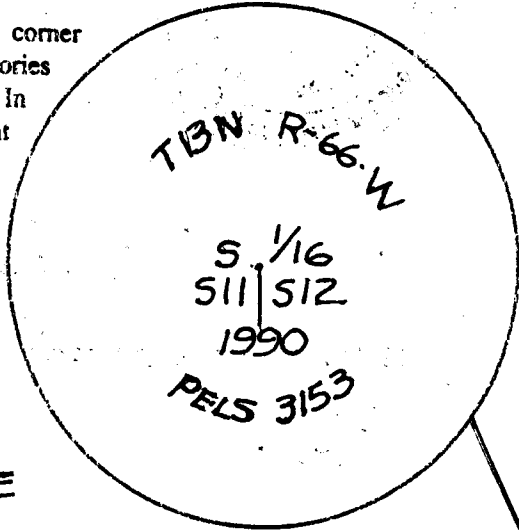


Wyoming Certified Land Corner Recordation Certificate

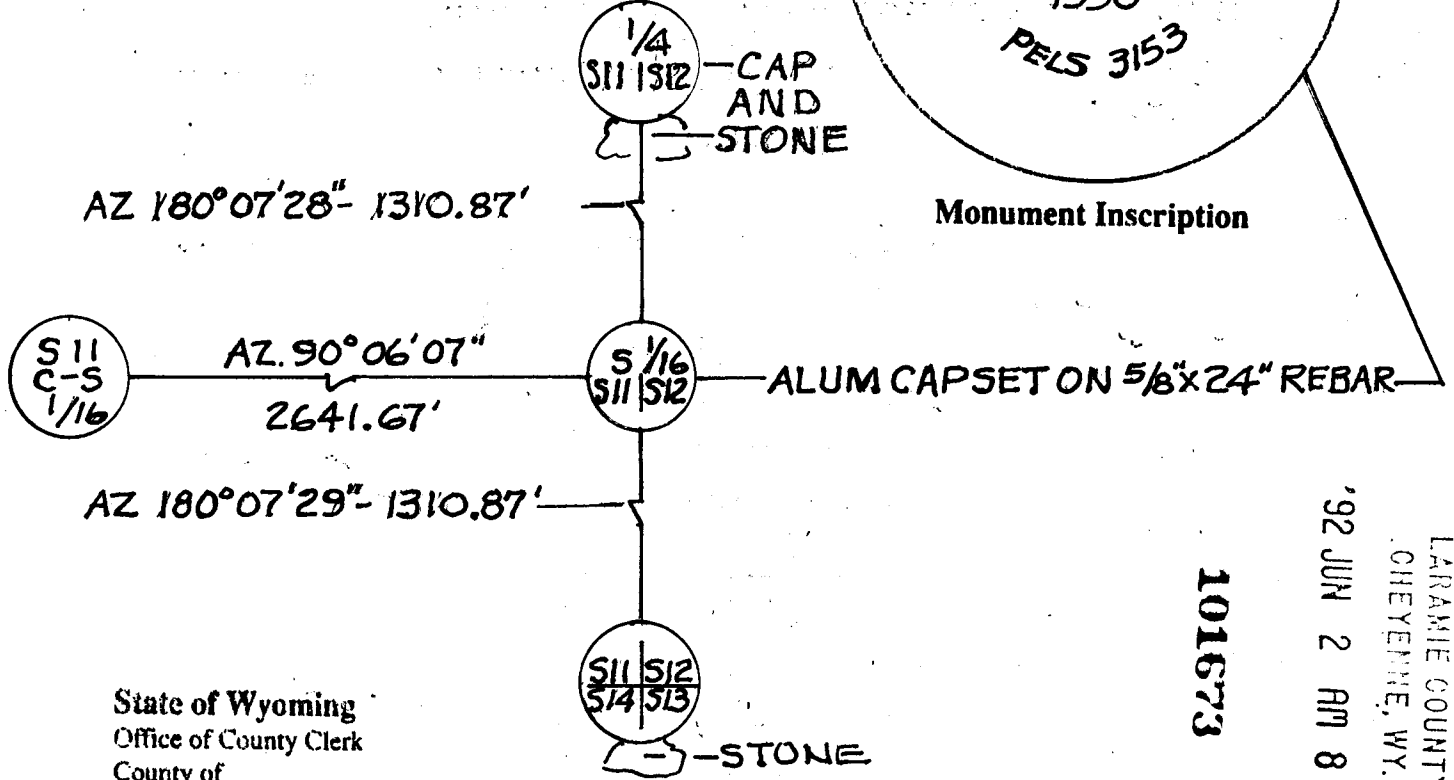
This form is to be completed in accordance with W.S. 36-11-101, printed in black ink or typed, and shall be for one individual corner.

