

QUARTZ MINING ACT FORM 2 SECTION 44

APPLICATION FOR A FRACTIONAL CLAIM

Submit to district mining recorder. A sketch must accompany this application.					Office date stamp			
Mining district								
l,	APPLICANT'S FULL NAME			,				
	COMPLETE POSTAL ADDRESS							
	COMPLETE POSTAL ADDRESS							
PHONE	EMAIL							
Client I.D. #	Occupation							
make Oath and say that:								
1. At the hour of *	on the d	ay of			, 20),	,	
I located the	CLAIM NAME AND NUMBER				mineral	olaim, situ	uated on	
Claim sheet no.:	Tag no.:							
Described area:(Sketch of group required show	wing position of claim as nearly as	possible, direction	n of location line	e and name(s) of any claim(s) it may adjo	oin)	
Optional:								
Post No. 1 GPS coording	nates: Latitude	o II	' N	Longitude	°°	"	' W	
Post No. 2 GPS coording	nates: Latitude	o II	' N	Longitude	·°	"	' W	
2. This is a fractional claim bounded on the North by on the So				South by _		c	on the	
	on the West by							
GRANT NUMBER attached to this declarat		RANT NUMBER						
affixed on each post as 4.1 have inscribed the tag	and post No. 2 of the legal prescribed by the Quartz Mi for location post No.1: Clair	ining Act. m name and No	0					
Staked by				Stak	king date <u> </u>	YYY/M	M/DD	
Direction	Right	Left	FEET					
5.I have inscribed the tag	for location post No. 2: Clai	m name and N	lo					
Staked by				Stak	king date <u>Y</u>	YYY/M	M/DD	
Witness post distance _	Direction _		(if applica	ble)				
6. The length of the locatio	n line is approximately	· · · · · · · · · · · · · · · · · · ·	feet.					
7.I have marked the line be	etween No. 1 and No. 2 pos	sts as required	by section 3	31 of the Q	uartz Mining	Act.		
and unrecorded by any	edge and belief the ground other person as a mineral elling house or any land und	claim, it is not	occupied b	y any build	ding or any	land fallir	ng within	
9. The said claim has not p	reviously been staked out b	by anyone in m	y interest.					
DECLARED before me at		t	his	day of			, 20	
Signature of notary public			Signature	of applicar	nt			
Notary public's stamped o	r printed name							
My notary public enrollment	nt expires on: YYYYY/MM	M/DD						

*Should be shown when possible, indicating a.m./p.m., or using the 24-hour clock format.