

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 # 6666  
 LEASE NO. 05-3391

**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):**

ASARCO LLC  
 State Lessee aka Sub-Lessor

State Lessee aka Sub-Lessor

5285 E Williams Center

Mailing Address Ste 2000  
TUCSON AZ 85711

City Robin Barnes State 520-798-7796 Zip

Contact Person Rbarnes@asarco.com Phone No.

Email Address (optional) #23524

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

G & H Land & Cattle Company  
 Sub-Lessee

Sub-Lessee

1813 W. American Ave.

Mailing Address Oracle AZ 85623

City Helen Vitson State 520-400-0242 Zip

Contact Person #28378 Phone No.

Email Address (optional)

ARIZONA STATE LAND DEPARTMENT  
 2019 OCT 25 PM 2:27

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. 05-3391 which expires on May 31, 2022.

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

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: NA

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: NA

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 Sept. 1, 2019 to May 31, 2022

**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    \$ 400.00 ANNUALLY    \$ \_\_\_\_\_ OTHER

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, 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)

ASARCO LLC 10/22/19  
 (Name of Corporation, Partnership, etc.) Date

Signature of Sub-Lessor (Individual) Date

*Scott J. Cole* Treasurer  
 Signature Title

Signature of Sub-Lessor (Individual) Date

**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
_____	_____
_____	_____

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.

*Gregg A. and Helen B. Vinson*  
 dba G&H Land and Cattle Co.  
 \_\_\_\_\_  
 (Name of Corporation, Partnership, etc.) Date

SIGNATURE(S)  
 *Helen B. Vinson* 10/16/19  
 \_\_\_\_\_  
 Signature of Sub-Lessee (Individual) 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 checked="" type="checkbox"/>	<b>HAZARDOUS WASTE TRANSPORTATION?</b> If yes, explain: _____	
—	<input checked="" type="checkbox"/>	<b>UNDERGROUND STORAGE TANK (UST)?</b> If yes, explain: _____	
—	<input checked="" type="checkbox"/>	<b>ABOVEGROUND STORAGE TANK (AST)?</b> If yes, explain: _____	
—	<input checked="" type="checkbox"/>	<b>HAZARDOUS SUBSTANCES?</b> If yes, explain: _____	
—	<input checked="" type="checkbox"/>	<b>CURRENTLY UNCLASSIFIED WASTE</b> 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"/>	<b>SUPERFUND SITES</b> Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area?	
		If yes, NPor WQARF area name: _____	
—	<input checked="" type="checkbox"/>	<b>LAND DISTURBANCE</b> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____	
—	<input checked="" type="checkbox"/>	<b>WATER WELLS</b> 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"/>	<b>ADJACENT LAND USES</b> 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"/>	<b>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</b> 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"/>	<b>PREVIOUS ENVIRONMENTAL IMPACT</b> 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): VINSON, GREG A & HELEN B DBA G&H LAND & CATTLE CO

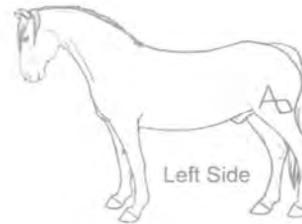
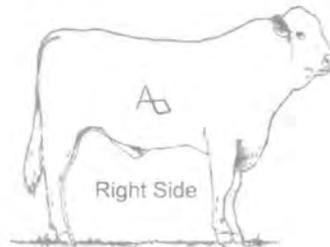
MAILING ADDRESS: 1812 W AMERICAN AVE ORACLE AZ 85623

DBA OR NAME UNDER WHICH LIVESTOCK  
WILL BE SHIPPED OR SOLD: GREGG A & HELEN B VINSON DBA G&H  
LAND & CATTLE CO

RANGE  
KEARNY

COUNTY  
PINAL

BRAND NUMBER: 2727



## BRAND LOCATION

CATTLE: RR

HORSES: LT

GOATS: NO

SHEEP: NO

EARMARKS: UNDERSLOPE BOTH  
EARS

## 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: Friday, November 03, 2017

THIS CERTIFICATE WILL EXPIRE: 9/15/2022

  
Director - Mark W. Killian

