

Extended 8/24/21 DJ

DEPARTMENTAL USE ONLY		A. ROLODEX # <u>13092</u>	B. ROLODEX # <u>39214</u>
ACCOUNTING	T & C	RECOMMENDATION/ INITIAL	DATE
Filing Fees:	Examiner:	Approve _____	_____
Name Change: <u>\$500</u>	_____	Deny _____	_____
Partial Assignment of Long Term Commercial Lease: <u>\$2,500</u>	Re-assign Examiner:	Reject _____	_____
All Other Assignments: <u>\$1,000</u>	_____	Withdraw _____	_____
C (24) P (25)	_____		

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

ARIZONA STATE LAND DEPARTMENT
 21 AUG -4 AM 11:05

**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 005 - 000795 - 00 - 100

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):** # 13092

A. ASSIGNOR NAME(S)
 (Also known as the Seller and State Lessee)

Wagon Bow Ranch, LLC

7765 N. Williamson Valley Rd
 Mailing Address
Prescott AZ 86305
 City State Zip

Kathy McClaine (928) 771-0673
 Contact Person Phone No

Email Address (optional) # 36043

B. ASSIGNEE NAME(S) # 39214
 (Also known as the Buyer)

Wagon Bow Ranch, LLC - DBA:
Campwood Cattle Co, LLC

7765 N. Williamson Valley Rd
 Mailing Address
Prescott AZ 86305
 City State Zip

KJ Kasun (817) 602-6365
 Contact Person Phone No

Email Address (optional) # 35797

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. 005 - 000795 - 00 - 100

Assignee(s) in consideration of the sum of ten dollars and 00/100 AND \$ 10⁰⁰ 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:

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY	SLD USE ONLY		
						CTY	GRT	PARCEL
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

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
 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: Administration Division, (602) 542-2514.

B. **Sublease of Record:**

Are there any subleases on file with the Department? Yes ___ No 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 Assignor an overriding royalty? Yes ___ No
 If YES, indicate royalty percent: _____

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

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 ___ 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? Yes ___ No
 If yes, state your legal access route: _____

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).

WB

TO BE COMPLETED BY ASSIGNOR(S) A.K.A. SELLER(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
_____	_____	_____
_____	_____	_____

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)

Wagon Bowl Ranch, LLC
 (Name of Corporation, Partnership, etc.) Signature of Assignor (Individual, Trustee, Personal Representative, etc)
Katherine McCarone, Managing Member
 Signature Title Signature of Assignor (Individual, Trustee, Personal Representative, etc)

(Signatures must be notarized on page 4)

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

STATE OF ARIZONA)
) ss.
County of Yavapai)

On this 2 day of August, 2021 before me, a Notary Public within and for said
County, personally appeared KATHERINE McCPAINE, Managing Member on behalf
of Wagon Bow Ranch, LLC
and known to me to be the person(s) described in and who executed the same as her free act and deed.
(his/her/their)

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

My Commission Expires: 1-15-2024

Joni K. Blyth
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

2021 AUG - 4 AM 11:05
ARIZONA
STATE LAND
DEPARTMENT

CCC
TO BE COMPLETED BY ASSIGNEE(S) A.K.A. BUYER(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
_____	_____	_____
_____	_____	_____

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.

Wagon Bow Ranch, LLC DBA: Campwood Cattle Co, LLC
 (Name of Corporation, Partnership, etc.)

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

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

 Title: MANAGING MEMBER

(Signatures must be notarized on page 6)

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

STATE OF ARIZONA)
) ss.
County of Yavapai)

On this 2 day of August, 2021 before me, a Notary Public within and for said
County, personally appeared KJ Kasun, Managing Member on behalf of Campwood
Cattle Company, LLC

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: 1-15-2024 Joni K Blyth
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

ARIZONA
STATE LAND
DEPARTMENT
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REQUIRED INFORMATION:

The following information must be provided to assist the Department in processing your application and returning all documents to the correct individual or firm.

