Skamania County, WA Total:\$209.50 MINE Pgs=7

2023-001202

08/24/2023 11:12 AM

Request of: JAMES KNUTSON, ANTHONY LOVEALL A

Form 3830-004 (January 2020)

(Continued on Page 2)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AFFIDAVIT OF ANNUAL ASSESSMENT WORK

FORM APPROVED OMB NO.: 1004-0114 Expires: April 30, ."

2024

(Form 3830-004)

WHEN RECONAME: Jane, ADDRESS: Z CITY. STATE,					л В		FOR C	OUNTY RECORDER	'S USE	
added, as the	ned een annual ining cl	ifies that at least ; assessment work aim(s), located in	\$100 per of	sessment :	year endi	ng Septen	clopment, l	S S15/claim Total due BLM S abor and improvements, o for the following in the State of	15.09 r equivalent value ng contiguous	Ì.
BLM Serial No.		Name of Clain		Tp	Rg mole: 13	Sec N 5E 14]	Mer MDM	County Recordation Book and Page No.	Co. Recording	
0 \$-16571990	89	Lucky	1+2	Lot 1	5E		1	H 20 zi ar o 21 lá		
				1				J	V.)	

 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	Valut of Work Performed	Date Work Was Performed
Cheened and Houlded out trash	14000	4-18-23
Trailmaistance trash Cleanup	12000	6-12-23
Trash and Rd maistance	18008	6-15-23
Frash Clean up	4009	7-16-23
Clean trash 4 Brass	807	8-19-23

	<u> </u>	
3.	Name and mailing address of each person who p	performed the labor and improvements:
	Name (please print)	Current Mailing Address (please print) 24507 NE Dresser Rd Comas WAG8607
	Leo Erickson	Po Box 190 Locarter WA 98629
	Jac Black	ZYON Hayword APH 10 Newburg 0897132
	Joson Fasky Anthony lovel	12 fairie DR #97 somerfield 97477
	Aug resid	
4.	Name and mailing address of each person who is therein. Be sure to indicate if there is a change of	
	Name (please print)	Current Mailing Address (please print)
	James Frutson	2450 TNE Dresser Rd Comas WA 98607
	Chris Holling	Po Box 190 Lacenter WA 98629
	Anthony love H	1120 Fairview Dr 298 String Roller 97977
h.		
5.	The undersigned testifies that on the date of	John 23 20 22 all monuments required by law
	were creeted upon the subject claim(s), and all n	otices required by law were posted on the subject claim(s) or copies thereof were bore or contained markings sufficient to appropriately designate the corner of the
	claim to which it pertains and the name of the cla	

COAK blacetor
I hereby certify under penalty of perjury under the laws of the State of WS Way for that the foregoing statements are true and correct: Date: 8/24/2023 Date: 8/24/2023
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. Notary Block SUBSCRIBED AND SWORN TO before me. this day or Alfant (Signature of Affiant) KELSIE SCHEEL Notary Public State of Washington Commission # 209324
INSTRUCTIONS 1. This is an optional form that may be used to satisfy the requirements for the Bureau of Land Management (BLM) under the provisions of 43 U.S.C. §1744 and 30 U.S.C. §28-28d and the regulations thereunder (43 CFR part 5855). Since local and State laws may vary, you should contact your local and State agencies where the claims are located to ensure all applicable laws and requirements are satisfied. 2. The claimant(s) must fill in the date in paragraph 1 for the applicable assessment year and the county and state where the claims are located. 3. All claim names and BLM serial numbers for which this assessment affidavit applies must be listed. Additionally, legal descriptions, and original county recording information may be listed for additional identification purposes. 4. 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. The names and current mailing addresses of the person(s) performing the labor must be listed in paragraph 3. 6. The name and current mailing address of each owner (claimant) of the claims must 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 turned sites, a separate notice of intent to took times to 6 feet with the DLM on or before December 30. Requirements for filing a notice of intent to hold can be found at 43 CFR 3835.33.
A processing fee of \$15 for each claim listed must be remitted to the BLM along with this or any other affidavit of assessment work.
Continued on Page 4) (Form 3830-004, Page 3)

Form 3830.7 (April 2020)

(Continued on page 3)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED OMB NO. 1004-0114 Expires: April 30,

2024

(Form 3830-2)

SEE INSTRUCTIONS ON PAGE 2

1. This small mitter waiver is filed for the assessment year beginning on September 1. Low and ending on September 1. Low.

2. The undersigned and all related parties owned ten or fewer mining claims a mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1. Low.

3. The undersigned lave 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 aites 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 un to \$250,000, a prison term not to exceed five years or both

ment with the BLM may result in a fine of up to \$250,000, a prison term not to exceed five years, or both, nation claims, mill or tunnel sites for which this waiver from revenent of the maintenance fees is removate

CLAIM OR SITE NAM	IE I BLM R	BLM RECORDATION SERIAL NUMBER			
Lucky 1+Z	ORIO	5799089			
3.					
÷.					
5.					
6.					
7.					
n (b					
y.					
10.					
	0 4				
The owner(s) (claimouts) of the above mining claims and sites are					
James Knutson	pue fruk				
(Owner's Name - Please Print)		Original Signature)			
24507 NE Dresser Pd	Comas	WR 7860)			
(Owner's Mailing Address)	(Cîty)	(State) (Zip Code)			
Chris Holling	Cors				
(Owner's Name Please Print)	(Owner's	Original Signature)			
Po hay 190	Lacenter	WA 98629			
(Owner's Mailing Address)	(City)	(State) (Zip Code)			
Anthony lavel					
Dwner's Name - Please Print)	#12 Spring Ciall	Priginal Signature			
(Owner's Mailing Address)	The springeres	DE TOTAL			
Commit a Management		(State) (Zip Cede)			
(Owner's Name - Please Print)	(Owner's C	riginal Signature)			
(Owner's Mailing Address)	(Chy)	(State) (Zip Code)			

I hereby certify under penalty of perjury under the laws of the State of WashingTon that the foregoing statements
(Signature of person responsible for above statement)
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.

SUBSCRIBED AND SWORN TO before me, this 24th day of August 20 23

By: Signature of Affiant)

Title: Mo Lary

My Commission Expires: 2 24 2024

LESLIE L MOORE

NOTARY PUBLIC #98297

STATE OF WASHINGTON

COMMISSION EXPIRES

FEBRUARY 24, 2024

INSTRUCTIONS

- This is an optional form that may be used to satisfy the requirements for the Bureau of Land Management (BLM) under the provisions of 43 U.S.C. §1744 and 30 U.S.C. §28-28d and the regulations thereunder (43 CFR part 3835). Since local and State laws may vary, you should contact your local and State agencies where the claims are located to ensure all applicable laws and requirements are satisfied.
- The claimant(s) must fill in the date in paragraph 1 for the applicable assessment year and the county and state where the claims are located.
- All claim names and BLM scrial numbers for which this assessment affidavit applies must be listed. Additionally, legal descriptions, and original county recording information may be listed for additional identification purposes.
- 4. 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. The names and current mailing addresses of the person(s) performing the labor must be listed in paragraph 3.
- 6. The name and current mailing address of each owner (claimant) of the claims must 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 creeted, 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. Requirements for filing a notice of intent to hold can be found at 43 CER 3835.33
- A processing fee of \$15 for each claim listed must be remitted to the BLM along with this or any other affidavit of assessment work.

I hereby certify under penalty of perjuty under the laws of the State of 1256 19 on that the foregoing of	
The state of the s	atement
Date: 8-24-23	
(Signature of person responsible for above statement)	
Title 18 U.S.C. 1001 and 43 U.S.C. 1212	
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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	he United
Marco William its juriscientis.	
Notary Block	٩.
SUBSCRIBED AND SWORN TO before me, this 24th day of August 20 23	. ```
By: Lesli & Moor	L
(Signature of Affiant)	2002
Title: Notary LESLIE L MOORE	£ 🎽
My Commission Expires: 2/2 4 / 20 2 4 STATE OF WASHINGTO	17
	N
COMMISSION EXPIRE FEBRUARY 24, 2024	
INSTRUCTIONS	
. This is an optional form that may be used to see G. It	
visions of 43 U.S.C. \$1744 and 30 U.S.C. \$28-28d and the regulations thereunder (43 CFR part 3835). Since local and may vary, you should contact your local and State agencies where the claims are located to an account of the state of the s	er the p
may vary, you should contact your local and State agencies where the claims are located to ensure all applicable laws a ments are satisfied.	otate ta
 The claimant(s) must fill in the date in paragraph 1 for the applicable assessment year and the county and state where to 	La voqu
are located. 3. All claim names and BI Massish at Land County and state where the state of the	he clain
 All claim names and BLM serial numbers for which this assessment affidavit applies must be listed. Additionally, legal tions, and original county recording information may be listed for additional identification purposes. The claimant(s) must complete paragraph 2 listing at the listed for additional identification purposes. 	descriț
4. The claimant(s) must complete paragraph 2 listing all labor or improvements which was performed on or did benefit the	
can be listed, but the total expanditure and a second second to total amount of labor or impro	vement
3. The names and current mailing addresses and	- 4
 The name and current mailing address of each owner (claimant) of the claims must be listed in paragraph 3. shall be the owner's address and not the address of an agent or anyone representing the listed in paragraph 4. The mailing 	o oddaa
a change of address.	has be
7. Paragraph 5 shall be completed to show the data it was a side to be a side to the state of th	
notices were posted, and that corners were agree to the date it was verned that all monuments required by law were properly creeke. 8. An exact legible reproduction or dupling to the last of the la	:d, all
8. An exact legible reproduction or duplicate (other than microfilm or other electronic media) of this affidavit or another ty before December 30 of the calendar year in which the assessment work lead or will file in the country where each claim is located, must be filed with the BL	pe of
before December 30 of the calendar year in which the BI	Mono
CFR 3835.33.	ind at A
 A processing fee of S15 for each claim listed must be remitted to the BLM along with this or any other affidavit of assess work. 	
work.	sment
•	
Minued on Puge 4)	
(Form 3830-t)()4. Page 3

Form 3830-5a (July 2019)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE PAYMENT FORM FOR PLACER MINING CLAIMS

		Anothony buell		e e e e e e e e e e e e e e e e e e e
Rei	mitter Name: James Kud	son Chris Holling		
Ma	iling Address: ZYSDINE	Dresser Rd	3	
Cit	y, State, Zip: Canas Li	DA 98607		
	Check here if this is a change o	f address.		
			FOR CO	OUNTY RECORDER'S USE
	,			No. of claims Z
		·		Total due BLM \$ 45°9
				N.,
				Land Management (BLM) Declining terCard). Payments must be remitted
				d on or before September 1. If the
	payment is mailed, the envelop	e must be postmarked by	a bona fide delive	ry service on or before September
				he due date. Payments may also be
	made by telephone using a creen numbers can be found at http://	III card. A complete listing	of BLM State Of	fices with their addresses and phon-
	indifferent out of found at intep.in	WWW.cam.gov.		m
2.	The maintenance fee for the fol	lowing claim(s) applies to the	ne assessment year	2013
	CLAIM NAME	BLM SERIAL NO.	ACRES IN	PAYMENT DUE TO
	CLAIM NAME	BLM SERIAL NO.	CLAIM	(See Instructions on Page 2).
		-0.40.000		(See Histractions on Fage 2):
	Lucky 14Z	ar105799089	57	45
	/PN 3		76	
d				
7	1 1 1			
	·			
	- 1 - 1		<u> </u>	
		1 1		
h				
	Use a separate sheet for additi	onal claim names seriel no	nhere and alaimer	ot names and addresses
	Ose a separate sheet for additi	onai ciann haines, senai nu	mocis, and ciannal	n names and addresses.
	(Continued on page 2)			