

## ASSIGNMENT OF GRAZING LEASE

The State Land Commissioner hereby consents to the Assignment of Lease Number  
05-95 which expires on January 24, 2023  
(Date of expiration)  
and hereby orders that the lease and all rights therein are hereby assigned and transferred to:

**CHRISTOPHER DALLEY and KIMMEL DALLEY, husband and wife  
as community property with right of survivorship**

**47914 W. Belleview  
Tonopah, AZ 85354**

This assignment is made pursuant to application to assign the lease made by ASSIGNOR(S):

**MICHAEL L. DEROSIER, a single person**

and pursuant to application for the assumption of said lease made by ASSIGNEE(S):

**CHRISTOPHER DALLEY and KIMMEL DALLEY, husband and wife as community  
property with right of survivorship**

and in accordance with the laws of the State of Arizona and the rules of the State Land  
Department.

*This assignment is made without waiver or relinquishment of any rights of the State of Arizona which may exist under the lease assigned and does not initiate any new rights to the assignee of this lease other than the rights as are set forth in the existing lease. The assignee(s) hereby assumes and agrees to perform all obligations of the lessee under the lease and accepts the lease subject to all existing terms and conditions.*

Dated this 11th day of January, 2016.

State of Arizona  
State Land Commissioner



By: \_\_\_\_\_

RETURN TO:  
 ARIZONA STATE LAND DEPARTMENT  
 PUBLIC COUNTER  
 1616 WEST ADAMS  
 PHOENIX, ARIZONA 85007  
 SUBMIT NON-REFUNDABLE  
 FILING FEES

DI TMENTAL USE ONLY		A. ROLODEX # 124	B. ROLODEX # 22472
ACCOUNTING	T & C	RECOMMENDATION INITIAL	DATE
Filing Fees: <b>PAID</b> Name Change: \$500 Partial Assignment of Long Term Commercial Lease: \$2,500 All Other Assignments: \$1,000 C (24) P (25)	Examiner: Del Re-assign Examiner:	Approve [Signature] Deny Reject Withdraw	12/22/15

**APPLICATION FOR  
 ASSIGNMENT OF LEASE, PERMIT OR RIGHT OF WAY  
 AND ASSUMPTION OF INTEREST**

*Type or print in ink.*

LEASE, PERMIT, OR RIGHT OF WAY NUMBER 05 - 000095-00-010

Partial Assignment ☐

Complete Assignment ☒

Name Change ☐

**TO AVOID REJECTION, COMPLETE ALL QUESTIONS, SIGN, NOTARIZE AND SUBMIT APPLICATION WITH REQUIRED DOCUMENTS AND NON-REFUNDABLE FILING FEE OF \$500 NAME CHANGE; \$2,500 PARTIAL ASSIGNMENT OF LONG TERM COMMERCIAL LEASE; \$1,000 ALL OTHER ASSIGNMENTS.**

**NOTICE:** Any assignment of interest is not binding to either party or the State Land Department until this application has received the written consent of the STATE LAND COMMISSIONER.

**1. APPLICANT(S):**

**A. ASSIGNOR NAME(S)**

(Also known as the Seller and State Lessee)

MICHAEL L. DeROSIER

**B. ASSIGNEE NAME(S)**

(Also known as the Buyer)

CHRISTOPHER DALLEY

KIMMEL DALLEY, husband and wife as community property with right of survivorship

47914 W. Belleview

Mailing Address

Tonopah

City

AZ

State

85354

Zip

16825 W. Yuma Road

Mailing Address

Goodyear,

City

AZ

State

85338

Zip

Michael L. DeRosier

Contact Person

623.910.0562

Phone No

m.d.ratch53@gmail.com

Email Address (optional) #12488

Christopher Dalley

Contact Person

208.589.7422

Phone No

palehorseattle@gmail.com

Email Address (optional)

#22472

**2. REQUEST TO ASSIGN INTEREST IN LEASE, PERMIT OR RIGHT OF WAY AND REQUEST TO ASSUME INTEREST OF LEASE, PERMIT OR RIGHT OF WAY:**

Assignor(s) not being in default of the rental and/or the conditions of the state lease, permit or right of way does **HEREBY MAKE APPLICATION AND REQUEST** that the State Land Department authorize and consent to in writing, the assignment of all rights, title, interest and claim in and to the State lease, permit, or right of way no. 05 - 000095

AND

Assignee(s) in consideration of the sum of (\$ 300,000.00 ) paid to the assignor, does **HEREBY MAKE APPLICATION AND REQUEST** that the State Land Department authorize the transfer and assumption of all rights, title, interest and claim of the lease, permit or right-of-way described in this application. The assignee hereby assumes and agrees to perform all obligations of the lessee, permittee or grantee under the lease, permit, or right of way and accepts the lease, permit or right of way subject to all existing terms and conditions.

