Describe below, or show in sketch attached to this form, the cornevidence 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 10/5/90 Office Reference

FOUND 3/4" Iron pipe, dn. 10"
In & Riding Club Ad.

non e

Monument Inscription

Set Psco tag
In fe, post

N.T.S.

RIDING CLUB AD,
63,35'

set PSCO taa

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 ________, R _________, on Alpha-Numeric coordinates ______ and was noted on the Cross Index Plat.

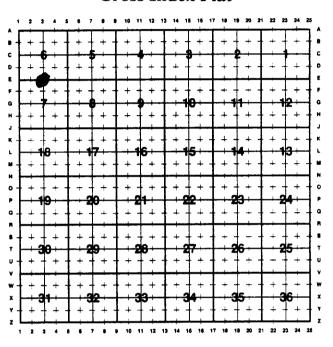
Sheet 1 of 2

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				/D 1929	■ NAD 1983	NAVD 1988
North (Y) =				East (X) =	<u> </u>	EL =
Latitude			· · · · ·	<u> </u>	Longitude	
Scale Factor					Geoid Height	
I, Doyle	<u> 6</u>	, H	brah	1M.501	ification // Wyoming PL	SPE <u>599</u> certify
that I, or others un Company or Ager	•	supervi	sion, have	performed	the work as described abov	e and completed this form.
Mailing Address Street Address	- ICY	bo			Bethanu Dr.	
City, State, ZIP	_		irora,		800H	/
Telephone, FAX	_	30-	<u> </u>	1-07	41 Fax 751-8	1581

Sheet 2 of 2^{0}