Describe below, or show in sketch attached to this form, the corner evidence found. Include condition and type of monument, accessories and ties. Describe any maintenance or rehabilitation performed. In the circle to the right, show monument inscription. If monument is determined lost or obliterated, restate the GLO or BLM original field note record; describe or show the procedure used to reestablish the corner and all data as above for a found monument.

Field Date 11/16/90 Office Reference _____



Monument Inscription



State of Wyoming
Office of County Clerk
County of _____

RECEIVED
LARARIE COUNTY
CHEYENNE, WY.
92 JUN 2 AM 8 03
101673

This Certified Land Corner Recordation Certificate was filed for record on the _____ day of _____, 19____, in Book No. T _____, R _____, on Alpha-Numeric coordinates H-21 and was noted on the Cross Index Plat.

H-21

County Clerk

Corner Type: Aliquot Corner Other
Section(s) S 11 | 12 Meridian _____
Corner Name S 1/16 S11 | S12 Township 13 N Range 66 W Page _____

Sheet 1 of 1

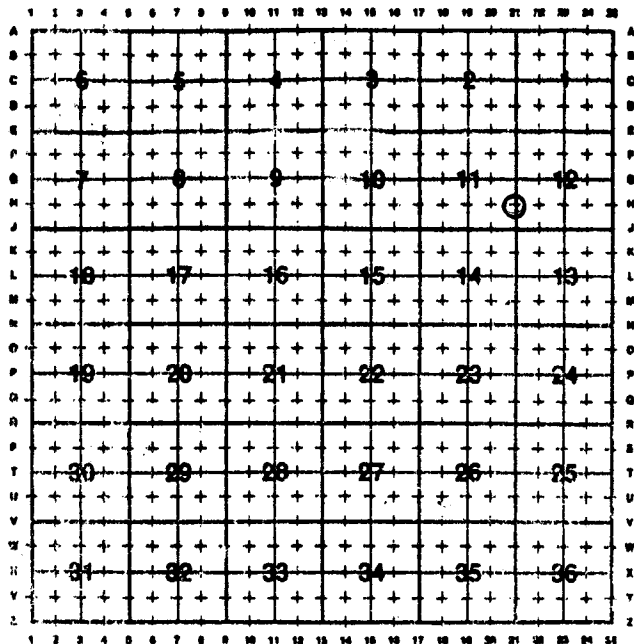
NOT FOR RECORD. ALSO CHECK FOR THE ORIGINAL RECORD. THIS FORM IS VALID ONLY IF THE ORIGINAL RECORD IS FILED WITHIN THE SPECIFIED TIME PERIOD. IF THE ORIGINAL RECORD IS NOT FILED WITHIN THE SPECIFIED TIME PERIOD, THIS FORM IS VOID.

Directions for using the Cross Index Plat

Section, quarter and sixteenth corners will be marked with a dot at the corner location. The alpha-numeric coordinate number is then determined for the intersection of the two lines. A corner that applies to two or more townships shall be filed under all that apply by the use of photo copies.

Closing corners will be indexed under the township in which they control ownership. For 1/64, 1/256, 1/1024 and non-aliquot corners lying between grid designations, mark the appropriate grid area with a dot and use the index code to the north and west (local systems may be used if the method is approved by the County Surveyor or Clerk and a written description of its use is filed in the front of each book of certificates).

Cross Index Plat



State Plane Coordinates (optional)

Zone W WC EC E feet/meters

NAD 1927 NGVD 1929 NAD 1983 NAVD 1988

North (Y) = _____ East (X) = _____ EL = _____

Latitude _____ Longitude _____

Scale Factor _____ Geoid Height _____

Certification

I, WILLIAM B. ARMSTRONG, Wyoming PLS-PE 3153 certify that I, or others under my supervision, have performed the work as described above and completed this form.

Company or Agency ARMSTRONG ENGINEERING SERVICES

Mailing Address 915 E CARLSON

Street Address _____

City, State, ZIP CHEYENNE WY 82009

Telephone, FAX (307) 632-2559

William B. Armstrong
 Signature, Seal, and Date
 5/29/92
 WYOMING

Sheet _____ of _____