APPLICATION SUBMITTED BY:

Wagon Bow Ranch, LLC
 (Name of individual and/or firm)

RETURN COMPLETED ASSIGNMENT
 TRANSACTION TO:

Campwood Cattle Co, LLC
 (Name of individual and/or firm)

1765 N. Williamson Vly Rd
 Mailing Address

Prescott AZ 86305
 City State Zip

Kathy McCraine (928) 711-0673
 Contact Person Phone

 Email Address (optional)

1765 N. Williamson Valley Rd
 Mailing Address

Prescott AZ 86305
 City State Zip

Kel Kasun (817) 602-6365
 Contact Person Phone

 Email Address (optional)

IMPORTANT NOTICE: Your application will be rejected and the non-refundable filing fee will be forfeited if this application is submitted without the required documents, notarized signatures and all pertinent questions answered.

**ASSIGNEE (BUYER)
 READ CAREFULLY:**

Pages 8 through 14 are specific questions that are required to be answered by the Assignee (Buyer) and returned with the application. Complete only the appropriate pages which pertain to the specific type of lease or permit being assigned.

- Grazing Complete Pages 8, 9 & 14
- Commercial Complete Pages 10 & 11
- Homesite Complete Page 12
- Agriculture Complete Pages 13 & 14
- Right-of-Way You may discard pages 8-14
- Minerals/Oil & Gas You may discard pages 8-14

ARIZONA
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All applicants must complete the Environmental Disclosure Questionnaire.

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

- 1. Location of perimeter fencing (---x---x---x)
- 2. Location of major cross fencing (---/---/---)
- 3. Location of State leased land within your ranch boundaries = blue
- 4. Location of any federal land you control within your ranch boundaries = yellow
- 5. Location of any private land you own within your ranch boundaries = red
- 6. Location of any private land you control by written agreement within your ranch boundaries = green
- 7. Location of any uncontrolled land within your ranch boundaries = orange
- 8. Indicate the appropriate township and range in the blanks provided along the margins of the plat
- 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:

	<p>Lease # 605-000795-00-100</p>		
	<p>Same as what AZSD has on file</p>		

Assignee (*Buyer*) will need to complete these questions and the Environmental Disclosure Questionnaire if you are applying to assume a Commercial lease. (Pages 8, 9 and 12 thru 14 may now be discarded.)

1. Give full description of the nature of the business, or businesses that you propose to operate on the land being applied for:

NOTE: THE LEASE ONLY PERMITS THE USE OF THE LAND FOR THE PURPOSES EXPRESSLY STATED IN THE CONTRACT AND CANNOT BE CHANGED WITHOUT PRIOR WRITTEN APPROVAL FROM THE DEPARTMENT.

2. What is your plan of operation? (If you plan to develop this parcel, you must include a conceptual plan to complete this application). A complete site plan will be required before you begin any grading or construction. The State Land Department development guidelines may apply. Indicate dates you intend to start. Complete page 11, PART I. (*To request assistance completing this questionnaire, contact (602)542-3000.*)

3. Pursuant to A.R.S. §37-322.01 the succeeding Lessee is required to reimburse the previous Lessee for improvements. Are there any improvements on the parcel of land you are applying to lease? Yes ___ No ___. If yes, list each improvement 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) on page 11, PART II.

NOTE: *Above does not apply to Long Term Commercial Leases.*

4. Are any improvements or changes in existing improvements, to be constructed or installed on the leased land? Yes ___ No ___. If yes, complete page 11, PART III.

5. What is the estimated date of completion of the proposed improvement(s)? _____

NOTE: *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.

6. What is, or will be, the source of water for the use of the land being applied for?

7. What is, or will be, the source of utilities for the use of the land being applied for?

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IMPROVEMENT QUESTIONNAIRE

GRAZING & AGRICULTURE ASSIGNMENT APPLICANTS ONLY:

Lease or Permit No. 005 - 000795-00-100

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 X 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

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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.

AGRICULTURE ASSIGNMENT APPLICANT ONLY:

Lease or Permit No. _____

Assignee (*Buyer*) will need to complete these questions and the Environmental Disclosure Questionnaire if you are applying to assume an Agriculture lease/permit. (Pages 8 thru 12 may now be discarded.)

1. If your application to assign is approved, do you intend to farm the subject lands? Yes ___ No ___.

a. If yes, how many acres will be farmed? (Please attach proposed farm plan.) _____

b. If no, indicate reason: _____

2. Is this application for an agriculture lease located within an irrigation district? Yes ___ No ___. If yes, a copy of the paid irrigation tax receipt must be submitted with this application.

