

RETURN TO:
 ARIZONA STATE LAND DEPARTMENT
 PUBLIC COUNTER
 1616 WEST ADAMS
 PHOENIX, ARIZONA 85007
 SUBMIT NON-REFUNDABLE
 \$200 FILING FEE

DEPARTMENTAL USE ONLY		
ACCOUNTING	T & C	
Filing Fee: \$200	Exam: _____	
S(32)	P(32)	App. entry: _____

ROLODEX # _____
 LEASE NO. 05-2190-00

**SUBLEASE OR PASTURE AGREEMENT
 REQUEST AND PERMISSION**

THIS FORM MUST BE COMPLETED, SIGNED BY ALL PARTIES AND SUBMITTED WITH A NON-REFUNDABLE \$200 FILING FEE.

Check one: **SUBLEASE** **PASTURE AGREEMENT**

1A. **APPLICANT(S):** #10638

1B. **APPLICANT(S):** #36253

Ruskin R. Lines Jr., Paul A. Lines,
 State Lessee aka Sub-Lessor

Turtle Cattle Co., L.L.C.
 Sub-Lessee

and Christopher Lines
 State Lessee aka Sub-Lessor

Sub-Lessee

P. O. BOX 8879
 Mailing Address

1353 S Turkey Creek Rd
 Mailing Address

Mesa AZ 85214
 City State Zip

San Simon AZ 85632
 City #36254 State Zip

Ruskin R. Lines Jr. (480) 990-2293
 Contact Person Phone No.

Timm Klump
 Contact Person Phone No.

srlines@cox.net
 Email Address (optional) #5162

ranchertimm@yahoo.com
 Email Address (optional)

By submitting this request and permission, the above Sub-Lessor and Sub-Lessee agree that the land described in this Sublease/Pasture Agreement shall be used for the purpose described in the State Lease referenced and for no other use. Further, Sub-Lessor and Sub-Lessee agree to abide by all of the terms and conditions of the State Lease and to conform and perform in accordance with A.R.S. Title 37, the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5.

2. REQUEST TO SUBLEASE STATE TRUST LANDS:

The State lessee requests permission to allow the sub-leasing or pasturing of those lands described in State Lease No. 05 - 2190 which expires on 2/25/25.

Check One: All of the lands in the State Lease number described above.
 Only that portion of the above referenced State Lease as described below.

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY	S.T.D USE ONLY		
						CTY	GRT	PARCEL
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

3. PURPOSE OF SUBLEASE:

Check one: Livestock Grazing Agricultural Use Commercial Use

A. LIVESTOCK GRAZING:

Does SUB-LESSEE have an Arizona Registered Brand? Yes No

NOTE: Sublessee must attach a certificate indicating proof of an Arizona Registered Brand or this request for permission to sublease will be returned.

B. AGRICULTURAL USE:

If the purpose of the sublease is irrigation, and the land under the lease is located within an Active Management Area or Irrigation Non-Expansion Area, have you reviewed the annual allotment of water regulated by the Arizona Department of Water Resources (ADWR) with which to irrigate eligible acres? Yes No

Have you reviewed the status of the flexibility account for the Irrigation Grandfathered Right (IGR)?
 Yes No

NOTE: The annual allotment of water may be reduced pursuant to management plan requirements developed and enforced by ADWR. If the flexibility account has a debit balance that exceeds 50% of the allotment during a calendar year, a transfer of credits to the IGR would be required to avoid enforcement by ADWR and the Department. Please contact either ADWR or the Department's Water Right Management Section for assistance.

C. COMMERCIAL USE:

If this sublease is for telecommunication purposes, Sublessee must obtain a Special Land Use Permit. Have you applied for a Special Land Use Permit? Yes No

4. TERM: (In the event of an assignment, this sublease/pasture agreement will automatically terminate)

Requested term of this sublease/pasture agreement is: From _____ to _____.

NOTE: The term of the sublease/pasture agreement cannot exceed the term of the State Lease.

5. CONSIDERATION: Specify the *monetary compensation being paid by the Sublessee:

(*Lessee is obligated to pay the Department annual rent, regardless of the rental value reached between the Lessee and Sublessee)

\$ _____ PER AUM \$ _____ ANNUALLY \$X OTHER
SEE "ADDITIONAL COMMENTS"

6. SUB-LESSOR(S) - COMPLETE AND SIGN PAGE 3. (Sub-lessor(s) must be the same as on the State lease.)

7. SUB-LESSEE(S) - COMPLETE AND SIGN PAGE 4.

FOR DEPARTMENT USE ONLY

The State Land Commissioner hereby grants permission to sublease or pasture the State Lands herein described from

_____ to _____.

This permission is granted subject to all terms and conditions herein stated or attached and made a part hereof.

If this box is checked, additional terms and conditions are attached to this document and are made a part hereof.

(SEAL)

STATE OF ARIZONA
ARIZONA STATE LAND COMMISSIONER

By _____

Date _____

TO BE COMPLETED BY SUB-LESSOR(S) (STATE LESSEE) "1A"

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/or the organization you represent and sign the certification or your application will not be processed. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership _____ Limited Partnership _____ Limited Liability Company _____ Estate
 _____ Trust X Joint Venture _____ Municipality _____ Political Subdivision _____ Other (specify) _____

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

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION: Complete the following:

- (A) Do you have authority from the Arizona Corporation Commission to do 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 in the partnership or joint venture:

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
Ruskin R. Lines, Jr.	P O BOX 8879 Mesa AZ 85214	78	S
Paul A. Lines	P O BOX 8879 Mesa AZ 85214	75	M
Christopher A. Lines	P O BOX 8879 Mesa AZ 85214	68	S

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)
Ruskin R. Lines, Jr. 12/28/2020
 Signature of Sub-Lessor (Individual) _____
Christopher A. Lines 12/28/2020
 Signature of Sub-Lessor (Individual) _____ Date

 (Name of Corporation, Partnership, etc.) Date

 Signature Title

ARIZONA STATE LAND DEPARTMENT
 RECEIVED
 FEB - 8 PM 17 2020

TO BE COMPLETED BY SUB-LESSEE(S) "1B"

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/or the organization you represent and sign the certification or your application will not be processed. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership _____ Limited Partnership _____ Limited Liability Company X 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
_____	_____	_____
_____	_____	_____

3. CORPORATION: Complete the following:
 (A) Do you have authority from the Arizona Corporation Commission to do 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? X Yes ___ No ___
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? X Yes ___ No ___

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal in the partnership or joint venture:

NAME	BUSINESS 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
_____	_____
_____	_____

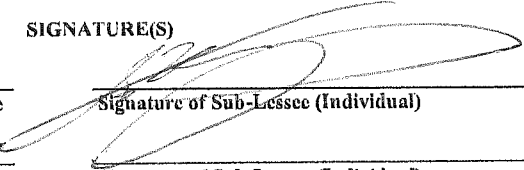
7. ESTATE: Complete the following and attach a copy of the court or estate document(s):
 Name of the court appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____
 (Type of Document) (Date Issued)

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.

Turtle Cattle Co., L.L.C.		SIGNATURE(S)	
_____	_____		4/29/2021
(Name of Corporation, Partnership, etc.)	Date		Signature of Sub-Lessee (Individual)
_____	_____	Signature of Sub-Lessee (Individual)	Date
Signature	Title		

ARIZONA STATE LAND DEPARTMENT
2021 MAR 17 PM 1:01

ARIZONA STATE LAND DEPARTMENT
2021 FEB -8 PM 4:10

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:

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
	<input checked="" type="checkbox"/>	<u>WASTE TIRES</u> The collection of waste tires? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>LEAD ACID BATTERIES</u> The sale and disposal of lead acid batteries? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>DISCHARGE IMPACTING GROUNDWATER</u> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>PESTICIDES?</u> If yes, explain use: _____	
	<input checked="" type="checkbox"/>	<u>DRY WELLS?</u> If yes, ADEQ Registration #(s): _____	
	<input checked="" type="checkbox"/>	<u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u> Wastewater collection and/or treatment? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u> Air contaminant emissions? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>SOLID WASTE - GENERAL</u> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>SOLID WASTE - MEDICAL WASTE</u> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</u> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>USED OIL</u> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>RECYCLING ACTIVITIES?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>SPECIAL WASTE</u> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE GENERATOR</u> Generating hazardous waste? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u> 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"/>	<input type="checkbox"/>	<u>HAZARDOUS WASTE TRANSPORTATION?</u> If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>UNDERGROUND STORAGE TANK (UST)?</u> If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>ABOVEGROUND STORAGE TANK (AST)?</u> If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HAZARDOUS SUBSTANCES?</u> If yes, explain: _____	
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Polychlorinated biphenyls (PCBs)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Incinerator ash	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Petroleum refining waste	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Slag and refractory material	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Precious metals recycling	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Aluminum dross	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Oil and gas exploration drilling muds	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Categorical industrial pretreatment sludge	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Radioactive waste	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Uranium ore tailings	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Industrial catalysts	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Industrial sands (excluding mining or mineral processing operation)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Petroleum contaminated soil	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Commercial/Industrial septage	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Used Antifreeze	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Contaminated process equipment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Industrial Sludges	<input type="checkbox"/>
		If checked, explain waste generation process: _____	
<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>LAND DISTURBANCE</u> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____	
<input type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PREVIOUS ENVIRONMENTAL IMPACT</u> To the best of your knowledge, has any environmental impact been reported previously to ADFQ?	
		If yes, explain: _____	

ADDITIONAL COMMENTS:

This State of Arizona grazing lease is part of a large ranching unit comprised of U. S. Government B.L.M., State of Arizona, ASLD, Deeded Land, and Mining Properties. The entire ranching unit is leased, or sub-leased, to a single user for one rental amount and it is not possible to establish amounts for each entity or parcel included in the annual lease payment for the entire ranching unit.

