

Entered 6-2-21

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: <u>10/21</u>	
S(32)	P(32)	App. entry: <u>6-2-21</u>	

ROLODEX # 9982
LEASE NO. 05-187-00-102

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): # 9982
Arizona Game and Fish Commission
 State Lessee aka Sub-Lessor

 State Lessee aka Sub-Lessor
5000 W. Carefree Highway
 Mailing Address
Phoenix AZ 85086
 City State Zip
James Ruff 623-236-7611
 Contact Person Phone No.
jruff@azgfd.gov
 Email Address (optional) #

1B. APPLICANT(S): # 7975
*Diamond Ranch Smilla Creek
 Sub-Lessee Wink Cwigler Imperial

 Sub-Lessee
Box 791
 Mailing Address
Springerville AZ 85938
 City State Zip
Wink Cwigler
 Contact Person Phone No.
 Email Address (optional) # 8783

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. 005 - 000187-00 which expires on September 8, 2025.

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	SLD USE ONLY		
						CTY	GRT	PARCEL
_____	_____	_____	See attached Appendix A	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

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 10/19/2020 to 9/08/2025.

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 \$ _____ OTHER

(Market value as determined by the State Land Dept.)

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 _____ 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
_____	_____	_____	_____
_____	_____	_____	_____

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:

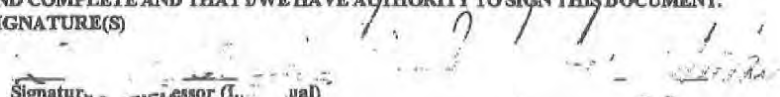
NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

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

9. I HEREBY CERTIFY, UNDERPENALTY 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)

Arizona Game and Fish Commission 5/13/21
 (Name of Corporation, Partnership, etc.) Date
 Deputy Director
 Signature Title


 Signature of Sub-Lessor (Individual) Date

Ty E. Gray Director, AZ Game and Fish Department

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 _____ 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 _____

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
<u>Wink Congler</u> <u>(South Fork Prop. LLP) X Diamond</u> <u>Beach</u>	<u>Box 791 - Springerville</u> <u>AZ 85938</u>

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.

<u>South Fork Prop. LLP</u> (Name of Corporation, Partnership, etc.)	<u>10/19/20</u> Date	<u>Sarahmarie (Wink) Congler</u> Signature of Sub-Lessee (Individual)	<u>10/19/20</u> Date
<u>Sarahmarie (Wink) Congler</u> Signature	<u>10/19/20</u> Date	Signature of Sub-Lessee (Individual)	Date

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"/>	<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: _____	_____

(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"/>	<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"/> 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 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 ADEQ?	
		If yes, explain: _____	

ADDITIONAL COMMENTS:

Arizona Department of Agriculture Brand Certificate

NAME OF OWNER(S): SOUTH FORK PROPERTIES LTD PARTNERSHIP

RANGE

COUNTY

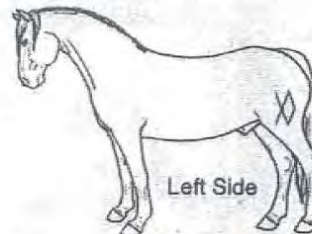
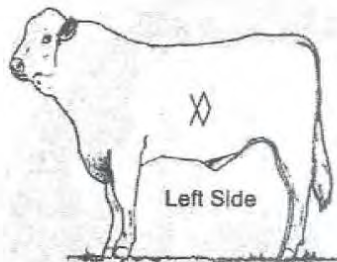
MAILING ADDRESS: BOX 791 SPRINGVILLE AZ 85938

WHITE MOUNTAINS

APACHE

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

BRAND NUMBER: 515



BRAND LOCATION

CATTLE: LR

HORSES: LT

GOATS: NO

SHEEP: NO


EARMARKS: R SWALLOWFORK &
UNDERBIT L OVERHALF CROP

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: Thursday, March 11, 2021

THIS CERTIFICATE WILL EXPIRE: 4/15/2026


Director - Mark W. Killian





Delfino Martinez <dmartinez@azland.gov>

Fwd: Interagency Transfer-ASLD White Mtn Grasslands Sublease Application Fees

Jim Ruff <jruff@azgfd.gov>

Wed, Jun 2, 2021 at 9:33 AM

To: Del Martinez <dmartinez@azland.gov>

Cc: David Dorum <ddorum@azgfd.gov>

Hi Del,

Below is the response I received from the Habitat and Lands Program Manager in Region 1:

The Department is subleasing the following ASLD lands within our ASLD KE lease #05-187:

T09N R28E Sections 20, 21, 27, 28, 29 (excluding the NW1/4 of the NE1/4), 32, and 33

T08N R28E Sections 03, 04, 09 (excluding the SE1/4 of the NE1/4), and 10.