NOTE: *If the acreage under this application is located within a Central Arizona Project irrigation district, the assignment will not be approved unless the assignee has filed the proper acreage certification form with the irrigation district. Please contact the irrigation district for forms and information.*

3. If the lands under the lease are 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 Rights Section (602) 542-3500 for assistance.*

4. COMPLETE IMPROVEMENT QUESTIONNAIRE ON PAGE 14.

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ARIZONA
STATE LAND
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:

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

(OVER)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAZARDOUS WASTE TRANSPORTATION? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNDERGROUND STORAGE TANK (UST)? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	ABOVEGROUND STORAGE TANK (AST)? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAZARDOUS SUBSTANCES? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CURRENTLY UNCLASSIFIED WASTE 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 type="checkbox"/>	<input checked="" type="checkbox"/>	SUPERFUND SITES 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 type="checkbox"/>	<input checked="" type="checkbox"/>	LAND DISTURBANCE If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATER WELLS 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"/>	ADJACENT LAND USES 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"/>	ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT 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"/>	PREVIOUS ENVIRONMENTAL IMPACT To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____	

ADDITIONAL COMMENTS:

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 ARIZONA
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 DEPARTMENT

Arizona Department of Agriculture Brand Certificate

NAME OF OWNER(S): WAGON BOW RANCH LLC OR CAMP WOOD CATTLE
CO LLC OR SWAYZE MCCRAINE

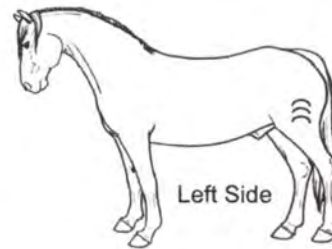
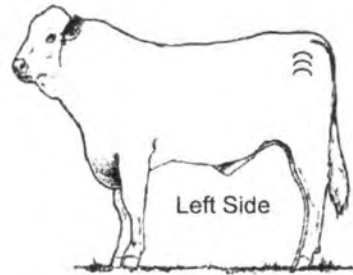
MAILING ADDRESS: 7765 WILLIAMSON VALLEY RD PRESCOTT AZ 86305

DBA OR NAME UNDER WHICH LIVESTOCK
WILL BE SHIPPED OR SOLD:

RANGE
STATEWIDE

COUNTY
STATEWIDE

BRAND NUMBER: 273



BRAND LOCATION

CATTLE: LH

HORSES: LT

GOATS: NO

SHEEP: NO

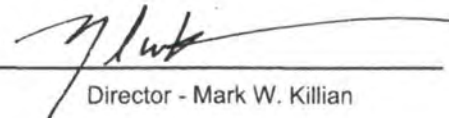
EARMARKS: R UNDERHALF CROP
L SPLIT

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 HEREUNTO AFFIXED AT PHOENIX, AZ
THIS DATE: Wednesday, February 17, 2021

THIS CERTIFICATE WILL EXPIRE: 2/15/2026


Director - Mark W. Killian



Arizona Department of Agriculture Brand Certificate

NAME OF OWNER(S): WAGON BOW RANCH LLC OR CAMP WOOD CATTLE
CO LLC OR SWAYZE MCCRAINE

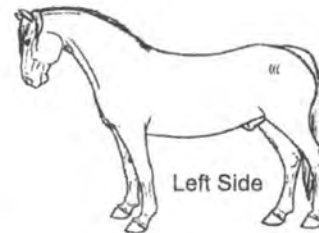
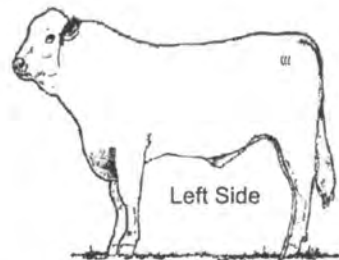
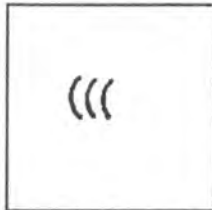
MAILING ADDRESS: 7765 WILLIAMSON VALLEY RD PRESCOTT AZ 86305

RANGE
STATEWIDE

COUNTY
STATEWIDE

DBA OR NAME UNDER WHICH LIVESTOCK
WILL BE SHIPPED OR SOLD:

BRAND NUMBER: 4760



BRAND LOCATION

CATTLE: LH

HORSES: LH

GOATS: NO

SHEEP: NO

EARMARKS: NO

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 HEREUNTO AFFIXED AT PHOENIX, AZ
THIS DATE: Tuesday, January 29, 2019

THIS CERTIFICATE WILL EXPIRE: 2/15/2024



Director - Mark W. Killian



RETURN TO:

ARIZONA STATE LAND DEPARTMENT
PUBLIC COUNTER
1616 WEST ADAMS
PHOENIX, ARIZONA 85007

SUBMIT NON-REFUNDABLE FILING FEE:
New: \$150 per section
Renewal: \$200 per lease

DEPARTMENTAL USE ONLY		ROLODEX # <u>13092</u>	
ACCOUNTING	T&C	RECOMMENDATION/INITIAL	DATE
Filing Fee: New: \$150.00 per section PAID	Examiner: <u>Fern</u>	Approve <i>[Signature]</i>	<u>1-20-16</u>
Renewal: \$200.00 per lease DEC 04 2015	Re-assign Examiner:	Deny	
N(34) ARIZONA STATE LAND DEPARTMENT		Reject	
		Withdraw	

GRAZING LEASE APPLICATION

Type or print in ink.

APPLICATION NO. 05 - 0000795-00-005

Complete ALL questions, SIGN application and ATTACH FILING FEE \$150 PER SECTION (NEW) or \$200 PER LEASE (RENEWAL).

1. APPLICANT(S):

Name(s)
Wagon Bow Ranch, L.L.C.

7765 Williamson Valley Rd.

Mailing Address
Prescott AZ 86305

City State Zip
Swayze McCraine (928) 445-5258

Contact Person Phone No
kjkccc@yahoo.com

Email Address (optional) #13093

2. TYPE OF APPLICATION:

NEW

NEW (ADDITIONAL ACREAGE) TO EXISTING LEASE # _____ ()

RENEWAL

15 DEC 4 11 2015 REC'D RALD

EXP 2-7-16

3. NEW APPLICANTS ONLY: Have you contacted the Grazing Lease Administrator to schedule a pre-application conference? Yes ___ No ___ If not, your application will be rejected and your filing fee will be forfeited.

4. LEGAL DESCRIPTION: (To be completed for NEW applications only.)

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY	SLD USE ONLY		
						CITY	GRT	PARCEL

5. TERM: How many years are you requesting this lease for? 10 years

6. Are you filing this application to conflict an existing grazing lease? Yes ___ No X N/A ___

If yes, indicate the Grazing Lease # _____

7. CONTROL AND OWNERSHIP:

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.

Do you control a federal grazing allotment that will be used in association with this Grazing lease? Yes No

If yes, indicate the following: Total acres/Name of the federal allotment: 9,227 Campwood
Administering agency/Office location: Chino Valley, AZ

a. Do you control any contiguous private land by written agreement that will be used in connection with the State leased lands? 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.

b. Do you own contiguous land which will be used in connection with this State Grazing lease? Yes No
If yes, indicate the total acres 3840, and attach supporting documentation to show proof of ownership.

8. BRAND:

a. Do you have an Arizona registered brand? Yes No

b. Have you attached a current copy of your certificate indicating proof of an Arizona Registered Brand? Yes No IMPORTANT NOTE: Name(s) on certificate must match applicant name(s).

9. LIVESTOCK OPERATION:

a. Do you intend to use the leased land for livestock grazing? Yes No

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

cattle sheep horses goats
 cow/calf cow/calf/stocker cow/calf/yearling stocker other;

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

year long seasonal: Date of use, from to

10. RIGHTS:

Do you claim superior right to use this tract by virtue of private land holdings, private land leases, water rights, federal permits, improvements or other equities in the vicinity of same? Yes No

If yes, explain in detail:

Cattle Operation improvements and fee simple property
intermingled with State

11. COMPLETE MAP ON PAGE 4.

12. COMPLETE AND SIGN PAGE 5.

13. IMPROVEMENTS (FOR NEW AND CONFLICTING LEASE APPLICANTS ONLY):

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(s) of land you are applying to lease? ____ Yes ____ No. If yes, list each improvement below.

