AFN #2017000018 Recorded Jan 03, 2017 02:12 PM DocType: MINE Filed by: Gary Morgan Page: 1 of 4 File Fee: \$76.00 Auditor Robert J. Waymire Skamania County, WA

Form 3830-4 (October 2013) UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO.: 1004-0114 Expires: October 31, 2016

## AFFIDAVIT OF ANNUAL ASSESSMENT WORK

| NAME: <u>G</u> A                  | RDED, MAIL DOCUMENT TO<br>RY MORGAN<br>LY6 SAND CREEK<br>CIP: MORTON, WA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                    | *.                  |                                                                          |                                |
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| The undersimproveme     September | signed certifies that at least nts, or equivalent value added 1, 2016 for the following in the State of the s | ed, as the contiguous contiguo contigu | ie annua<br>uous un | assess<br>patented<br><b>Ng To</b> | sment w<br>I mining | nded for developmer<br>ork for the assessmen<br>g claim(s), located in t | nt, labor and<br>t year ending |
| BLM Serial No.                    | Name of Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tp<br>Exa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | mple: 131           | Sec<br>1 5E 14 N                   | Mer<br>IDM          | County Recordation Book and Page No.                                     | Date                           |
| 159393                            | W2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IDN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8E                  | 10                                 | WILLA               | netie Shammain                                                           | 12/30/16                       |
|                                   | RANDLE DISTRIC<br>BECTION 10, TOWNSHIP 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ט                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                    | /                   |                                                                          | 7                              |
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| (Continued on page 2)             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                    |                     |                                                                          |                                |

2. Type of labor and improvements (specify what was done and give the total value for that labor and improvement to show at least \$100 for each claim). If a geological, geochemical, or geophysical survey was performed, as per 30 U.S.C. 28-1, reference the title of the report of survey, give cost and date of the survey and report, and indicate it was filed with the County Recorder:

| Description of Work Performed | Value of Work<br>Performed | Date Work Was Performed |
|-------------------------------|----------------------------|-------------------------|
| CLEANING ROAD ACCESS          | 120 XX                     | 8/5/16                  |
| SAMPLING, Drepging, FANNING   |                            | 8/20/16                 |
| MAKING SIGNS                  | / A                        | 8/20116                 |
|                               |                            | -                       |
|                               |                            |                         |

| Name (please print)                       | Current Mailing Address (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| GARY MORGEN                               | 246 Sono Creek LANE MORTON, leh.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
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| 4 Name and mailing address of each        | thereon who holds and alaims the publicative in the state of the state |  |  |  |  |  |
| T. I TARRIC ARE INDIBINING AUGUSOS OF CAU |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| minerals contained therein. Be su         | person who holds and claims the subject mining claim(s) for the valuable are to indicate if there is a change of address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
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| minerals contained therein. Be su         | Current Mailing Address (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| minerals contained therein. Be su         | Current Mailing Address (please print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |

subject claim(s) or copies thereof were in place, and at said date, each corner monument bore or contained

\_\_, 20/6, all monuments

AFN #2017000018 Page: 3 of 4

(Continued on page 4)

