



MINERAL MINING PROGRAM
900 NATURAL RESOURCES DRIVE, SUITE 400
CHARLOTTESVILLE, VA 22903
(434) 996-5910

URANIUM EXPLORATION HOLE REPORT OF PLUGGING COMPLETION

AFFIDAVIT

STATE OF _____

COUNTY OF _____, TO WIT: _____

(2 WITNESSES REQUIRED)

NAME _____

NAME _____

being first duly sworn, depose and say that:

They are experienced in the plugging of exploration holes and participated in the plugging which is the subject of this affidavit on the hole referenced below:

Operator's Hole Identification: _____

Exploration Permit Number: _____

Date(s) of Plugging: _____

Hole Collar Coordinates: X _____ Y _____ Elevation _____

VA State Plane Coordinate Zone: North _____ South _____

Depth of Hole: _____

Hole Diameter: _____

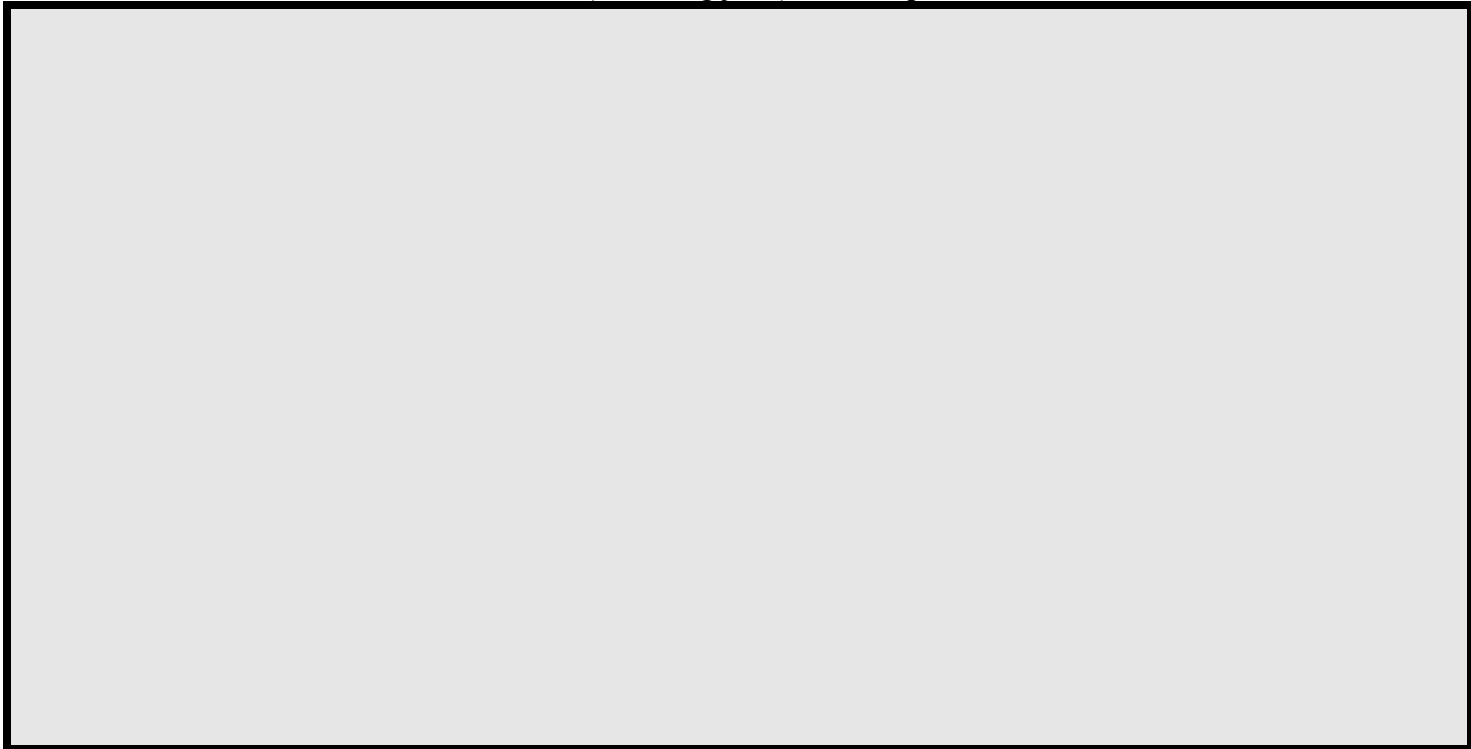
Hole Type (Core, DHH, Rotary, etc.): _____

AFFIDAVIT

Details of Plugging in accordance with VA Code Sections 45.1-277(1) or (4):

Note: Plugging Schematic must be attached

Note: Details on all materials left in the hole (including junk) must be provided



NOTARIZATION -

Subscribed and sworn/affirmed to before me by _____, this
_____ day of _____, 20____, in the City/County of _____.

My Commission expires: _____, 20_____.

Notary Public: _____
(Affix Seal)