The use of the pastures can change from year to year. The Department typically meets with both sub-lessees in October, just prior to their grazing season to decide which party is going to use which pasture when, with how many cows, and for how long. They seldom have their cows in the same pasture at the same time, but they can and have at times used the same pastures within the same grazing season.

Jim

[Quoted text hidden]

APPENDIX A

STATE OF ARIZONA LAND DEPARTMENT
 1616 W. ADAMS
 PHOENIX, AZ 85007

RUN DATE: 26 October 2015
 RUN TIME: 16:54 PM
 PAGE: 1

KE-LEASE# 005-000187-00-015 APPTYPE: RENEWAL
 AMENDMENT#: 0

LAND#	LEGAL DESCRIPTION	AUS	ACREAGE
08.0-N-28.0-E-03-01-053-1002	LOTS 1 THRU 4 S2N2 SW N2N2SE SWNWSE W2SWSE	8.60	550.520
08.0-N-28.0-E-04-01-053-1002	LOTS 1 THRU 4 S2N2 S2	10.00	640.160
08.0-N-28.0-E-05-01-053-1002	SESW	0.60	40.000
08.0-N-28.0-E-08-01-031-1002	E2NE	1.20	80.000
08.0-N-28.0-E-08-01-053-1002	NENW	0.60	40.000
08.0-N-28.0-E-09-01-031-1002	SENE	0.50	40.000
08.0-N-28.0-E-09-01-053-1002	N2N2	2.50	160.000
08.0-N-28.0-E-10-01-053-1002	S2NENE SENWNE W2NWNE N2NW	2.00	130.000
08.0-N-28.0-E-13-01-031-1002	ALL	9.00	640.000
08.0-N-28.0-E-14-01-031-1002	E2E2	2.20	160.000
08.0-N-28.0-E-17-01-031-1003	NENW LY N OF C/L OF SR 260	0.10	3.440
09.0-N-27.0-E-25-01-031-1004	NE S2NW SW	6.00	400.000
09.0-N-27.0-E-36-01-030-1002	ALL	9.00	640.000
09.0-N-28.0-E-18-01-031-1005	SE LY SE OF CARNERO CREEK	0.70	45.230
09.0-N-28.0-E-19-01-031-1003	LOTS 3 4 E2SW SE AND NE SENW LY SE OF CARNERO CREEK	7.30	471.000
09.0-N-28.0-E-20-01-031-1002	ALL	9.00	640.000
09.0-N-28.0-E-21-01-031-1002	ALL	9.00	640.000
09.0-N-28.0-E-27-01-031-1003	SWNE S2NW	1.60	120.000
09.0-N-28.0-E-27-01-053-1003	M&B IN N2SW	0.50	37.000
09.0-N-28.0-E-28-01-031-1002	N2	4.50	320.000
09.0-N-28.0-E-28-01-049-1002	E2SW SWSW SE	4.30	280.000
09.0-N-28.0-E-29-01-031-1002	N2 NWSE	5.00	360.000
09.0-N-28.0-E-30-01-031-1002	LOTS 1 2 NE E2NW	5.00	320.400
09.0-N-28.0-E-30-01-031-1003	SESE	0.50	40.000

APPENDIX A

STATE OF ARIZONA LAND DEPARTMENT
1616 W. ADAMS
PHOENIX, AZ 85007

RUN DATE: 26 October 2015
RUN TIME: 16:54 PM
PAGE: 2

KE-LEASE# 005-000187-00-015 APPTYPE: RENEWAL
AMENDMENT#: 0

09.0-N-28.0-E-31-01-031-1003	LOT 4	0.60	39.980
09.0-N-28.0-E-31-01-031-1004	NENE	0.60	40.000
09.0-N-28.0-E-32-01-030-1002	ALL -	10.00	640.000
09.0-N-28.0-E-33-01-049-1002	ALL	10.00	640.000
	TOTALS	120.90	8,157.730