3. **PARTIAL ASSIGNMENT ONLY:**

If you are requesting assignment of only a portion of the land described in your lease, permit or right of way, complete below or attach a list to this application:

<u>TWN.</u>	<u>RNG.</u>	<u>SEC.</u>	<u>LEGAL DESCRIPTION</u>	<u>ACRES</u>	<u>COUNTY</u>	<u>SLD USE ONLY</u>		
						<u>CTY</u>	<u>GRT</u>	<u>PARCEL</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

4. **ENCUMBRANCES:** (This portion is to be completed by assignor.)

A. **Mortgage or lien:**

Are there any mortgages or liens on file with the Department? Yes \_\_\_\_\_ No X

If YES, you must enclose a copy of the satisfaction or release of lien signed by the lien holder. If the lien is not paid, a written letter from all parties involved consenting to this assignment must be attached to this application.

**NOTICE:** Pursuant to A.R.S. § 37-255(A), your application cannot be processed without a release of all liens or a written consent from each party involved. Your application will be rejected if submitted without the required documents. For information regarding liens on file, contact: Land Information, Title & Transfer Division, (602) 364-3170.

B. **Sublease of Record:**

Are there any subleases on file with the Department? Yes \_\_\_\_\_ No X If YES, the current sublease will automatically terminate upon approval of this assignment. If it's the assignees intent to continue subleasing, a new application will need to be submitted.

C. **Overriding Royalty:** (Oil & Gas Leases only)

Does the assignment of this lease reserve to the Lessor an overriding royalty? Yes \_\_\_\_\_ No X

If YES, indicate royalty percent: \_\_\_\_\_

5. **Escrow:** (For assignment of long term leases only, if applicable) Please provide escrow number \_\_\_\_\_

Please provide name and address of escrow agent: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. **Other Files:** Are there other leases, permits or rights of way associated with this assignment? Yes X No \_\_\_\_\_

If YES, please provide a list and circle which ones will be assigned: \_\_\_\_\_

7. Do you have legal access to the proposed leased land? X Yes No \_\_\_\_\_

If yes, state your legal access route: Sack Rabbit Road

8. **ASSIGNOR(S) COMPLETE AND SIGN PAGE 3 AND HAVE ALL SIGNATURES NOTARIZED ON PAGE 4.**

**NOTE:** Arizona is a community property state. If the assignor(s) of this application is/are married, the assignor(s) and his/her spouse must both sign and have this application notarized, unless the original lease, permit or right of way was issued with the statement "Sole and Separate Property".

9. **ASSIGNEE(S) COMPLETE AND SIGN PAGE 5 AND HAVE ALL SIGNATURES NOTARIZED ON PAGE 6.**

**NOTE:** If you wish to hold title as "sole and separate property" or "joint tenants with right of survivorship", please indicate in Question No. 1 (Page 1).

**TO BE COMPLETED BY ASSIGNOR(S) A.K.A. SELOR(S)**

**CERTIFICATION:** Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and sign the certification. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) ☒ Individual(s) ☐ Husband & Wife  
☐ Corporation ☐ Ltd. Liability Co. ☐ Partnership ☐ Ltd. Partnership ☐ Estate ☐ Trust  
☐ Joint Venture ☐ Municipality ☐ Political Subdivision ☐ Other (specify) \_\_\_\_\_

2. **INDIVIDUAL(S) OR HUSBAND & WIFE:** Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
MICHAEL L. DEROSIER		SINGLE
_____	_____	_____

3. **CORPORATION:** Complete the following:

- (A) Do you have authority from the Arizona Corporation Commission to transact business in the State of Arizona? Yes ☐ No ☐  
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes ☐ No ☐  
 (C) In what state are you incorporated? \_\_\_\_\_  
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes ☐ No ☐  
 If no, state the Legal Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street or Box Number) (City) (State) (Zip)

4. **LIMITED LIABILITY COMPANY:** Complete the following:

- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission? Yes ☐ No ☐  
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission? Yes ☐ No ☐  
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes ☐ No ☐

5. **PARTNERSHIP OR JOINT VENTURE:** Complete the following for each authorized partner or principal:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. **LIMITED PARTNERSHIP:** Is this limited partnership on file with the Arizona Secretary of State? Yes ☐ No ☐  
 Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. **ESTATE:** Complete the following and attach a copy of the court or estate document(s):

Name of the court appointed administrator or personal representative: \_\_\_\_\_  
 List the type and date of issuance of the court or Estate document: \_\_\_\_\_  
 (Type of Document) (Date issued)

8. **TRUST:** (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: \_\_\_\_\_

9. **I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.**

**SIGNATURE(S)**

(Name of Corporation, Partnership, etc.)

Signature of Assignor (Individual, Trustee, Personal Representative, etc)

Signature

Title

Signature of Assignor (Individual, Trustee, Personal Representative, etc)

(Signatures must be notarized on page 4)

15 OCT 2014 10:17 REC'D ASD

**ASSIGNOR(S) A.K.A. SELLER(S)  
NOTARY ACKNOWLEDGMENT**

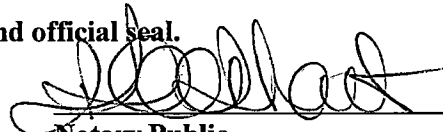
STATE OF ARIZONA                    )  
  ) ss.  
County of COCHISE                    )

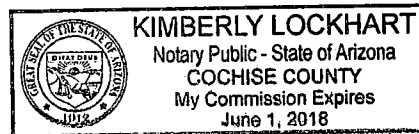
On this 28th day of August , 20 15 before me, a Notary Public within and for said  
County, personally appeared MICHAEL L. DEROSIER

and known to me to be the person(s) described in and who executed the same as HIS free act and deed.  
(his/her/their)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires: 06/01/2018

  
\_\_\_\_\_  
Notary Public



STATE OF ARIZONA                    )  
  ) ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ , 20\_\_\_\_ before me, a Notary Public within and for said  
County, personally appeared \_\_\_\_\_

and known to me to be the person(s) described in and who executed the same as \_\_\_\_\_ free act and deed.  
(his/her/their)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**TO BE COMPLETED BY ASSIGNEE(S) A.K.A. BU (S)**

**CERTIFICATION:** Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and sign the certification. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) Individual(s) ☒ Husband & Wife  
Corporation Ltd. Liability Co. Partnership Ltd. Partnership Estate Trust  
Joint Venture Municipality Political Subdivision Other (specify) \_\_\_\_\_

2. **INDIVIDUAL(S) OR HUSBAND & WIFE:** Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
<u>CHRISTOPHER DALLEY</u>	<u>40</u>	<u>married to Kimmel Dalley</u>
<u>KIMMEL DALLEY</u>	<u>40</u>	<u>married to Christopher Dalley</u>

3. **CORPORATION:** Complete the following:

- (A) Do you have authority from the Arizona Corporation Commission to transact business in the State of Arizona? Yes \_\_\_ No \_\_\_  
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes \_\_\_ No \_\_\_  
 (C) In what state are you incorporated? \_\_\_\_\_  
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes \_\_\_ No \_\_\_  
 If no, state the Legal Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street or Box Number) (City) (State) (Zip)

4. **LIMITED LIABILITY COMPANY:** Complete the following:

- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission? Yes \_\_\_ No \_\_\_  
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission? Yes \_\_\_ No \_\_\_  
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes \_\_\_ No \_\_\_

5. **PARTNERSHIP OR JOINT VENTURE:** Complete the following for each authorized partner or principal:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. **LIMITED PARTNERSHIP:** Is this limited partnership on file with the Arizona Secretary of State? Yes \_\_\_ No \_\_\_  
 Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. **ESTATE:** Complete the following and attach a copy of the court or estate document(s):

Name of the court appointed administrator or personal representative: \_\_\_\_\_

List the type and date of issuance of the court or Estate document: \_\_\_\_\_  
 (Type of Document) (Date issued)

8. **TRUST:** (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: \_\_\_\_\_

9. **I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.**

**SIGNATURE(S)**

(Name of Corporation, Partnership, etc.) \_\_\_\_\_

Signature of Assignee (Individual, Trustee, Personal Representative, etc) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Signature of Assignee (Individual, Trustee, Personal Representative, etc) \_\_\_\_\_

(Signatures must be notarized on page 6)

15 OCT 02 PM 01:17 RECD HELD

**ASSIGNEE(S) A.K.A. BUYER(S)  
NOTARY ACKNOWLEDGMENT**

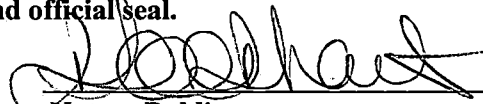
STATE OF ARIZONA                    )  
  ) ss.  
County of COCHISE                    )

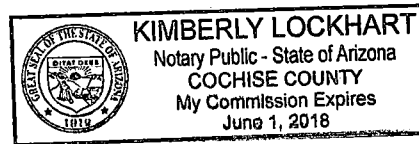
On this 31<sup>st</sup> day of August, 20 15 before me, a Notary Public within and for said  
County, personally appeared CHRISTOPHER DALLEY and KIMMEL DALLEY

and known to me to be the person(s) described in and who executed the same as THEIR free act and deed.  
(his/her/their)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires: 06/01/2018

  
\_\_\_\_\_  
Notary Public



STATE OF ARIZONA                    )  
  ) ss.  
County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, a Notary Public within and for said  
County, personally appeared \_\_\_\_\_

and known to me to be the person(s) described in and who executed the same as \_\_\_\_\_ free act and deed.  
(his/her/their)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public





Assignee (*Buyer*) will need to complete these questions and the Environmental Disclosure Questionnaire if you are applying to assume a Grazing lease/permit. (Pages 10 thru 13 may now be discarded.)

*No credit shall be given to the applicant for any claimed grazing use of private or federal lands within the ranch unit, unless disclosed at this time, or subsequently disclosed by an amended statement of your ranch holdings.*

1. Do you control a federal grazing allotment that will be used in association with this grazing lease? Yes ☒ No ☐  
If yes, indicate the following:

a. Total acres/Name of federal allotment: #3007 / BELDAT  
b. Administering agency/Office location: BLM | LOWER SONORAN F.O.

2. Do you own contiguous land which will be used in connection with this State grazing lease? Yes ☐ No ☒  
If yes, indicate the total acres \_\_\_\_\_, and attach supporting documentation to show proof of ownership.

3. Do you control any contiguous private land by written agreement that will be used in connection with this State grazing lease? Yes ☒ No ☐. If yes, indicate the total acres \_\_\_\_\_. A copy of each written agreement for private lands you control but do not own must be attached or your application may be returned.

4. Have you attached a current copy of your certificate indicating proof of an Arizona Registered Brand? Yes ☒ No ☐. If not, your application will be returned.  
NOTE: Brand Certificate must be in the same name as assignee.

5. Do you intend to use the leased land for livestock grazing? Yes ☒ No ☐

6. Indicate the type of livestock operation you intend to manage on the subject land:

☒ cattle ☒ horses ☐ sheep ☐ goats  
☒ cow/calf ☒ cow/calf/stocker ☒ cow/calf/yearling ☒ stocker other \_\_\_\_\_

7. Indicate the time of year livestock will be grazed upon the subject land: (check one)

☒ year long ☐ seasonal: \_\_\_\_\_ Date of use, from \_\_\_\_\_ to \_\_\_\_\_

8. Do you claim superior right to lease this tract by virtue of private land holdings, private land leases, water rights, or federal permits, improvements or other equities in the vicinity of same? Yes ☒ No ☐. If yes, explain in detail:

We own land contiguous to this leased land  
\_\_\_\_\_  
\_\_\_\_\_

9. COMPLETE MAP ON PAGE 9.

10. COMPLETE IMPROVEMENT QUESTIONNAIRE ON PAGE 14.

**COMPLETE THIS MAP, COLOR CODE THE VARIOUS CATEGORIES OF LAND OWNERSHIP  
OR CONTROL AS FOLLOWS:**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Location of perimeter fencing (---x---x---x)<br><input type="checkbox"/> 2. Location of major cross fencing (---/---/---)<br><input type="checkbox"/> 3. Location of State leased land within your ranch boundaries = blue<br><input type="checkbox"/> 4. Location of any federal land you control within your ranch boundaries = yellow<br><input type="checkbox"/> 5. Location of any private land you own within your ranch boundaries = red | <input type="checkbox"/> 6. Location of any private land you control by written agreement within your ranch boundaries = green<br><input type="checkbox"/> 7. Location of any uncontrolled land within your ranch boundaries = orange<br><input type="checkbox"/> 8. Indicate the appropriate township and range in the blanks provided along the margins of the plat<br><input type="checkbox"/> 9. Provide smaller subdivisions, if needed. |
|---|---|

You may submit the map information on the plat below, or on a county highway map, BLM, or Forest Service allotment map.

