

APN: _____
 Recording requested by and mail documents and
 tax statements to:

Name: _____

Address: _____

City/State/Zip: _____

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BOOK **431** PAGE **034-035**
 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF

John A. Rice
 2006 JAN 25 PM 3:11

EUREKA COUNTY, NEVADA
 M.N. REBALEATI, RECORDER
 FILE NO. FEES **15.00**

203225

RPTT: _____

QUITCLAIM DEED

THIS INDENTURE WITNESS That the GRANTOR(S): _____

Amada Resources USA Inc.

for and in consideration of *Ten* Dollars (\$ *10.00*)

do hereby QUITCLAIM the right, title and interest, if any, which GRANTOR may have in all that real
 property, the receipt of which is hereby acknowledged, to the GRANTEE(S): _____

Astral Mining USA Corp.

all that real property situated in the City of _____

County of *Eureka*, State of *Nevada*

bounded and described as follows: (Set forth legal description and commonly known address)

T16N R52E Sections 1, 12, 13

T16N R53E Sections 6-7

Claims

REF 1-34

NML#

883845-883844

**WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU
 WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER
 RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.**

Quitclaim Deed

Page 1 of 2

Initials *ML*

BOOK **431** PAGE **034**

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to.

In Witness Whereof, I/We have hereunto set my hand/our hands on 9th day of January, 20 06. AMANDA RESOURCES USA INC.

By: M. Kurschner
Signature of Grantor

Signature of Grantor

Manfred Kurschner
Print or Type Name Here

Print or Type Name Here

STATE OF <u>CA</u>	PROVINCE OF BRITISH COLUMBIA
COUNTY OF <u>CL</u>	
On this <u>9th</u> day of <u>January</u> , 20 <u>06</u> , personally appeared	
before me, a Notary Public, <u>Manfred Kurschner</u>	
<input checked="" type="checkbox"/> personally known to me OR <input type="checkbox"/> proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.	
<u>[Signature]</u>	
Notary Public	
My commission expires: <u>N/A</u>	
Consult an attorney if you doubt this forms fitness for your purpose.	

STATE OF NEVADA DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) _____
b) _____
c) _____
d) _____

2. Type of Property:

- a) ☐ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
☒ Other unpatented mining claim

FOR RECORDER'S OPTIONAL USE ONLY

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3. Total Value/Sales Price of Property

\$ 0.00

Deed in Lieu of Foreclosure Only (value of property) (_____)

Transfer Tax Value: _____

\$ _____

Real Property Transfer Tax Due _____

\$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 2b. Explain Reason for Exemption: unpatented mining claim

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____

M. Keen

Capacity _____

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)

Print Name: Amanda Resources USA Inc.
Address: 837 W. Hastings St, Suite 709
City: Vancouver
State: BC Zip: V6C 3N6

BUYER (GRANTEE) INFORMATION (REQUIRED)

Print Name: Astral Mining USA Corp.
Address: 837 W. Hastings St, Suite 709
City: Vancouver
State: BC Zip: V6C 3N6

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED