

IMPORTANT INSTRUCTIONS

1. Proof of production must be submitted with this form.
2. The affidavit must be notarized and submitted to the Department within fifteen (15) days from the end of each month.
3. The affidavit must be submitted to the Department on a monthly basis including those months in which there was no production.
4. Do not make payment until billed for the amount of royalty due.
5. Payment will be due within thirty (30) days from the date of billing.
6. Lessee's records are subject to audit by the Department.

AFFIDAVIT OF MINERAL, ORE OR ROCK PRODUCTION

Month of _____, 20____

Mineral Lease 11-_____

STATE OF ARIZONA

County of _____

_____, being duly sworn on oath deposes and says:
Name of Lessee or Agent

That he is the Lessee or lessee's authorized agent of record for State Mineral Lease Number 11-_____, and that during the month of _____, 20____, (name type of mineral, ore or rock) _____ was removed from said lease area in amounts and at values indicated below, and that no materials other than those indicated below or otherwise reported to the Department were removed from the lease area during the above month.

That all weight tickets, sale receipts, assays, or other proof of production related to the production herein reported are submitted with this affidavit.

That the total amount of material named above that was removed from said lease area during the above month is _____(short tons, troy ounces, etc.)

1. That the total amount of head ore material mined is _____
2. That the total amount of head ore material currently stockpiled is _____
3. That the total amount of head ore material processed is _____
4. That the total amount of concentrate produced is _____
5. That the contained metal content in concentrates is _____
6. That the total amount of concentrate currently stockpiled is _____
7. That the gross value of the material produced and removed or sold is \$ _____

CERTIFICATION:

I hereby certify under penalty of perjury, that the information contained herein is to the best of my knowledge and belief true, correct and complete.

Signature Title

Firm

STATE OF ARIZONA)
)
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____

My Commission expires:

Notary Public