

RETURN TO:

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\_\_\_\_\_

**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 \_\_\_\_\_

