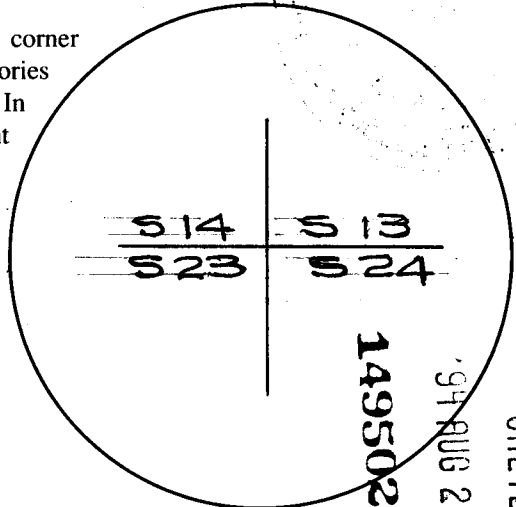


Wyoming Certified Land Corner Recordation Certificate

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.

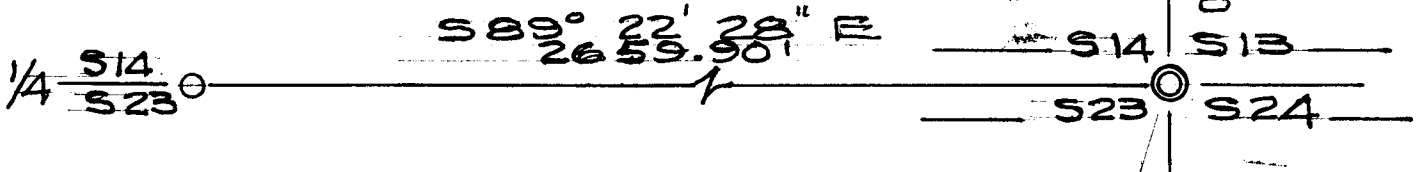
Describe below, or show in sketch attached to this form, the corner evidence found. Include condition and type of monument, accessories and ties. Describe any maintenance or rehabilitation performed. In the circle to the right, show monument inscription. If monument is determined lost or obliterated, 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 MAY 1993 Office Reference _____

Monument Inscription

RECEIVED
 LARAMIE COUNTY
 CHEYENNE, WY.
 94 AUG 29 AM 9 30



State of Wyoming
 Office of County Clerk
 County of LARAMIE

This Certified Land Corner Recordation Certificate was filed for record on the 5 day of _____, 19 93, in Book No. T _____, R _____, on Alpha-Numeric coordinates N-21 and was noted on the Cross Index Plat.

 County Clerk

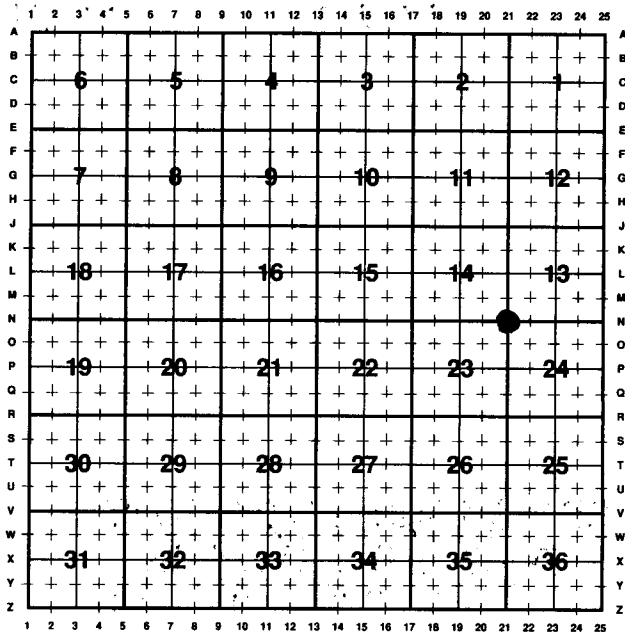
Corner Type: Aliquot Corner Other Section(s) _____ Meridian _____
 Corner Name 13/14/23/24 Township 15 N Range 67 W Page _____
 Sheet 1 of 2

**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



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

 Date 5/24/94

Signature, Seal, and Date