

ANNUAL STATUS AND PRODUCTION REPORT – METALLICS

Nevada Division of Minerals

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MSHA No. _____ Date Submitted _____

Report Year _____ Submitted by _____

Operation Name: _____
(Name of mine, mill, etc.)

Operator Name: _____
(Name of company, corporation, partnership, or individual)

Operation Mailing Address: _____

Operation Telephone No.: _____ Operation Fax No.: _____

Home Office Mailing Address: _____
(if different from above) _____

Home Office Telephone No.: _____ Home Office Fax No.: _____

Email Address: _____

Website Address: _____

Location of Operation: County: _____ Township: _____
Range: _____ Section: _____

Current Mine Status: (Please check one. If in temporary or permanent shut down, please enter the date of occurrence.)

Development----- → Planned Commencement Date. _____

Production ----- → Commencement Date _____

Temporary Shut Down - → Temporary Shut Down Date _____

Permanent Shut Down - → Permanent Shut Down Date _____

Mining Method: (Please check all that apply and indicate approximate annual percentages.)

Open Pit ____% Underground ____% Placer ____% Reprocess ____%

Other ____% (Please describe) _____

Type of Process: (If multiple methods exist, please indicate percentage of production from each.)

Heap Leach ____% Gravity ____% Milling ____% SXEW ____%

Other ____% (Please describe) _____

Approximate % Non-Refractory Ore Processed: ____% Approximate % Refractory Ore Processed: ____%

Is processing facility available for ore tolling? _____

