

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

WHEN RECORDED, MAIL DOCUMENT TO:

NAME: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____

FOR RECORDER'S USE

AFFIDAVIT OF ANNUAL ASSESSMENT WORK - PROOF OF LABOR, MINING CLAIM

I hereby certify that the taxes have been paid in full:
 X _____ Date: _____
 Treasurer-Tax Collector Use

No. of Claims _____
 X \$15 per Claim _____
 Total due to BLM \$ _____

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, _____ for the following contiguous unpatented mining claim(s), located in the County of _____, State of California.

BLM Serial No.	Name of Claim	Tp	Rg	Sec	Mer	County Recordation Document Number	Date

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.

Description of Work Performed	Value of Work Performed	Date Work Was Performed

3. Name and Mailing Address of each person that performed the labor and improvements:

PRINT NAME:

PRINT CURRENT MAILING ADDRESS:

4. Name, Mailing & Residence Address of each person who holds and claims the subject mining claim(s) for the valuable minerals contained therein. Be sure to indicate if there is a change of address:

PRINT NAME:

PRINT CURRENT MAILING & RESIDENCE ADDRESS:

5. The undersigned testifies that on the date of _____ 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 were in place, and at said date, each corner monument bore or contained markings sufficient to appropriately designate the corner of the claim to which it pertains and the name of the claim(s).

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct:

Signature, Name, Mailing & Residence Address of person responsible for above statement:

SIGNATURE & DATE:

PRINT CURRENT MAILING & RESIDENCE ADDRESS:

Date:

Print Name Here

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.

BLM ADDRESS:
Information Access Center
BLM California State Office
2800 Cottage Way, Ste. W-1623
Sacramento, CA 95825
Phone: (916) 978-4400

DOCUMENT RECORDING ADDRESS:
Plumas County Clerk-Recorder
Courthouse
520 Main Street Room 102
Quincy, CA 95971
Phone: (530) 283-6218

Recording Fee \$18
Housing Tax \$75