**INDICATE SCALE OF MAP:**

	See attached		

## IMPROVEMENT QUESTIONNAIRE

**GRAZING & AGRICULTURE ASSIGNMENT APPLICANTS ONLY:**

Lease or Permit No. 05 - 000095

### IMPROVEMENT INFORMATION:

Pursuant to A.R.S. § 37-322.01 the succeeding Lessee is required to reimburse the previous Lessee for improvements. Are there improvements on the parcel of land you are applying to lease? ☒ Yes ☐ No. If yes, list each improvement below and if requested by the Department, provide proof of ownership of the improvements by submitting a copy of a notarized Bill of Sale from the owner, or a notarized letter from the owner stating that he/she has relinquished any claim to ownership and reimbursement for the improvement(s).

(If needed, additional sheet can be attached) Note: Do not attach Departmental computer print-out list of improvement records.

TYPE OF IMPROVEMENT

LEGAL DESCRIPTION / LOCATION

See attached list

*Approval of this assignment application does not constitute approval of any improvements nor confers ownership. Upon approval of the lease assignment, if the Lessee intends to construct improvement(s), the Lessee must submit to the Department an Application to Place Improvements. Improvement(s) cannot be constructed without the Department's approval.*

*Pursuant to A.R.S. § 37-321, Lessee is not entitled to reimbursement for improvements that have not been authorized by prior written approval from the Department.*

# ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE

These two pages are part of the application - **DO NOT DETACH.**

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

YES	NO	WILL YOUR USE INVOLVE:	TYPE OF ENVIRONMENTAL IMPACT
	<input checked="" type="checkbox"/>	<b>WASTE TIRES</b> The collection of waste tires? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>LEAD ACID BATTERIES</b> The sale and disposal of lead acid batteries? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>DISCHARGE IMPACTING GROUNDWATER</b> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>PESTICIDES?</b> If yes, explain use: _____	
	<input checked="" type="checkbox"/>	<b>DRY WELLS?</b> If yes, ADEQ Registration #(s): _____	
	<input checked="" type="checkbox"/>	<b>POTABLE WATER (DRINKING WATER) SYSTEMS?</b> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</b> Wastewater collection and/or treatment? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>AIR CONTAMINANTS/AIR POLLUTION CONTROL</b> Air contaminant emissions? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>SOLID WASTE - GENERAL</b> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>SOLID WASTE - MEDICAL WASTE</b> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</b> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>USED OIL</b> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>RECYCLING ACTIVITIES?</b> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>SPECIAL WASTE</b> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>HAZARDOUS WASTE GENERATOR</b> Generating hazardous waste? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<b>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</b> If yes, explain: _____	

(OVER)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE TRANSPORTATION?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>UNDERGROUND STORAGE TANK (UST)?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>ABOVEGROUND STORAGE TANK (AST)?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>HAZARDOUS SUBSTANCES?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>CURRENTLY UNCLASSIFIED WASTE</u> Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:	
		<input type="checkbox"/> Polychlorinated biphenyls (PCBs) <input type="checkbox"/> Oil and gas exploration drilling muds <input type="checkbox"/> Petroleum contaminated soil <input type="checkbox"/> Incinerator ash <input type="checkbox"/> Categorical industrial pretreatment sludge <input type="checkbox"/> Commercial/industrial septage <input type="checkbox"/> Petroleum refining waste <input type="checkbox"/> Radioactive waste <input type="checkbox"/> Used Antifreeze <input type="checkbox"/> Slag and refractory material <input type="checkbox"/> Uranium ore tailings <input type="checkbox"/> Contaminated process equipment <input type="checkbox"/> Precious metals recycling <input type="checkbox"/> Industrial catalysts <input type="checkbox"/> Industrial Sludges <input type="checkbox"/> Aluminum dross <input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)	
		If checked, explain waste generation process: _____	
	<input checked="" type="checkbox"/>	<u>SUPERFUND SITES</u> Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area? If yes, NPor WQARF area name: _____	
	<input checked="" type="checkbox"/>	<u>LAND DISTURBANCE</u> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>WATER WELLS</u> Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).	
	<input checked="" type="checkbox"/>	<u>ADJACENT LAND USES</u> To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</u> To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>PREVIOUS ENVIRONMENTAL IMPACT</u> To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____	

