Skamania County, WA Total:\$309.50

Pgs=7

2024-001241

08/29/2024 02:15 PM

Request of: JAMES KNUTSON

Form 3830-004 (January 2020)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

AFFIDAVIT OF ANNUAL ASSESSMENT WORK

FORM APPROVED OMB NO.: 1004-0114 Expires: April 30, 2023

WHEN RECORDED, MAIL DOCUMENT TO: Anthony Levell itsens Chris Halling ADDRESS: 24507 Nr. Dresser Rd CITY, STATE, ZIP: Comas WA 98607 FOR COUNTY RECORDER'S USE No. of Claims

x \$15/claim

Total due BLM \$ 450

TO ALL WHOM IT MAY CONCERN:

| 1. | The undersigned certifies that at least \$100 per claim was expended for development, labor and | improvements, or equivalent value |
|----|---|-----------------------------------|
| | added, as the annual assessment work for the assessment year ending September 1, 2024 | for the following |
| | contiguous unpatented mining claim(s), located in the County of Skamalia | in the State of |
| 1 | Washington . | |

| BLM Serial No. | Name of Claim | Tp Exa | Rg mple: 131 | | Mer MDM | County Recor Book and Pa | dation ge No. | Co. Recording Date |
|----------------|---------------------------------------|-----------|-----------------|----|------------|-----------------------------|------------------|-----------------------|
| OR105799689 | Lucky 1+2 | Lof#1 | 58 | 32 | Willow H | 107300 | 1202 | 8/24/23 |
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| (Continued | on | F | age | 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 Performed | Date Work Was Performed |
|-----------------------------------|-------------------------|----------------------------|
| Trash Clean up | 6000 | 3-26-24 |
| Trail maintnance + trash | 16000 | 5-28-24 |
| Cleand trash along Rdway + trails | 4000 | 6-21-24 |
| Cleaned trash | 4000 | 7-23-24 |
| Cleaned trash | 4000 | 9-3-24 |

| Name and mailing address of each person who performed the labor and improvements: Name (please print) Sames Knutson Leo Erickson Chris Holling Anthough book! Berky Berk Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contain therein. Be sure to indicate if there is a change of address: Name (please print) Sames Knutson Current Mailing Address (please print) The Roy Po Incented Wh 98629 Name (please print) Current Mailing Address (please print) The Sames Knutson Current Mailing Address (please print) The Sames Knutson Chris Holling Anthony Lovell Po Box 190 Lacenter Wh 98629 No Feirling Print #472 Prints Field of Prints To Feirling Prints Field of Prints To Feirling Prints Field of Prints No Feirling Prints Field of Prints The Feirling Prints The Feirling Prints The Prints Field of Prints The Feirling Prints The Prints Field of Prints The Feirling Prints The Prints Field of Prints The Prints | | |
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| Sames Knutson Leo Erickson Chris Holling Anthony Lovel! Becky Beck Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contain therein. Be sure to indicate if there is a change of address: Name (please print) Current Mailing Address (please print) Tanks Knutson Chris Holling Down 190 Locanter who 198629 | Name and mailing address of each person | who performed the labor and improvements: |
| Sames Knutson Leo Erickson Chris Holling Anthony Lovel! Becky Beck Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contain therein. Be sure to indicate if there is a change of address: Name (please print) Current Mailing Address (please print) Tanks Knutson Chris Holling Po Box 190 Lacenter Wh 98629 | Name (please print) | Current Mailing Address (please print) |
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| Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contain therein. Be sure to indicate if there is a change of address: Name (please print) Current Mailing Address (please print) Tanks Knutson Chas Holling Po Box 190 Lacenter WA 98629 | | |
| Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contain therein. Be sure to indicate if there is a change of address: Name (please print) Current Mailing Address (please print) 24507 NE Occases Pd Congs WA 986 Chas Holling Address WA 98629 | A 10 (\1) | |
| Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contain therein. Be sure to indicate if there is a change of address: Name (please print) Current Mailing Address (please print) ZHSD NE Presser Pd Comps WA 986 Chas Holling Address (please print) | B. V. D. V | |
| therein. Be sure to indicate if there is a change of address: Name (please print) Current Mailing Address (please print) Z4507 NE Occase Rd Comps WA 986 Chais Holling Address (please print) Chais Holling Address (please print) | Doiry Sect | ECOUL WE 179 mys Brush fraine WH 78606 |
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| Name (please print) Current Mailing Address (please print) Zysty NE Dresser Rd Canas WA 986 Chas Halling Address (please print) Zysty NE Dresser Rd Canas WA 986 Chas Halling Address (please print) | Name and mailing address of each person therein. Be sure to indicate if there is a cha | who holds and claims the subject mining claim(s) for the valuable minerals contained upper of address: |
| Chris Holling Po Box 190 Lacenter WA 98629 | L AF 10. " | \ 1 4 |
| Chais Holling Po Box 190 Lacenter WA 98629 | Name (please print) | |
| A 1 1 | James Knutson | |
| ANHONG LOVE !!! 120 Feirling PR # 47 Spring Field OR 974 | Chris Holling | |
| | Anthony Levell | 110 Fairview PR # 42 Spring Field OR 9747 |
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| 1 | | |
| The undersigned testifies that on the date of Nov 23, 20 22, all monuments required by 1 | The undersigned testifies that on the date of | of Nov 23 , 20 ZZ, all monuments required by law |
| were erected upon the subject claim(s), and all notices required by law were posted on the subject claim(s) or copies thereof in place, and at said date, each corner monument bore or contained markings sufficient to appropriately designate the corner | in place, and at said date, each corner more | I all notices required by law were posted on the subject claim(s) or copies thereof were |