For NEW Applicants Only: Prior to lease approval when 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 Yes, and you are a CONFLICTING applicant, are you willing to reimburse the current lessee for the value of improvements? ____ Yes ____ No

Type of Improvement

Legal Description / Location

Approval of this application does not constitute approval of any improvements. An application to Place Improvements must be submitted to the Department after a lease is obtained and PRIOR to construction of the improvement(s). 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.

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Location of perimeter fencing (---x---x---x) <input type="checkbox"/> 2. Location of major cross fencing (---/---/---) <input type="checkbox"/> 3. Location of State leased land within your ranch boundaries = blue <input type="checkbox"/> 4. Location of any federal land you control within your ranch boundaries = yellow <input type="checkbox"/> 5. Location of any private land you own within your ranch boundaries = red | <ul style="list-style-type: none"> <input type="checkbox"/> 6. Location of any private land you control by written agreement within your ranch boundaries = green <input type="checkbox"/> 7. Indicate the appropriate township and range in the blanks provided along the margins of the plat <input type="checkbox"/> 8. Uncontrolled land = orange <input type="checkbox"/> 9. Provide smaller subdivisions, if needed. |
|---|--|

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

INDICATE SCALE OF MAP:

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)

YES NO WILL YOUR USE INVOLVE: TYPE OF ENVIRONMENTAL IMPACT
X HAZARDOUS WASTE TRANSPORTATION? If yes, explain: _____

X UNDERGROUND STORAGE TANK (UST)? If yes, explain: _____

X ABOVEGROUND STORAGE TANK (AST)? If yes, explain: _____

X HAZARDOUS SUBSTANCES? If yes, explain: _____

X CURRENTLY UNCLASSIFIED WASTE 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: _____

X SUPERFUND SITES 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: _____

X LAND DISTURBANCE If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____

X WATER WELLS Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).

X ADJACENT LAND USES To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____

X ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT 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: _____

X PREVIOUS ENVIRONMENTAL IMPACT 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): WAGON BOW RANCH LLC OR CAMP WOOD CATTLE CO LLC OR SWAYZE MCCRAINE

MAILING ADDRESS: 7765 WILLIAMSON VALLEY RD, PRESCOTT AZ 86305

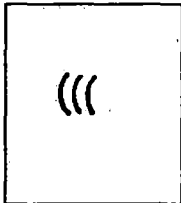
DBA OR NAME UNDER WHICH LIVESTOCK
WILL BE SHIPPED OR SOLD: N/A

BRAND RECORDED: 04/19/1999

RANGE
STATEWIDE

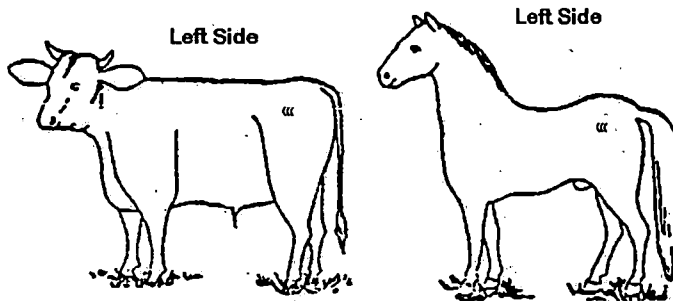
COUNTY
STATEWIDE

BRAND NUMBER: 04760



LOCATION OF BRAND

CATTLE: LH
HORSES: LH
SHEEP: NO
GOATS: NO



ANIMALS MUST BE BRANDED EXACTLY AS SPECIFIED

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: January 21, 2014

Suzette Taylor

(CUSTOMER SERVICE REPRESENTATIVE)

