #2011179478 Recorded 11/14/2011 at 11:40 AM DocType: MINE Filed by: DAVE KAST Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

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and extended over 36 days time which on the 5th day of Augusta a copy of the written contract, if any, is a	ch began on the 13T day of Tudy , 2011, and ceased, 2011 and that the said claim was filed by said attached hereto and incorporated by reference.
Claimant(5)	1239 Place ST Address(es) Barrer City, OR
	97.87
Signed and sworn to before me this	7_day of <u>hov,</u> 2011
•	Sugne m Blaske
OFFICIAL SEAL SUANNE M BLASKE NOTARY PUBLIC-OREGON COMMISSION NO. 437755 MY COMMISSION EXPIRES JUNE 29, 2013	Print Name Suanne, M Blask D Notary Public in and for the State of Oregon My appointment expires: 6-29-13