(Continued on page 3)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED
OMB NO. 1004-0114

(Form 3830-2)

| 000 | | \ | Expires: April 30, 2023 | |
|---|-----------------------------------|---|---|-------------|
| SEE INSTRUCTION | | <u> </u> | 2075 | |
| 1. This small miner waiver is filed for the assessment year begin | nning on September 1, 202 | 3and ending on Sep | tember I, ZOZY | |
| 2. The undersigned and all rels 1 ten or fewer m | nining claims, mill, or tunnel si | ites located and main | ained on Federal lands in the United Sta | ites |
| of America on September 1, 2024 3. The undersigned have performed unit work required. | red by law for each mining clain | m listed prior to filing | this waiver and understand that by filin | g this form |
| the undersigned must file an affidavit of assessment work wit | th the Bureau of Land Managen | nent (BLM) by the D | ecember 30th following the filing of this | waiver. |
| 4. The undersigned understand that if the assessment work obli | | | | ar only), |
| a notice of intent to hold reciting this condition must be record. The undersigned understand that mill and tunnel sites may all | | | | otice of |
| intent to hold for these sites is required to be filed with the B | LM by the December 30th follo | wing the filing of thi | s waiver. | |
| The undersigned understand and acknowledge that pursuant | to 43 U.S.C. 1212 and 18 U.S.C | 1001, the filing or | ecording of a false, fictitious, or fraudul | ent |
| document with the BLM may result in a fine of up to \$250,007. The mining claims, mill or tunnel sites for which this waiver | | | are: | |
| | | | | <u> </u> |
| CLAIM OR SITE NAM | <u>E</u> | BL | MRECORDATION SERIAL NUM | BER |
| 1. Lucky 142 | | OR. | 105779089 | |
| 2. | | | | |
| 3. | | | | |
| 4. · | · | | | |
| 5. | | | | |
| 6. | - PT - | | | |
| | | -1 | | |
| 7. | والمنطاب | | | |
| В | | | | |
| 9. | | | | |
| 10. | | 7 | 4 | |
| h(a) (-1-i | | | | |
| he owner(s) (claimants) of the above mining claims and sites are | : // | | , , , . | |
| James Knutson | / here. | a Distan | | |
| (Owner's Name - Please Print) | 1/1 | (Owne | r's Original Signature) | |
| 4507 NE Dressen Rd | Cam | n ¢ . | - 1.1A 986 | 07 |
| (Owner's Mailing Address) | | (City) | (State) (Zip Co | (abc |
| (0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | () | (0) (0) | |
| Chris Halling | تد / 🚛 | - | | |
| (Owner's Name - Please Print) | | Onne | r's Original Signature) | <u> </u> |
|)- A - 100 | Ī. | · · · · · · · · · · · · · · · · · · · | Softgual Signature) | - a |
| D 150x 190 | <u> </u> | 10 701 | <u> </u> | 67 |
| (Owner's Mailing Address) | | (City) | (State) (Zip Co | ode) |
| 111 | | | <i>O</i> _ | |
| throng hovell | | | | <u> </u> |
| (Owner's Name - Please Print) | | | 's Original Signature) | 20 |
| 120 west fairview Driv | ettyz Spi | ing field | <u> </u> | <u>'''/</u> |
| (Owner's Mailing Address) | - 7 | (City) | (State) (Zip Co | de) |
| | | | | |
| | | | | |
| (Owner's Name - Please Print) | | · (Owner | 's Original Signature) | |
| | . <i> </i> | | | |
| (Owner's Mailing Address) | | (City) | (State) (Zip Co | ie) |

