After Recording, Return To:

Nevada Gold Mines LLC. 310 South Main Street Suite 1150 Salt Lake City, Utah 84101 Attention: Robert L. Brock

APN: 005-490-30

EUREKA COUNTY, NV
RPTT:\$310.05 Rec:\$35.00
Total:\$345.05

NEVADA GOLD MINES LLC

2019-239606
10/04/2019 09:31 AM
Pgs=3



LISA HOEHNE, CLERK RECORDER

Affirmation Statement: The undersigned affirms that this document does not contain any social security numbers or other personal information of any person (Per NRS 239B.030).

## GRANT, BARGAIN AND SALE DEED

Richard Dann a married man, dealing with his sole and separate property whose address is 152 5<sup>th</sup> Street, Elko, NV 89801 (the "GRANTOR"), does hereby grant, bargain, sell and convey to Nevada Gold Mines LLC., a Delaware limited liability corporation, whose address is 310 South Main Street, Suite 1150, Salt Lake City, Utah 84101 ("GRANTEE"), its successors and assigns, for Ten Dollars (\$10.00) and other good and valuable consideration, all of Seller's rights, title and interest in and to the real property situated in Eureka County, State of Nevada ("Property") more particularly described as follows:

Parcel No. 005-490-30

All of Section 33, Township 29 north, Range 49 East, M.D.B.&M.

Township 29 North, Range 49 East, M.D.B.&M. Section 34: N1/2S1/2

TOGETHER WITH (i) all water, water rights and water stock, if any, which relate, belong or appertain to the Property, including, without limitation, all of Grantors' right, title and interest in and to the water rights covered by Permit Nos. 31855, 18998, 6800 and 7095; (ii) all rights, privileges, easements, rights-of-way, tenements, hereditaments and appurtenances relating, belonging, or in anywise appertaining, to the Property; and (iii) the reversion and reversions, remainder and remainders, rents, issues and profits of the Property.

RESERVING specifically unto Grantor (which rights are not transferred to Grantee) a 2.5% gross override on all minerals, including metalliferous minerals, oil, gas, coal, and other hydrocarbons on, in or under the Property; provided, however, in all events Grantor does not reserve the right to use the Property or extract minerals or other substances from the Property above a depth of 500 feet, nor does Grantor reserve the right to use the surface of the Property in connection with the rights reserved herein.

GRANTOR hereby represents, warrants and covenants to Grantee that (i) Grantor lawfully owns fee simple title to and has the right to immediate possession of the Property; (ii) Grantor has good right to convey the Property; (iii) Grantor guarantees that Grantee and Grantee's successors and assigns will have quiet possession of the Property; (iv) subject to

easements, restrictions, rights-of-way and other matters of record, and taxes and assessments for the year 2019 and thereafter, the Property is free from all encumbrances; and (v) Grantor and its heirs, personal representatives, successors and assigns, as applicable, will forever warrant and defend the title of the Property in Grantee and Grantee's successors and assigns against all lawful claims whatsoever.

GRANTOR has executed this Grant, Bargain and Sale Deed as of 9 18, 2019. GRANTOR: STATE OF Nevade ss. The foregoing instrument was acknowledged before me on this 16th day of September, 2019 by Richard Dann. TASHA CAPLE **NOTARY PUBLIC** STATE OF NEVADA Commission Expires: 2-25-21 Certificate No: 05-94802-6 4848-1847-3019 v1

