

RETURN TO:
 ARIZONA STATE LAND DEPARTMENT
 PUBLIC COUNTER
 1616 WEST ADAMS
 PHOENIX, ARIZONA 85007
 SUBMIT NON-REFUNDABLE
 \$50 FILING FEE

DEPARTMENTAL USE ONLY	
PAID	T & C
Filing Fee: \$50 S(32) JUN 22 2009 P(32)	Exam: <u>Connie</u> App: JUN 23 2009

INDEX # 17995 14968
 LEASE NO. 05 - 105380-00-005
 ENTERED JUN 23 2009

ARIZONA STATE LAND DEPARTMENT PASTURE AGREEMENT REQUEST AND PERMISSION

THIS FORM MUST BE COMPLETED, SIGNED BY ALL PARTIES AND SUBMITTED WITH A NON-REFUNDABLE \$50 FILING FEE.

Check one: SUBLEASE PASTURE AGREEMENT

1A. APPLICANT(S): 14911 - Zuni Indian Tribe
 State Lessee aka Sub-Lessor

1B. APPLICANT(S): J. J. Johnson, LLC
 Sub-Lessee

State Lessee aka Sub-Lessor: P.O. Box 339
 Mailing Address: Zuni NM 87327
 City: Zuni State: NM Zip: 87327
 Contact Person: Shirley L. Bellson Phone No.: (505) 782-7105

Sub-Lessee: P.O. Box 1655
 Mailing Address: St. Johns, AZ 85936
 City: St. Johns State: AZ Zip: 85936
 Contact Person: Travis Johnson Phone No.: (928) 337-2330

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 - 105380 which expires on September 22, 2018.

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	COUNTY	SLD CTY	USE GRT	ONLY PARCEL

D.H.

3. PURPOSE OF SUBLEASE:

Check one: Livestock Grazing Other: _____
(Specify purpose)

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.

PLEASE 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.

4. TERM:

The term of this sublease/pasture agreement is: From 09/23/2008 to 07/31/2009.
NOTE: The term of the sublease/pasture agreement cannot exceed the term of the State Lease.

5. BRAND:

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

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

6. 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 OTHER The Sublessee will pay the
State of Arizona grazing fee.

7. SUB-LESSOR(S) - COMPLETE AND SIGN PAGE 3.

(The name of the Sub-lessor(s) must be the same as on the State lease.)

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

FOR DEPARTMENT USE ONLY

The State Land Commissioner, by virtue of the authority vested in him by law hereby grants permission to sublease or pasture the State Lands herein described.

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.



STATE OF ARIZONA
ARIZONA STATE LAND COMMISSIONER

By Stephen M. Williams

Date 6/26/09

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 _____ 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 ___

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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.

SIGNATURE(S)

Zuni Tribe
 (Name of Corporation, Partnership etc.)
 Signature: *[Signature]* Title: Governor Date: 6/4/09

Signature of Sub-Lessor (Individual) _____ Date _____
 Signature of Sub-Lessor (Individual) _____ Date _____

TO BE COMPLETED BY SUB-LESSEE(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/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 _____ 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? Arizona
 (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
_____	_____	_____	_____
_____	_____	_____	_____

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)

<u>J.J. Johnson LLC</u> (Name of Corporation, Partnership, etc.)	<u>4-9-09</u> Date	_____	_____
<u>[Signature]</u> Signature	<u>Board member</u> Title	_____	_____

Signature of Sub-Lessee (Individual) Date
 Signature of Sub-Lessee (Individual) Date

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 ARIZONA
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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>WASTE TIRES</u> The collection of waste tires? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>LEAD ACID BATTERIES</u> The sale and disposal of lead acid batteries? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DISCHARGE IMPACTING GROUNDWATER</u> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PESTICIDES?</u> If yes, explain use: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DRY WELLS?</u> If yes, ADEQ Registration #(s): _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u> If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u> Wastewater collection and/or treatment? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u> Air contaminant emissions? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SOLID WASTE - GENERAL</u> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SOLID WASTE - MEDICAL WASTE</u> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>USED OIL</u> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>RECYCLING ACTIVITIES?</u> If yes, explain: _____	
<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE GENERATOR</u> Generating hazardous waste? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u> If yes, explain: _____	

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 STATE LAND DEPARTMENT
 ENVIRONMENTAL SECTION

(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: <u>Water Storage tanks next to windmills.</u>	
	<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"/> Incinerator ash	<input type="checkbox"/> Categorical industrial pretreatment sludge
		<input type="checkbox"/> Petroleum refining waste	<input type="checkbox"/> Radioactive waste
		<input type="checkbox"/> Slag and refractory material	<input type="checkbox"/> Uranium ore tailings
		<input type="checkbox"/> Precious metals recycling	<input type="checkbox"/> Industrial catalysts
		<input type="checkbox"/> Aluminum dross	<input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)
		<input type="checkbox"/> Petroleum contaminated soil	<input type="checkbox"/> Commercial/industrial septage
			<input type="checkbox"/> Used Antifreeze
			<input type="checkbox"/> Contaminated process equipment
			<input type="checkbox"/> Industrial Sludges
		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, NP or 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:

