

REGISTRY FORM
Nevada Division of Minerals
400 W. King Street, Suite 106, Carson City, NV 89703
(775) 684-7040 * Fax (775) 684-7052 * E-Mail: ndom@minerals.nv.gov

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

Production

Temporary Shut Down → Temporary Shut Down Date _____

Permanent Shut Down → Permanent Shut Down Date _____

Date or Planned Date Commencement: _____

Mining Method: _____
(open pit, underground, placer, etc. If multiple methods exist, please indicate percentage of production from each.)

Type of Process: _____
(heap leach, milling, gravity, etc. If multiple methods exist, please indicate percentage of production from each.)

Is processing facility available for custom milling? _____

Commodity/Commodities To Be Produced: _____