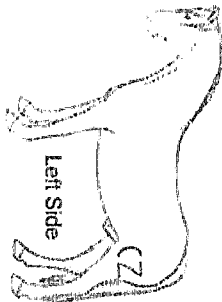
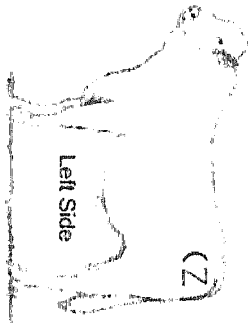
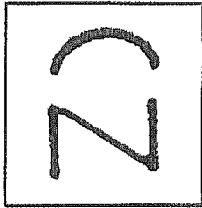
Arizona Department of Agriculture Brand Certificate

NAME OF OWNER(S): TURTLE CATTLE CO. LLC
MAILING ADDRESS: 1353 S TURKEY CREEK RD SAN SIMON AZ 85632
DBA OR NAME UNDER WHICH LIVESTOCK
WILL BE SHIPPED OR SOLD:

RANGE
MORERIA
MORERIA

COUNTY
GREENLEE
GRAHAM

BRAND NUMBER: 1845



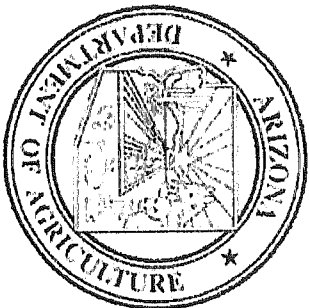
BRAND LOCATION
CATTLE: LH
HORSES: LT
GOATS: NO
SHEEP: NO
EARMARKS: L UNDER SLOPE

ANIMALS MUST BE BRANDED
IN SPECIFIED LOCATIONS

I HEREBY CERTIFY THE BRAND AND MARKS APPEARING ABOVE WERE DULY RECORDED FOR THE OWNERS LISTED
HEREIN AND THIS CERTIFICATE IS A FULL, TRUE, AND CORRECT COPY OF ENTRY AS THE SAME APPEARS ON THE
RECORD IN THE OFFICE OF ARIZONA DEPARTMENT OF AGRICULTURE 1688 WEST ADAMS, PHOENIX, AZ 85007
AS WITNESS MY SIGNATURE AND THE DEPARTMENT SEAL HERETO AFFIXED AT PHOENIX, AZ
THIS DATE Wednesday, February 13, 2019

THIS CERTIFICATE WILL EXPIRE: 3/15/2022

Director - Mark W. Killian



March 16, 2021

Arizona State Land Department

ATTN: Dennis Pomeroy

1616 West Adams Street

Phoenix AZ 85007

Dear Mr. Pomeroy:

Enclosed please find application and payment for sublease # 05-2190-00-023 which was returned to us along with a request for completed sublease cancellation notice. Enclosed please find cancellation forms for this sublease and sublease # 05-1089-00-101 signed by all Lessees and Sublessees as per your request.

We appreciate your kind assistance in this matter.

Many Thanks,



Ruskin R. Lines, D.D.S., M.S.

ARIZONA
STATE LAND
DEPARTMENT
2021 MAR 17 PM 1:01

For Dept Use Only:
Public Records _____
Range Section _____

Arizona State Land Department
ATTN: Public Records
1616 West Adams Street
Phoenix, AZ 85007

SUBLEASE/PASTURE AGREEMENT NOTICE OF CANCELLATION

Sublease Pasture Agreement

Effective DECEMBER 13, 2018 the Lessee/Permittee of record under
(Date)
Lease/Permit No. 05-2190-00-023, does hereby wish to cancel the
above Sublease/Pasture Agreement with the Sublessee(s)/Pasturee(s) listed below:

List all Sublessee(s)/Pasturee(s):

NOLANS RANCH, LLC

Signature of all Sublessee(s)/Pasturee(s):

x Paul C. Kelly
x Crystal Paul

Signature of all Lessee(s)/Permittee(s) of record:

Ruskin R Lines Jr
Paul A. Lines
Christopher A. Lines

Paul R. Lines Jr
Paul A. Lines
Christopher A. Lines

NOTE: Please use this form if you wish to cancel a sublease or pasture agreement and return form to the Arizona State Land Department at the address listed above.

For Dept Use Only:
Public Records _____
Range Section _____

Arizona State Land Department
ATTN: Public Records
1616 West Adams Street
Phoenix, AZ 85007

SUBLEASE/PASTURE AGREEMENT NOTICE OF CANCELLATION

Sublease Pasture Agreement

Effective DECEMBER 13, 2018 the Lessee/Permittee of record under
(Date)
Lease/Permit No. 05-1089-00-101, does hereby wish to cancel the
above Sublease/Pasture Agreement with the Sublessee(s)/Pasturee(s) listed below:

List all Sublessee(s)/Pasturee(s):

NOLAND RANCH, LLC

Signature of all Sublessee(s)/Pasturee(s):

x [Signature]
x [Signature]

Signature of all Lessee(s)/Permittee(s) of record:

Rustin R Lines Jr
Paul A. Lines
Christopher A. Lines

[Signature]
[Signature]
[Signature]

NOTE: Please use this form if you wish to cancel a sublease or pasture agreement and return form to the Arizona State Land Department at the address listed above.