## STATE OF NEVADA DECLARATION OF VALUE

| 1.        | Asse                                                                        | sso      | r Parcel Number (s)                                                                         |                                                       |                                |                                                                        | Γ.                                               | TOD DECORDED OF THE STATE OF TH |
|-----------|-----------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------|------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | a)                                                                          | _(       | 005-490-30                                                                                  |                                                       |                                |                                                                        |                                                  | FOR RECORDERS OPTIONAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           | b)                                                                          |          |                                                                                             |                                                       |                                | <del></del> _                                                          |                                                  | ıment/Instruments #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|           | c)                                                                          | _        |                                                                                             |                                                       |                                |                                                                        | Book                                             | : ago:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|           | d)                                                                          |          |                                                                                             |                                                       |                                | <del></del>                                                            | Date                                             | of Recording:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|           | e)<br>f)                                                                    |          |                                                                                             |                                                       |                                |                                                                        | Note                                             | s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|           | g)                                                                          | -        |                                                                                             |                                                       |                                |                                                                        | _                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| •         |                                                                             |          | ,                                                                                           |                                                       |                                | <del></del>                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2.        | 5) F W W                                                                    |          |                                                                                             |                                                       |                                |                                                                        | /\                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           | a)<br>c)                                                                    | v<br>V   | Condo/Twnhse                                                                                | b)                                                    | $\nabla$                       | Single Fam Res.                                                        |                                                  | \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|           | e)                                                                          |          | Apt. Bldg.                                                                                  | d)<br>f)                                              | abla                           | 2-4 Plex                                                               |                                                  | / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|           | g)                                                                          |          | Agricultural                                                                                | 1)<br>h)                                              | V<br>V                         | Comm'l/Ind'l                                                           |                                                  | \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|           | i)                                                                          | ^        | Other                                                                                       | 11)                                                   | V                              | Mobile Home                                                            |                                                  | \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|           | ,                                                                           |          |                                                                                             |                                                       |                                |                                                                        |                                                  | \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3.        | Total Value/Sales Price of Non-Exempt Property: \$ 99,263.00                |          |                                                                                             |                                                       |                                |                                                                        |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           | Deed in Lieu of Foreclosure Only (value of non-exempt property):            |          |                                                                                             |                                                       |                                |                                                                        |                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|           |                                                                             |          | :<br>「ax Value (Non-Exem                                                                    | nt Drono≠                                             | w.                             |                                                                        | -                                                | 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|           | Real                                                                        | Pro      | perty Transfer Tax Du                                                                       | e (Non-Ex                                             | y).<br>empi                    | Property)                                                              | \$ 70                                            | 1, 263.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4.        |                                                                             |          |                                                                                             | - <b>(</b>                                            |                                |                                                                        | — <del>↓</del> ——⊅/                              | 0.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| →.        | If Exemption Claimed:  a. Transfer Tax Exemption, per NRS 375.090, Section: |          |                                                                                             |                                                       |                                |                                                                        |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           | b.                                                                          | Expl     | ain Reason for Exem                                                                         | ntion.                                                | 75.0                           | o, section:                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                             |          | and thousand for Excite                                                                     | ption.                                                |                                |                                                                        |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                             |          |                                                                                             |                                                       |                                | -                                                                      | -                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5.        | Partia                                                                      | l int    | erest: Percentage be                                                                        | eing trans                                            | ferre                          | d: <u>/Ø)</u>                                                          | %                                                | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Pu        | suppor<br>disallor<br>10% of                                                | ted wand | nat the information proby documentation if cooper of any claimed executax due plus interest | ovided is co<br>alled upon<br>mption, or<br>at 1% per | orrec<br>to su<br>othe<br>mont | t to the best of their  bstantiate the infor  r determination of a  h. | information a<br>mation provid<br>additional tax | nt to NRS 375.060 and NRS<br>and belief, and can be<br>ded herein. Furthermore, the<br>due, may result in a penalty of<br>able for any additional amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ow        | ed.                                                                         |          |                                                                                             |                                                       | ilei s                         | man be jointly and                                                     | 7%                                               | able for any additional amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Sig       | nature                                                                      |          | Kulmel                                                                                      | Kom                                                   |                                | -                                                                      | Capacity                                         | Grantor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Sic       | nature                                                                      |          |                                                                                             | -                                                     |                                |                                                                        | Conneit                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _         |                                                                             |          |                                                                                             |                                                       |                                |                                                                        | Capacity                                         | / Grantee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>SE</u> | LLER (                                                                      | GRA      | NTOR) INFORMATION                                                                           | ON                                                    |                                |                                                                        | BUYER (GRA                                       | ANTEE) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|           |                                                                             |          | (REQUIRED)                                                                                  |                                                       |                                |                                                                        | 1                                                | (REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Pri       | nt Nam                                                                      | e:       | Richard Dann                                                                                |                                                       |                                |                                                                        | Print Name:                                      | Nevada Gold Mines LLC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ٩d        | dress:                                                                      |          | 152 5 <sup>th</sup> Street                                                                  |                                                       |                                |                                                                        | Address:                                         | 310 S Main St Suite 1150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Cit       | <b>/</b> :                                                                  |          | Elko                                                                                        |                                                       |                                |                                                                        | City:                                            | Salt Lake City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Sta       | te:                                                                         |          | Nevada Zip:                                                                                 | 89801                                                 |                                |                                                                        | State:                                           | UT Zip: 84101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|           |                                                                             | ~~       | ( / )                                                                                       |                                                       |                                | <del></del>                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 0         | MPAN                                                                        | //PE     | RSON REQUESTING                                                                             | RECOR                                                 | DING                           |                                                                        | 1 1                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                             |          | ED IF NOT THE SEL                                                                           | LER OR B                                              | UYE                            | R)                                                                     | / /                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           | nt Nam                                                                      | e:       |                                                                                             | 7                                                     |                                | Escrow                                                                 | #                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 45        | iress:                                                                      |          |                                                                                             |                                                       | Spinster,                      |                                                                        |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ity       | r:                                                                          |          |                                                                                             | 74                                                    | -19                            | State:                                                                 |                                                  | Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|           |                                                                             |          |                                                                                             | The Real Property lies                                | _                              |                                                                        | 1                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                             |          | (AS A                                                                                       | PUBLIC F                                              | RECO                           | ORD THIS FORM N                                                        | AY BE REC                                        | ORDED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|           |                                                                             |          |                                                                                             |                                                       |                                |                                                                        |                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|           |                                                                             |          |                                                                                             | 7%                                                    |                                |                                                                        |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           |                                                                             |          |                                                                                             | 7%                                                    |                                |                                                                        |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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