Form 3830-5a (July 2019)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE PAYMENT FORM FOR PLACER MINING CLAIMS

| | | | | |
|--|--|---|-------|----------------------|
| | mitter Name: <u>James Krud</u> uiling Address: <u>ZYSD7</u> NE | 1 | | |
| | y, State, Zip: Canas Li | | | |
| | Check here if this is a change o | | FOR C | OUNTY RECORDER'S USE |
| | Deposit Account, or credit cand to the BLM State Office when payment is mailed, the envelop and received at the proper BLM made by telephone using a creen numbers can be found at | | | |

| | • | | 4.64 | | |
|-----------------|---|--|------------------------|------------------------|--|
| l he are | ereby certify under penalty of true and correct: | f perjury under the laws of the | State of | h.uslog | that the foregoing statements |
| _ | | | | A - - | |
| | (Signature of person | responsible for above statemen | Date: | 8-29- | 24 |
| - | | | | | |
| Title State: | 18 U.S.C. 1001 and 43 U.S.C. I | 212 make it a crime for any person nt statements or representations as | knowingly and willfi | illy to make to any de | partment or agency of the United |
| | | nt statements or representations as | to any matter within i | ts jurisdiction. | |
| | | Not | am Dio de | | |
| SU | BSCRIBED AND SWORN | | ry Block | | 24 |
| By: | | To before me, this | day ofAu | 19031 | _20 7 |
| Бy. | 10700 | Signature of Affiant) | | T + 4 | 100 Table 100 Ta |
| Title | Notary | , | | | NIKOLAS MALE NOTARY PUBLIC #230190 |
| 3.5.7 | Commission Expires: | 14-25-27 | | ~ 1 | STATE OF WASHINGT |
| Myt | Commission Expires: | 1-23 27 | .+ | | COMMISSION EXPIRE |
| | 3 | - 4 | " A \ | 1 | APRIL 25, 2027 |
| | , | | UCTIONS | v | |
| - 1 | . This is an optional form the | at may be used to satisfy the rec and 30 U.S.C. \$28-28d and the | prirements for the E | ureau of Land Mar | agement (BLM) under the pro- |
| | may vary, you should conta | and 30 U.S.C. §28-28d and the act your local and State agencies | regulations thereur | der (43 CFR part 3 | 835). Since local and State lay |
| 2 | ments are satisfied. The claimant(s) must fill in | the days | The cidins of | ut localed to ensure | e all applicable laws and requir |
| , | are located. | the date in paragraph 1 for the | applicable assessme | ent year and the cou | unty and state where the claims |
| 3. | All claim names and BLM: tions, and original county re | serial numbers for which this as | sessment affidavit | applies must be liste | ed. Additionally, legal descrip- |
| 4. | The claimant(s) must comp | ete naragraph 2 ligting all lab | | lenuncation purpos | es. |
| | can be listed, but the total en | menditura auret emal et l | 100 C | isted. The total amo | ount of labor or improvements |
| 5. | The names and current mail | ing addresses of the manager | C C Cach Claim, | | |
| υ, | shall be the owner's address | ng address of each owner (claim and not the address of an agent | nant) of the claims | nust be listed in pa | ragraph 4. The mailing address |
| | a change of address. | an agent | or anyone represen | ting the claimant. E | le sure to note if there has been |
| /. | notices were posted and that | ted to show the date it was verif | fied that all monume | ents required by Jav | were properly crected, all |
| 8. | An exact legible reproduction | D Or duplicate (other th | Graned for all clair | ns nsted. | 700 |
| ъ. | affidavit of assessment work before December 30 of the | that you file or will file in the calendar year in which the assess | ounty where each c | laim is located, mus | affidavit or another type of st be filed with the BI M on or |
| 7 | hold must be filed with the B | alendar year in which the assess LM on or before December 30. | Requirements for | mill or tunnel site | s, a separate notice of intent to |
| - 1 | CFR 3835.33 | | medanicing 101 | uning a nonce of int | ent to hold can be found at 43. |
| | work. | ach claim listed must be remitte | ed to the BLM alon | g with this or any o | ther affidavit of assessment |
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| ontinued o | n Page 4) | | | | |
| | | | | | (Form 3830-004, Page 3) |

