

RETURN TO:

AFFIDAVIT OF ANNUAL
REPRESENTATION OF
MINING CLAIMS

STATE OF MONTANA
COUNTY OF _____

Of lawful age, and as locator(s) or as the locator(s) authorized agent(s), being duly sworn make the following statement(s) for and behalf of the mining claim(s) hereinafter described:

CLAIM NAME	BLM SERIAL NO.	LOCATION/AMENDMENT COUNTY RECORDATION, BOOK/PAGE

(Additional claims may be listed on the next sheet)

The said mining claim(s) is/are located in Section _____, Township _____, Range _____ in _____ County, State of Montana.

The dates and the number of days work was done or improvements were made, and the character of the work and value of improvements placed thereon; or verified report of geological, geochemical or geophysical work relied upon and as required by Section 28-1 of Title 30 of the United States Code are described and identified as follows:

The work done and/or improvements were made at the instance and request of _____

the locator(s) of said claim(s). The actual amount paid for work and improvements is paid by _____

If annual assessment work is performed or caused to be performed at one or more points within a group of contiguous claims not exceeding ten, state description and location of work done, the names of the claims for whose benefit the work was performed and the total cost thereof

Signed: _____

Subscribed and sworn to before me this _____ day
of _____, 20_____
by _____

Notary Public for the State of _____
Residing at _____
My Commission Expires _____

RETURN TO:

(ADDITIONAL SPACE FOR CLAIMS, IF NEEDED)

[illegible]