

**WHEN RECORDED RETURN TO:**

Christopher Burns  
203 Waxwing Ct.  
Kelso, WA 98626

Please print or type information **Washington State Recorder's Cover Sheet (RCW 65.04)**

**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)

Affidavit of Fees Paid (in lieu of annual labor)

**REFERENCE NUMBER(S)** of Documents assigned or released:

Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

1. Christopher Burns 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):**

1. Gold Baron Paydirt (BLM mining claim OR106713482) 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Additional names on page \_\_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

N<sup>1</sup>/<sub>2</sub> N<sup>1</sup>/<sub>4</sub> N<sup>1</sup>/<sub>4</sub> Sec 23 T4N R5E WM

Complete legal on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel #**

Additional parcel numbers on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

**"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."**

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

**AFFIDAVIT OF FEES PAID (IN LIEU OF ANNUAL LABOR) — RCW 78.08.081****Legal Land Description:** WA 33 0040N 0050E 023 N1/2NW1/4NW1/4**Claim Serial Number:** OR106713482 **CLAIMS:** Gold Baron Paydirt **COUNTY:** SKAMANIA, WA

I, *Christopher Burns*, state under oath:

1. I am an owner/claimant of the unpatented mining claim(s) identified below and in the attached Exhibit A (*BLM Form 3830-005a*), all situated in Skamania County, Washington.
2. For the assessment year ending on September 1, 2025, I did not perform annual labor. Instead, I PAID THE FEDERAL MAINTENANCE FEE in lieu of annual labor as allowed by law. The exact fee paid was: \$ 200 total

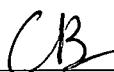
Payment date: 08/23/2025

3. Claims covered by this affidavit:

| Claim Name         | BLM Serial # | Type/Acreage | Sec-Twp-Rge<br>(Abbrev. legal)    |
|--------------------|--------------|--------------|-----------------------------------|
| Gold Baron Paydirt | OR106713482  | Placer/20    | N½ NW ¼ NW ¼ Sec<br>23 T4N R5E WM |

4. Exhibit A (incorporated by this reference): Completed BLM Form 3830-005a, page 1 (listing the same claims).

DATED: Sept 24th, 2025.



Christopher Burns, Claimant

Mailing Address: 203 Waxwing Ct

City/State/ZIP: Kelso, WA 98626

Phone/Email (optional): \_\_\_\_\_

**VERIFICATION ON OATH OR AFFIRMATION (JURAT) — WASHINGTON**

State of Washington, County of Cowlitz

I certify that I know or have satisfactory evidence that Christopher Burns is the person who appeared before me and acknowledged that he/she signed this instrument on the date stated above.

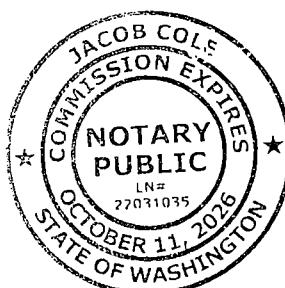
DATED: 9/24/2025



Notary Public for the State of Washington

(Print Name) Jacob Cole

My Commission Expires: 10/11/2026



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
**MAINTENANCE FEE PAYMENT FORM  
FOR PLACER MINING CLAIMS**

|   |  |
|---|--|
| Claimant Name: <u>Christopher Burns</u>                             |  |
| Mailing Address: <u>203 Waxwing Ct</u>                              |  |
| City, State, Zip: <u>Kelso, WA 98626</u>                            |  |
| <input type="checkbox"/> Check here if this is a change of address. |  |

**FOR COUNTY RECORDER'S USE**

No. of claims 1  
Total due BLM \$ 200.00

1. The maintenance fee may be paid by cash, check, money order, Bureau of Land Management (BLM) Declining Deposit Account, or credit card (VISA, American Express, Discover, or MasterCard). Payments must be remitted to the BLM State Office where your claim or site is recorded and received on or before September 1. If the payment is mailed, the envelope must be postmarked by a bona fide delivery service on or before September 1 and received at the proper BLM State Office within 15 calendar days after the due date. Payments may also be made by telephone using a credit card if documentation of which claims are being paid is submitted separately, via mail or electronic delivery. You may also pay the maintenance fee online using the Mineral and Land Records System (<https://mlrs.blm.gov>) (MLRS) by creating a user account (or using an account you have already created) and following the prompts from your account page, using either a credit card or ACH payment.
2. The maintenance fee for the following claim(s) applies to the assessment year 2,025

| CLAIM NAME         | BLM SERIAL NO. | ACRES IN CLAIM | PAYMENT DUE TO THE BLM<br>(See Instructions on Page 2) |
|--------------------|----------------|----------------|--|
| Gold Baron Paydirt | OR106713482    | 20             | \$ 200 <input type="button" value="▼"/>                |
|                    |                |                | \$ 0 <input type="button" value="▼"/>                  |
|                    |                |                | \$ 0 <input type="button" value="▼"/>                  |
|                    |                |                | \$ 0 <input type="button" value="▼"/>                  |
|                    |                |                | \$ 0 <input type="button" value="▼"/>                  |
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|                    |                |                | \$ 0 <input type="button" value="▼"/>                  |
|                    |                |                | \$ 0 <input type="button" value="▼"/>                  |

Use a separate sheet for additional claim names, serial numbers, and claimant names and addresses.