121751 Affidavit or Statement of Annual Assessment Work (PROOF OF LABOR) on unpatented mining claim

| TO ALL WHOM IT MAY CONCERN: | |
|---|--|
| the year ending September 1, 19 0 %, on the (list claim in | names here) |
| tope 1-12 Bx 42, 47, Pg 465 | -467, 192-200 |
| N/MC 104117 - 10 | 4128 being 12 |
| | |
| | Bontequous |
| | |
| lode (placer) mining, claim(s) in Section 5-26. The Mining Dist | ownship 24 N, Range 48 E, in the rict, in Euseka County, Nevada, |
| owned by Faurie F. Kompet. al. | • |
| for the purpose of holding said claim(s). | = 1/6 - in the |
| The claim map showing said claim(s) is filed as De | ocument No. 56/03 in the y records. |
| Said labor was performed or improvements made | by (name and address) |
| Coral Resources Box 8 CHS | cont Valley N 88821 |
| between the dates of Sopt 1st 1987 and | A 31 1983 and consisted of |
| between the dates of Sop7 18 and and | 0 1 1 1+ |
| Dailing by Rembock Dail | ing W. To songit |
| each of the ontiquous a | npatented lade mining |
| Claims listed above. | |
| CIGIMU 1137EN COUL | |
| (Describe work done, and claim or | part of claim affected) |
| PH (Describe work done, and done) | eptuber, 1988. |
| Dated thisday of | |
| | (Name of subscriber) |
| | Wist C. Arned |
| | (Witness) |
| | |
| ~ \ \ / / / - | (Witness) |
| | |
| Subscribed and sworn to before me this | • |
| 8th day of Sept , 1988 | |
| Planning andle | RECORDER'S STAMP |
| MARIANNE EARDLEY | |
| Notary Public - State of Nevada Eliko Courty Nevada | |
| My appointment expres Sept. 26, 1988 | RECORDED AT THE REQUEST OF |
| Note 1: This Affidavit or Statement of Annual Assessment work must be filed within 60 days | 184 569 |
| after the performance of labor or making or | 88 SEP 27 A9:40 |
| improvements. | 20 31 21 17 70 |
| Note 2: "Each locator shall file two copies of a map prepared in accordance with NRS 517.030 | OFFICIAL AFTORES |
| with the county recorder in which the claim is | EUREKA CUUNIY HEVADA M.N. REBALLATI RECORDER |
| located not later than September 1, 1972." NRS | FILE NO. PEES |

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