ADDITIONAL COMMENTS:

## IMPROVEMENT QUESTIONNAIRE

**GRAZING & AGRICULTURE ASSIGNMENT APPLICANTS ONLY:**

Lease or Permit No. 005-00095-02-10

**IMPROVEMENT INFORMATION:**

Pursuant to A.R.S. § 37-322.01 the succeeding Lessee is required to reimburse the previous Lessee for improvements. Are there improvements on the parcel of land you are applying to lease? X Yes      No. If yes, list each improvement below and if requested by the Department, provide proof of ownership of the improvements by submitting a copy of a notarized Bill of Sale from the owner, or a notarized letter from the owner stating that he/she has relinquished any claim to ownership and reimbursement for the improvement(s).

(If needed, additional sheet can be attached) Note: Do not attach Departmental computer print-out list of improvement records.

<u>TYPE OF IMPROVEMENT</u>	<u>LEGAL DESCRIPTION / LOCATION</u>
Corrals	S2 NE S2 03.0-5-02.0-W-04-07-031-1002
Fence	W to E Center of Section 03.0-5-01.0-W-10-07-031-1002
Fence	W to E Center of Section 03.0-5-01.0-E-07-07-031-1002
Fence	Cattle Guard Gate 03.0-5-01.0-W-09-07-031-1002
Fence	03.0-5-01.0-W-16-07-030-1003
Fence-Wire	All 03.0-5-01.0-W-16-07-030-1003
Stock Tank	03.0-5-01.0-W-16-07-030-1003
Well	02.0-5-02.0-W-15-07-031-1003

Approval of this assignment application does not constitute approval of any improvements nor confers ownership. Upon approval of the lease assignment, if the Lessee intends to construct improvement(s), the Lessee must submit to the Department an Application to Place Improvements. Improvement(s) cannot be constructed without the Department's approval.

Pursuant to A.R.S. § 37-321, Lessee is not entitled to reimbursement for improvements that have not been authorized by prior written approval from the Department.

**BILL OF SALE**  
**(Personal Property or Goods)**

15 OCT 02 PM 10:18 REC'D

Date: August 28, 2015

For consideration of Ten Dollars, and other valuable consideration, I or we

SELLER(S): MICHAEL L. DeROSIER, a Single man

BUYER(S): CHRISTOPHER DALLEY and KIMMEL DALLEY, Husband and Wife, as Community Property with Right of Survivorship

Address and Location of Property Sold:  
BELOAT RANCH, LITTLE RINCON VALLEY, AZ  
STATE LEASE 05-000095 AND BLM ALLOTMENT # 3007

Property County: MARICOPA

Property Sold (List Personal Property by Description, Serial Number and other Identifying Characteristics.)

Arizona State Grazing Lease #05-000095, together with all improvements
BLM Allotment #3007, aka the Beloat Allotment, together with all improvements

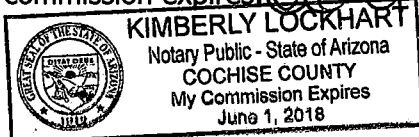
For valuable consideration, receipt of which is acknowledged by Seller, Seller sells and conveys to Buyer the Property Sold, to have and to hold the Property Sold to Buyer and the heirs, executors, administrators and assigns of Buyer forever, and Seller and the heirs, executors, administrators and assigns of Seller warrant to defend the sale of Property Sold unto Buyer and the heirs, executors, administrators and assigns of Buyer, against all and every person whomsoever lawfully claiming or to claim the same.

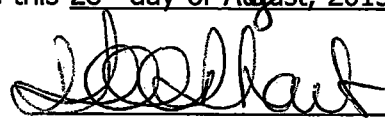
  
**MICHAEL L. DeROSIER**

State of Arizona }  
County of Cochise } ss.

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of August, 2015, by MICHAEL L. DeROSIER.

My commission expires: 06-01-18



  
NOTARY PUBLIC

Accepted and Approved:

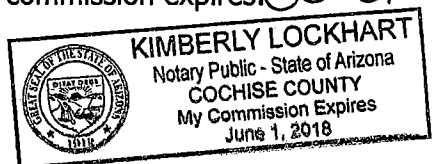
  
CHRISTOPHER DALLEY


  
KIMMEL DALLEY

State of Arizona       }  
                                  } ss.  
County of Cochise     }

The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of August, 2015, by  
CHRISTOPHER DALLEY and KIMMEL DALLEY.