| mark<br>clain       | kings sufficient to appropriately designate the corner of the claim to which it pertains and the name of the n(s).                                                                                                                                                                                                                                                                                                                                                 |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I her               | reby certify under penalty of perjury under the laws of the State of that the going statements are true and correct:                                                                                                                                                                                                                                                                                                                                               |
|                     | 240 11/10 March 12/3/2/1/                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                     | (Signature of person responsible for above statement)                                                                                                                                                                                                                                                                                                                                                                                                              |
| Title<br>ager       | e 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 new of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.                                                                                                                                                                                                       |
| SUBS                | Notary Block  SCRIBED AND SWORN TO before me, this 30 H day of 00 Constant 20 10                                                                                                                                                                                                                                                                                                                                                                                   |
| Ву:                 | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Title: <sub>.</sub> | (Signature of Affiant)  Notary Public State of Washington                                                                                                                                                                                                                                                                                                                                                                                                          |
| Му Со               | ommission Expires: JAM 27, 2020  My Appointment Expires Jan 27, 2020                                                                                                                                                                                                                                                                                                                                                                                               |
|                     | INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1.<br>2.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3.                  | All claim names, BLM serial numbers, legal descriptions, and original county recording information must be listed for the claims pertaining to this assessment notice.                                                                                                                                                                                                                                                                                             |
|                     | The claimant(s) must complete paragraph 2 listing all labor or improvements which was performed on or did benefit the subject mining claims. The value and date of the labor or improvements must also be listed. The total amount of labor or improvements can be listed, but the total expenditure must equal at least \$100 for each claim.                                                                                                                     |
| 5.<br>6.            | The names and current mailing addresses of the person(s) performing the labor shall be listed in paragraph 3. The name and current mailing address of each owner (claimant) of the claims shall be listed in paragraph 4. The mailing address shall be the owner's address and not the address of an agent or anyone representing the claimant. Be sure to note if there has been a change of address.                                                             |
| 7.                  | Paragraph 5 shall be completed to show the date it was verified that all monuments required by law were properly erected, all notices were posted, and that corners were appropriately designated for all claims listed.                                                                                                                                                                                                                                           |
| 8.                  | An exact legible reproduction or duplicate (other than microfilm or other electronic media) of this affidavit or another type of affidavit of assessment work that you file or will file in the county where each claim is located, must be filed with the BLM on or before December 30 of the calendar year in which the assessment year ends. For mill or tunnel sites, a separate notice of intent to hold must be filed with the BLM on or before December 30. |
| 9.                  | Requirements for filing a notice of intent to hold can be found at 43 CFR 3835.33.  A processing fee of \$10 for each claim listed must be remitted to the BLM along with this or any other affidavit of assessment work.                                                                                                                                                                                                                                          |

(Form 3830-4, page 3)

AFN #2017000018 Page: 4 of 4

Form 3830-2 (October 2013)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED OMB NO. 1004-0114 Expires: October 31, 2016

BLM RECORDATION SERIAL NUMBER

## SEE INSTRUCTIONS ON PAGE 2

- . This small miner waiver is filed for the assessment year beginning on September 1, 2017 and ending on September 1, 2018.
- 2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1, 2017.
- 3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, the undersigned must file an affidavit of assessment work with the Bureau of Land Management (BLM) by the December 30th following the filing of this waiver.
- 4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only), a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.
- 5. The undersigned understand that mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be filed with the BLM by the December 30th following the filing of this waiver.
- 6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the BLM may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.
- 7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

**CLAIM OR SITE NAME** 

W2 RANDLE DISTRIC, SECTION 10, TOWNSHIP 10N, RANGESE

|                                                                  | * // / |                     |                                       |
|------------------------------------------------------------------|--------|---------------------|---------------------------------------|
|                                                                  |        | 4                   |                                       |
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|                                                                  |        |                     |                                       |
|                                                                  | ``     |                     |                                       |
|                                                                  |        |                     |                                       |
| e owner(s) (claimants) of the above mining claims and sites are: |        | , ,                 |                                       |
| GARY W. MORGAN<br>(Owner's Name - Please Print)                  | (Ow    | ner's Signature)    |                                       |
| 246 SAND CREEK LANE                                              | MORTON | <i>الم</i>          | 98356                                 |
| (Owner's Mailing Address)                                        | (City) | (State)             | (Zip Code)                            |
| (Owner's Name - Please Print)                                    | (Owi   | ner's Signature)    |                                       |
| (Owner's Mailing Address)                                        | (City) | (State)             | (Zip Code)                            |
| (Owner's Name - Please Print)                                    | (Owi   | (Owner's Signature) |                                       |
| (Owner's Mailing Address)                                        | (City) | (State)             | (Zip Code)                            |
| (Owner's Name - Please Print)                                    | (Owr   | (Owner's Signature) |                                       |
| (Owner's Mailing Address)                                        | (City) | (State)             | (Zip Code)                            |
| ntinued on page 2)                                               |        |                     | · · · · · · · · · · · · · · · · · · · |