ARIZONA DEPARTMENT OF AGRICULTURE BRAND CERTIFICATE

NAME OF OWNER(S) J J JOHNSON LLC

MAILING ADDRESS PO BOX 1655

ST JOHNS

AZ 85936

NAME UNDER WHICH LIVESTOCK
WILL BE SHIPPED OR SOLD

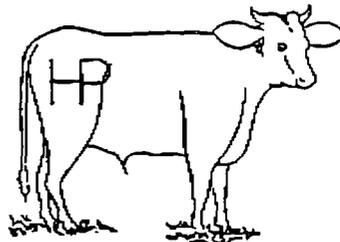
JOHNSON LIVESTOCK

	<u>RANGE</u>	<u>LOCATION OF RANGE(S)</u>	<u>COUNTY</u>
BRAND NUMBER 07822	St Johns		Apache

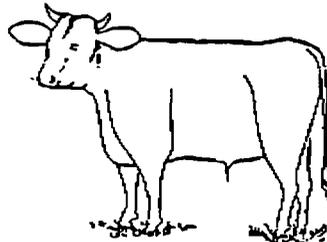


LOCATION OF BRAND

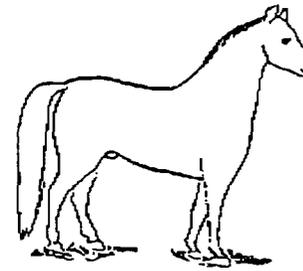
CATTLE RH
HORSE NO
SHEEP NO
GOATS NO



Right



Left



Right



Left

ANIMALS MUST BE BRANDED EXACTLY AS SPECIFIED

BRAND DESCRIPTION H P CON'T TWO BLOCKS
EAR MARKS NO

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 THE ARIZONA DEPARTMENT OF AGRICULTURE 1688. WEST ADAMS, PHOENIX, AZ 85007

AS WITNESS MY SIGNATURE AND THE DEPARTMENT SEAL HEREUNTO AFFIXED AT PHOENIX, AZ
THIS DATE Tuesday, March 07, 2006

Elaine Ijue

STATE BRAND CLERK

THIS CERTIFICATE WILL EXPIRE Tuesday, March 15, 2011



Janice K. Brewer
Governor

Maria Baier,
State Land
Commissioner

IMPORTANT DOCUMENT ENCLOSED

Zuni Indian Tribe
ATTN: **Shirley L. Bellson**
P.O. Box 339
Zuni, NM 87327

Date June 29, 2009

Reference No. 05-105380

Enclosed is one or more of the following documents along with instructions.

<u>Document</u>	<u>Instructions</u>
<u> </u> Approved <i>Application to Place Improvements</i>	Keep this document in a secure place.
<u> </u> Approved <i>Land Treatment Application</i>	Keep this document in a secure place.
<u> </u> Completed <i>Report of Improvement</i>	Keep this document in a secure place.
<u> X </u> Two Approved <i>Request to Sub-Lease(s)/Pasture Agreement(s)</i>	Provide one copy to the sub-lessee and keep one copy in a secure place.
<u> </u> Cancellation of <i>Sublease/Pasture Agreement</i>	To be completed and returned, should you cancel your Sublease or Pasture Agreement.
<u> </u> Approved <i>Joint Use Agreement</i>	Keep this document in a secure place.
<u> </u> Approved <i>Application and Permit to Remove Natural Products from State Land</i>	Keep these documents in a secure place.
<u> </u> <i>Report of Improvement</i>	Complete and return to the Arizona State Land Department (see below)

Additional instructions for completion of the *Report of Improvement*:

- The *Report of Improvement* must be completed and returned by the completion date shown on the *Application to Place Improvement* (see #4 on page 2).
- Only the Improvements or Land Treatments previously approved should be reported on this form.
- Mail to:
 - Arizona State Land Department
 - ATTN: Title and Contracts Section
 - 1616 W. Adams
 - Phoenix, AZ 85007

Contact the Title and Contracts Section with any questions at (602) 542-4602.

Enc: (1)

MEMORANDUM
ARIZONA STATE LAND DEPARTMENT
Natural Resources Division

TO: Stephen Williams, Manager *SWW/6/26/09*
Range Section

FROM: Ramon Fierro *RF/6/26/09*

LEASE/PERMIT NO: 05-105380

DATE: June 26, 2009

TYPE OF TRANSACTION: **Sublease**

BACKGROUND INFORMATION

The Zuni Tribe has submitted a late application for permission to sublease their grazing lease to J.J. Johnson, L.L.C.. The term of the sublease is from September 23, 2008 to July 31, 2009. The sublessee is engaged in the livestock business and has a registered brand.

LEGAL DESCRIPTION:

SECTION(S) Various TWN: 14 N. RNG: 28 E.

RECOMMENDATION

Recommend approval