

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..... _____
- Intermittent Production

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? _____

NOTE 1: Operators - Please report gold, silver, and other commodities separately. Do not report equivalent values.

NOTE 2: --- Please enter the amount and whether it is in tons, ounces, pounds, etc. ---

Commodity Produced:	Annual Production	Tons, Ozs, Lbs, etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Percentage of production from: Federal Lands Private Lands
_____ % _____ %

Administrative Staff Name(s):

Operations Manager: _____
Mine Manager: _____
Mill Manager: _____

Average Number Employed at the Facility:	Company	Contractor(s)
Total Employed	_____	_____