| are true and correct: that the foregoing statements |
|--|
| (and the state of |
| (Signature of person responsible for above statement) |
| Samuel of percentagorisatore 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 invisition. |
| 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 29 day of August 29 |
| By: Mile Male |
| (Signature of Affiant) |
| Title: NOTARY PUBLIC #23019098 |
| My Commission Function (2) 4 2 5 - 2017 |
| Z COMMISSION EXPIRES |
| APRIL 25, 2027 |
| INSTRUCTIONS |
| 1. This is an optional form that may be used to satisfy the requirements for the Bureau of Land Management (BI.M) under the provisions of 43 U.S.C. §1744 and 30 U.S.C. §28-28d and the regulations there are (43 CFI). |
| 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 State laws ments are satisfied. |
| 2. The claimant(s) must fill in the date in paragraph 1 for the second second and applicable laws and require |
| 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 |
| 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. The claimant(s) must complete paragraph 2 listing at listed. |
| 4. The claimant(s) must complete paragraph 2 listing all Lil. |
| can be listed, but the total expanditure was the same and |
| 6. The name and current mailing addresses of only every (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 3. 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. |
| /. Paragraph 5 shall be completed to show the data it was a control of the completed to show the data it was a control of the completed to show the data it was a control of the control o |
| notices were posted, and that corners were appropriately designated for all claims listed. 8. An exact legible reproduction or duplicate (eth or the |
| affidavit of assessment work that you also consider than microfilm or other electronic media) of this affidavit or another type of |
| before December 30 of the calendar year in which the assessment year ends. For mill or tunnel sites, a separate notice of intent to |
| 38.53.33 |
| A processing fee of \$15 for each claim listed must be remitted to the BLM along with this or any other affidavit of assessment |
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| (Continued on Page 4) |
| (Form 3830-004, Page 3) |

| | / |
|--|--|
| | 0/24/2024 |
| (Signature of person responsible for above stateme | Date: / Z / Z / |
| Title 18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for | |
| States any false, fictitious or fraudulent statements or representations as | on knowingly and willfully to make to any department or agency of the Unite s to any matter within its jurisdiction. |
| | |
| 4 | tary Block |
| SUBSCRIBED AND SWORN TO before me, this | 1 day of August 20 24 |
| By: Nill Mully | |
| (Signature of Affiant) Title: Notary | NIKOLAS MALEN |
| | NOTARY PUBLIC #23019098 |
| My Commission Expires: 04-25-27 | STATE OF WASHINGTON |
| | COMMISSION EXPIRES APRIL 25, 2027 |
| INST | RUCTIONS |
| This is an optional form that may be used to see 5 at a | |
| visions of 43 U.S.C. §1744 and 30 U.S.C. §28-28d and the | equirements for the Bureau of Land Management (BLM) under the process regulations thereunder (43 CFR part 3835). Since local and State lates where the claims are the state lates. |
| ments are satisfied | as where the claims are located to ensure all applicable laws and requ |
| 2. The claimant(s) must fill in the date in paragraph 1 for the | c applicable assessment year and the county and state where the claim |
| 3. All claim names and BLM serial numbers for which this | |
| | assessment allidavit applies must be listed A Jake |
| 4. The claimant(s) must complete paragraph 2 lighting all late. | asces for additional identification purposes. |
| The claimant(s) must complete paragraph 2 listing all labs mining claims. The value and date of the labor or improved | or or improvements which was performed on or did benefit the subject |
| 4. The claimant(s) must complete paragraph 2 listing all labor mining claims. The value and date of the labor or improve can be listed, but the total expenditure must equal at least. 5. The names and current mailing addresses of the | or or improvements which was performed on or did benefit the subjectments must also be listed. The total amount of labor or improvements \$100 for each claim. |
| The claimant(s) must complete paragraph 2 listing all labe mining claims. The value and date of the labor or improve can be listed, but the total expenditure must equal at least. The names and current mailing addresses of the person(s) The name and current mailing address of each current (claim) | or or improvements which was performed on or did benefit the subject ments must also be listed. The total amount of labor or improvements \$100 for each claim. performing the labor must be listed in paragraph 3. |
| The claimant(s) must complete paragraph 2 listing all labs mining claims. The value and date of the labor or improve can be listed, but the total expenditure must equal at least. The names and current mailing addresses of the person(s) The name and current mailing address of each owner (clai shall be the owner's address and not the address of an ager a change of address. | or or improvements which was performed on or did benefit the subject temperature and the subject temperature. The total amount of labor or improvements \$100 for each claim, performing the labor must be listed in paragraph 3. Imant) of the claims must be listed in paragraph 4. The mailing address of or anyone representing the claimant. Be sure to note if there has been to remain the claimant. |
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