THIS CERTIFICATE WILL EXPIRE: February 15, 2019






05-795-00-005

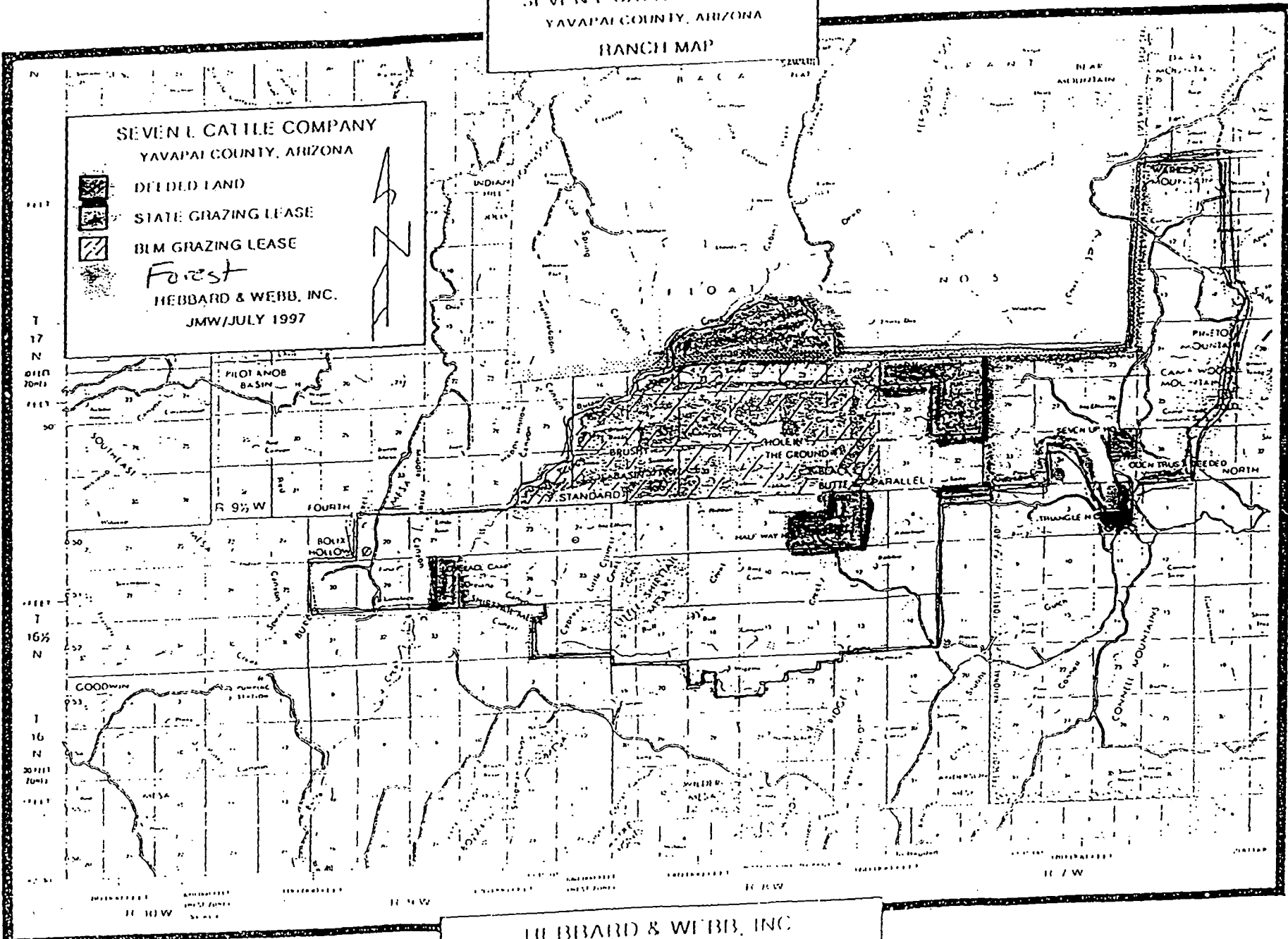
05-195-00-005

SEVEN I CATTLE COMPANY
YAVAPAI COUNTY, ARIZONA
RANCH MAP

SEVEN I CATTLE COMPANY
YAVAPAI COUNTY, ARIZONA

-  DEEDED LAND
-  STATE GRAZING LEASE
-  BLM GRAZING LEASE

Forest
HEBBARD & WEBB, INC.
JMW/JULY 1997



HEBBARD & WEBB, INC
1401 N. 24th Street, Suite 1, Phoenix, AZ 85008
602-275-5715

3/8" = 1 mi