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	
Operation Name:	
(Name of mine, mill, etc.)	
Operator Name: (Name of company, corporation,	nartnership or individual\
(Name of company, corporation,	partitership, or individual)
Operation Mailing Address:	
Operation Telephone No.:	Operation Fax No.:
(if different from above)	
(ii dilieletit tiotit above)	
Home Office Telephone No.:	Home Office Fax No.:
Email Address:	
Website Address:	
• -	Township:
Range:	Section:
Current Mine Status: (Please check one. If in tem	porary or permanent shut down, please enter the date of occurrence.)
Development	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Production	
	orary Shut Down Date
	anent Shut Down Date
☐ Intermittent Production	
Date or Planned Date Commencement:	
Date of Flammed Date Commencement.	
Mining Method:	
<u>-</u>	tiple methods exist, please indicate percentage of production from each.)
Type of Process:	ole methods exist, please indicate percentage of production from each.)
(neap leacn, milling, gravity, etc. If multip	Die metrious exist, please indicate percentage of production from each.)
Is processing facility available for custom milling	3?
	,
Commodity/Commodities To Be Produced:	