FOR	OFF	ICF	USF	ONI	Υ

## **APPLICATION FOR COMMON ANNIVERSARY DATE**

Claim tag no.

I (We) hereby make application to have the anniversary date of the claim(s)	
listed hereunder in common with:	

Claim name

Anniversary date		Mining district					
Claim tag no.	Claim name	Number of acres	Claim tag no.	Claim name	Number of acres		
If insufficier	nt space attach a list which shall b	e known as a s	chedule and sh	hall form part of this document.			
Claim Holder (	(s) signature(s)		Date				
		DEPARTMEN	NT USE ONLY				
	<b>CERTIFIC</b> The Common	ATE OF COMM n Anniversary D	ION ANNIVERS ate is approved	SARY DATE as requested.			
Mining Record	er's signature			Date			
Fee			General receipt no.				



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