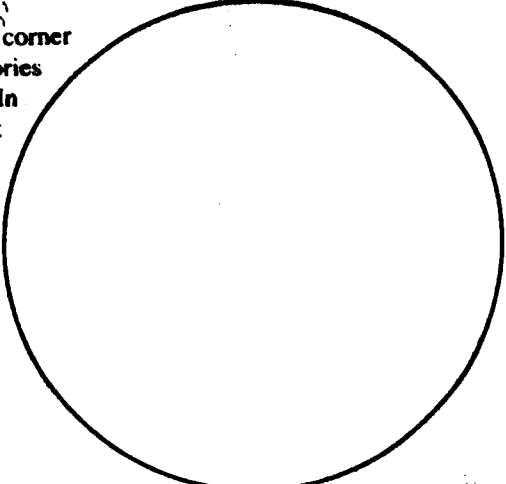


Wyoming Certified Land Corner Recordation Certificate

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 11/90 Office Reference 2200

EVIDENCE FOUND: #5 Rebar
Origin UNKNOWN

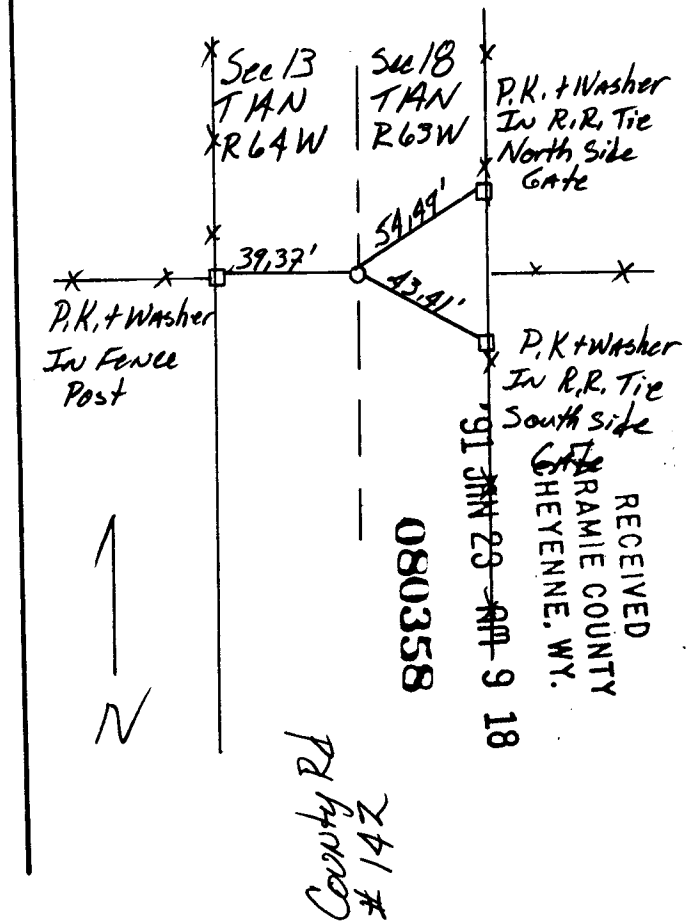
Monument Inscription

LOCATION SKETCH

GLO RECORD:

MONUMENT SET:

REFERENCE POINTS SET: See Sketch
P.K. + Washers - PLS 5910



State of Wyoming
Office of County Clerk
County of _____

This Certified Land Corner Recordation Certificate was filed for record on the _____ day of _____, 19____, in Book No. T 14N, R 64W, on Alpha-Numeric coordinates L-25 and was noted on the Cross Index Plat.

Janet C. Whitehead
County Clerk

Corner Type:
 Aliquot Corner Other
Corner Name YB

Section(s) 13 | 18 Meridian 6th
Township 14N Range 64W Page _____

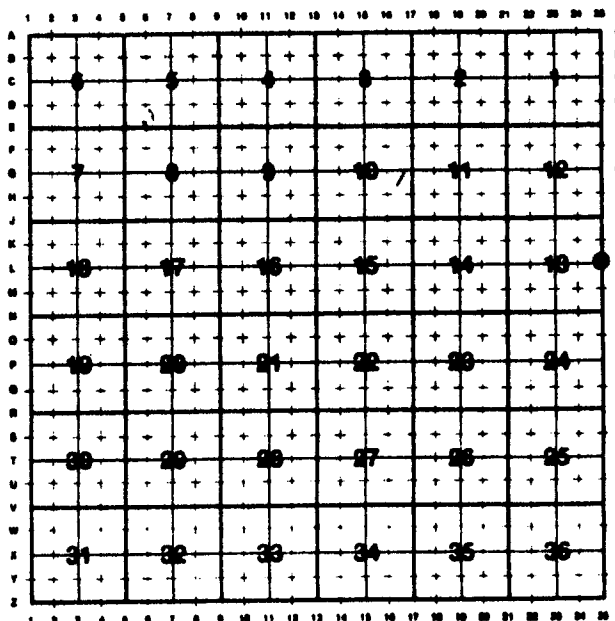
Sheet 1 of 1

**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



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, Jeffrey B. Jones, Wyoming PLS-~~RE~~ 5910 certify that I, or others under my supervision, have performed the work as described above and completed this form.

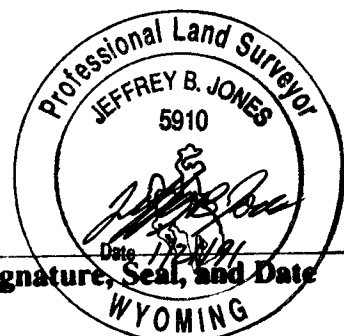
Company or Agency INTERMOUNTAIN PROFESSIONAL SERVICES, INC.

Mailing Address 1816 CENTRAL AVENUE

Street Address _____

City, State, ZIP CHEYENNE, WYOMING 82001

Telephone, FAX PH. 307-632-3138 FAX 307-632-3194



Signature, Seal, and Date

Sheet 1 of 1