My commission expires: 06-01-18



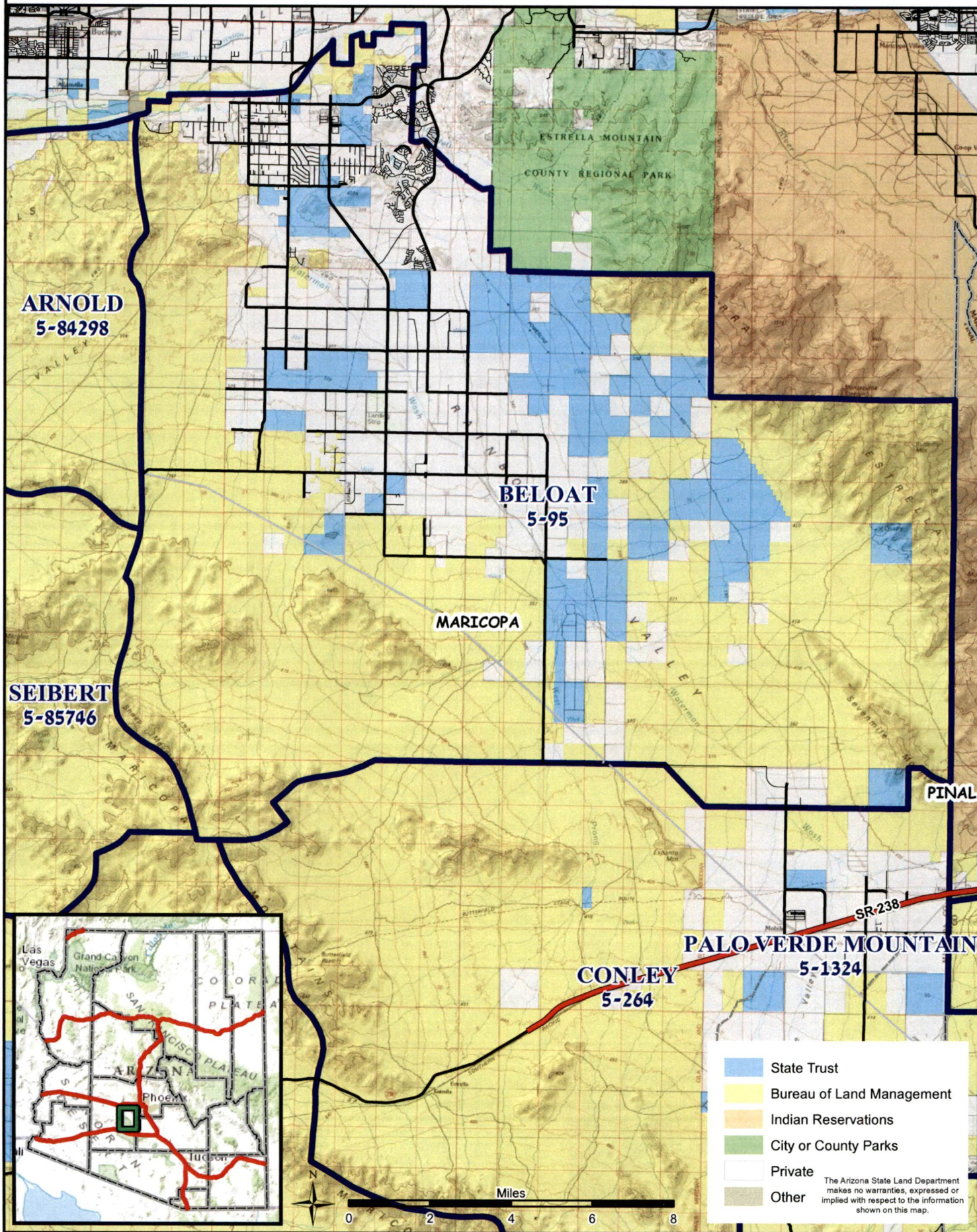
  
NOTARY PUBLIC





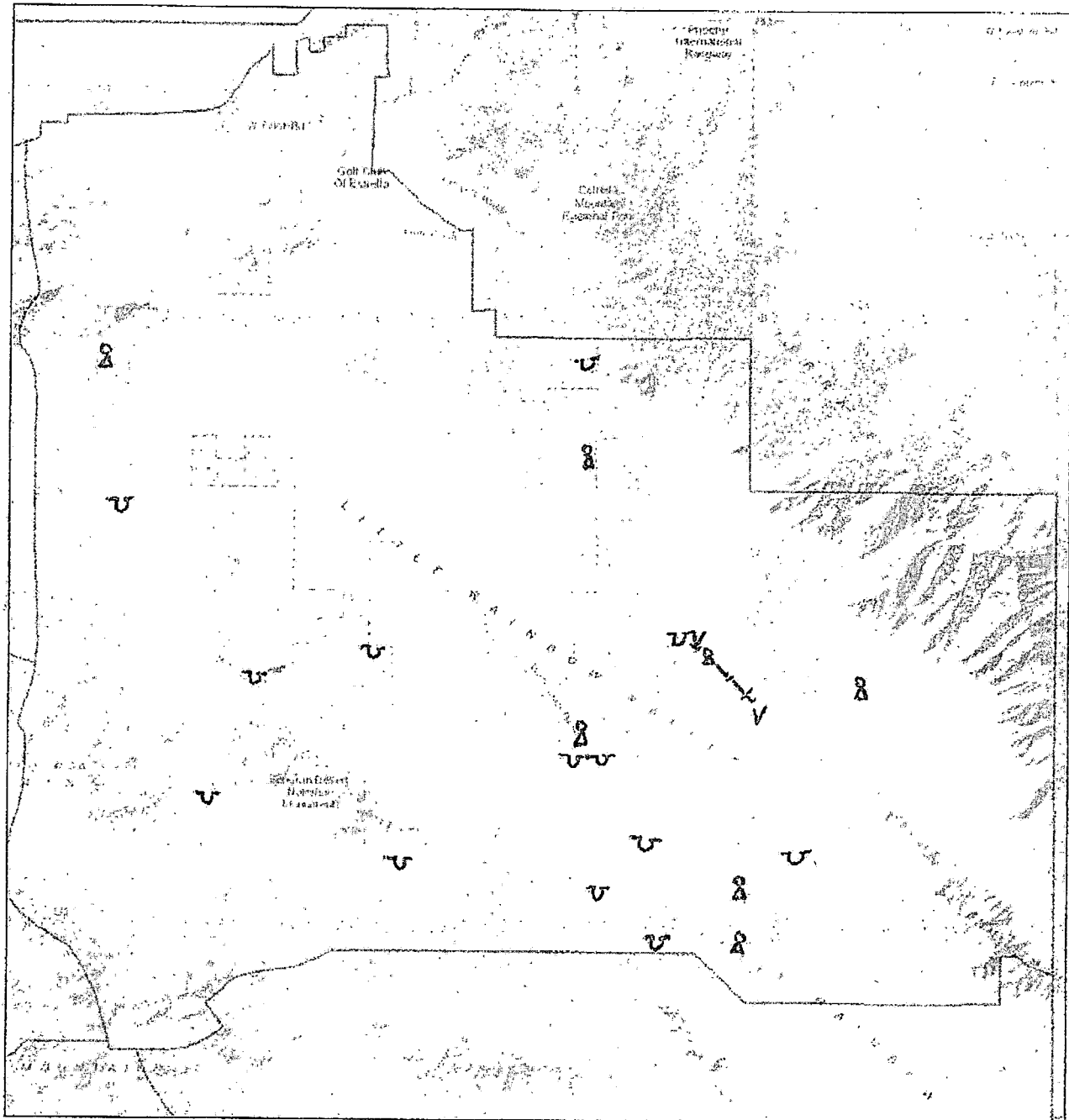
# 05-95 DEROSIER/ DALLEY ASSIGNMENT

Date: 12/21/2015





# Arizona State Land Department



July 24, 13

- ☐ Grazing Allotments
- Bureau of Land Management
- City or County Parks
- US Forest Service
- Indian Reservations
- Military
- National Park Service
- Other
- Private
- State Parks
- State Trust
- Fish & Wildlife Service

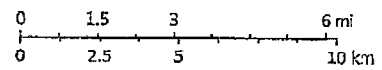
$\delta$  = WELL

u = DIRT TANK

V = TROUGH

- - - = PIPELINE

1:144,448



Sources: Esri, DeLorme, NAVTEQ, TomTom, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GenRac, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), Swisstopo, and the GIS User Community

Map by: Arizona State Land Department  
The Arizona State Land Department makes no warranties, expressed or implied with respect to the information shown on this map.