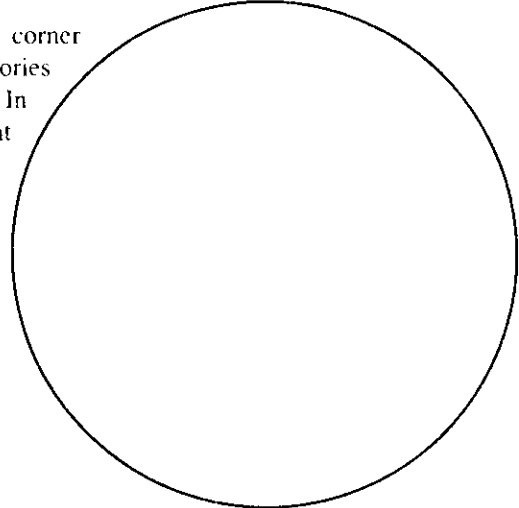


Wyoming Certified Land Corner Recordation Certificate

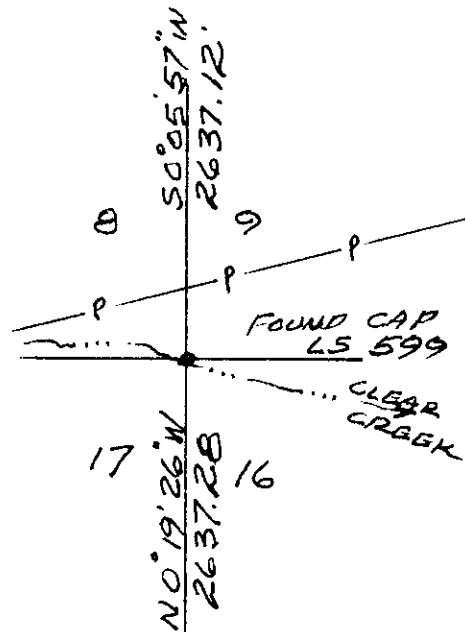
This form is to be completed in accordance with W.S. 36-11-101, printed in black ink or typed, and shall be for one individual corner.

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.



Monument Inscription

Field Date _____ Office Reference _____



State of Wyoming

Office of County Clerk

County of Carbon

This Certified Land Corner Recordation Certificate was filed for record on the 18th day of Oct, 1991, in Book No. T 13, R 67, on Alpha-Numeric coordinates J-9 and was noted on the Cross Index Plat.

Janet C. Whitehead
County Clerk

Corner Type:

Aliquot Corner Other

Section(s) 8, 9, 17, 16 Meridian 6th P.M.

Corner Name SECTION Township 13 N Range 67 W Page _____

Sheet 1 of 1

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
B	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C		6				5				4				3				2			1				
D																									
E																									
F																									
G																									
H																									
J																									
K																									
L																									
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N																									
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Q																									
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W																									
X																									
Y																									
Z																									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

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, DONALD M. HOPKINS, Wyoming PLS/PE 558 certify that I, or others under my supervision, have performed the work as described above and completed this form.

Company or Agency DM HOPKINS & ASSOC.

Mailing Address Box 6106

Street Address _____

City, State, ZIP CHEYENNE, WY 82003

Telephone, FAX 632-4763

LARAMIE COUNTY
CHEYENNE, WY.

24
1
PM
18
OCT
'91
090819

Donald M. Hopkins
Signature, Seal, and Date 8/5-91

Sheet _____ of _____