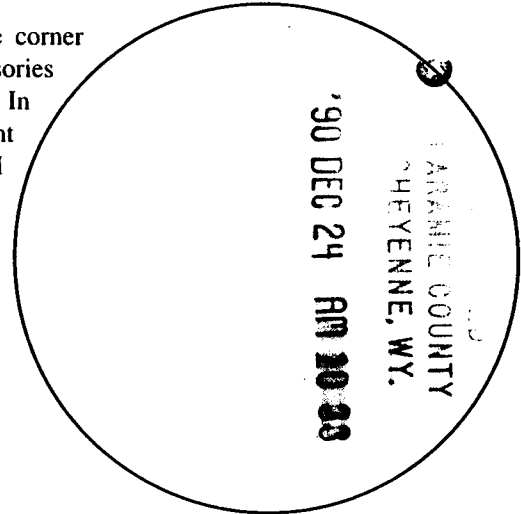


Wyoming Certified Land Corner Recordation Certificate

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.



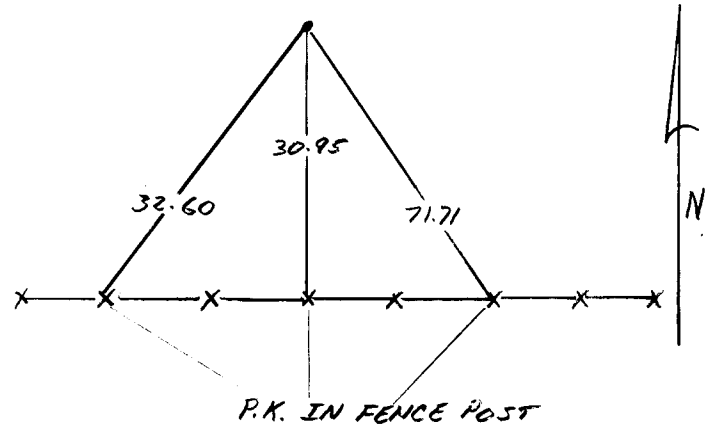
079277

Field Date 7-27-89 Office Reference 89020

GLO Record: Unknown

Monument Inscription

Found red granite stone 6" X 6" projecting above ground marked 1/4 on North face.



State of Wyoming
Office of County Clerk
County of Laramie

This Certified Land Corner Recordation Certificate was filed for record on the _____ day of _____, 19 __, in Book No. T 15N, R 66W, on Alpha-Numeric coordinates R-19 and was noted on the Cross Index Plat.

County Clerk

Corner Type: Section(s) 23, 26 Meridian 6th. P.M.

Aliquot Corner Other

Corner Name Quarter Township 15N Range 66W Page _____

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

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																									A
B																									B
C		6				5				4					3					2					C
D																									D
E																									E
F																									F
G																									G
H						7				8					9					10					H
J																									J
K																									K
L																									L
M																									M
N																									N
O																									O
P																									P
Q																									Q
R																									R
S																									S
T																									T
U																									U
V																									V
W																									W
X																									X
Y																									Y
Z																									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 = _____

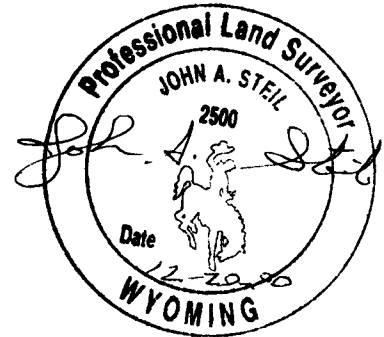
Latitude _____ Longitude _____

Scale Factor _____ Geoid Height _____

Certification

I, John A. Steil, Wyoming PLS-~~2500~~ 2500 certify that I, or others under my supervision, have performed the work as described above and completed this form.

Company or Agency Steil Surveying Services
 Mailing Address P.O. Box 2073
 Street Address _____
 City, State, ZIP Cheyenne, WY
 Telephone, FAX 307-634-7273



Signature, Seal, and Date

Sheet 2 of 2