| IRON, RARE EARTHS, GOI<br>OFFICIAL REQUIREMENT<br>A report submitted on this form is<br>statement must be completed ac<br>20 Failure to file it on time w<br>information in its possession<br>This statement is not a public dc<br>(Code section 451); it can be di<br>in Code section 408. Attached sch<br>Carefully read and foll | DUCTION REPORT (IN<br>LD, TALC, TUNGSTEN, A<br>required of you by section 441(<br>coording to the instructions an<br>fill compel the Assessor's Office f<br>and add a penalty of 10<br>boument. The information cont<br>sclosed only to the district att<br>edules are considered to be part<br>ow the accompanying ins<br>(Make necessary correction | AND OTHER MINERA<br>a) of the Revenue and Taxa<br>d filed with the Assessor<br>to estimate the value of you<br>percent as required by<br>ained herein will be held s<br>orney, grand jury, and ot<br>of the statement.<br>tructions. If additonal | tion Code (Code)<br>on or before Ap<br>ur property from a<br>Code section<br>secret by the Ass<br>her agencies spea<br>detail is neces | other<br>463.<br>essor<br>cified | 3.                           | LOCATI<br>Mine o<br>Sec<br>PARCEI<br>Tax rate<br>Legal d | Assesso<br>10 Court S<br>ackson, C/<br>2H: (209) 2<br>AX: (209)<br>ON OF THE<br>r quarry nar<br>. NUMBER<br>e area<br>escription c | Btreet<br>A 95642<br>23-6351<br>223-6721<br>PROPERTY:<br>me<br>Twp<br>of property | lor County          |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|--------------|
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       | TION                                                                                                                                                                                                                                              |                                                                                                                                        |                                  |                              | (                                                        | )                                                                                                                                  |                                                                                   |                     |              |
| 5a. STATEMENT OF LAST CA                                                                                                                                                                                                                                                                                                            | ALENDAR YEAR'S MINE OPERA<br>PRODUCTION VOLUME<br>(show unit of<br>measurement)                                                                                                                                                                                                                                                                       | SALES VOLUME<br>(show unit of<br>measurement)                                                                                                                                                                                                     | GROSS INCOME PER UN                                                                                                                    |                                  |                              | UFIHIS                                                   | 1 DE                                                                                                                               | PROVED RESERVES AS OF<br>DECEMBER 31 OF LAST YEAR<br>(show units)                 |                     |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | \$                                                                                                                                     |                                  | \$                           |                                                          | \$                                                                                                                                 |                                                                                   | 20                  |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |                                                                                                                                        |                                  |                              |                                                          |                                                                                                                                    |                                                                                   |                     |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |                                                                                                                                        |                                  |                              |                                                          |                                                                                                                                    |                                                                                   |                     |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |                                                                                                                                        |                                  |                              |                                                          |                                                                                                                                    |                                                                                   |                     |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | \$                                                                                                                                     |                                  |                              |                                                          |                                                                                                                                    |                                                                                   | 1                   |              |
| 5b. STATEMENT OF LAST CALENDAR YEAR'S PROCESSIN<br>LIST ALL PRODUCTS<br>MILLED OR<br>PROCESSED<br>PROSEED<br>PROCESSED                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                       | SALES VOLUME<br>(show unit of<br>measurement)                                                                                                                                                                                                     | PER UNIT YEAR                                                                                                                          |                                  |                              | ASSESSOR'S U                                             | ASSESSOR'S USE ONLY                                                                                                                |                                                                                   |                     |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | \$                                                                                                                                     |                                  |                              | \$                                                       |                                                                                                                                    | \$                                                                                | _                   |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |                                                                                                                                        |                                  |                              |                                                          |                                                                                                                                    |                                                                                   | _                   |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |                                                                                                                                        |                                  |                              |                                                          |                                                                                                                                    |                                                                                   | _                   |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       | TOTAL                                                                                                                                                                                                                                             | *                                                                                                                                      |                                  |                              |                                                          |                                                                                                                                    |                                                                                   | 1                   |              |
|                                                                                                                                                                                                                                                                                                                                     | ENDAR YEAR'S OPERATING C                                                                                                                                                                                                                                                                                                                              | TOTALS                                                                                                                                                                                                                                            |                                                                                                                                        | ARE YO                           |                              | _]<br>OWNER (                                            |                                                                                                                                    | SEE OF THIS PRO                                                                   | PFRTY?              |              |
| MINING AND HAULING                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                       | \$                                                                                                                                                                                                                                                |                                                                                                                                        | (If you d                        |                              |                                                          | rt check here                                                                                                                      |                                                                                   |                     |              |
| PROCESSING AND/OR M<br>REPAIRS AND MAINTENA                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | - 10.                                                                                                                                  | IS THIS I                        | PROPERTY IN                  | WHOLE                                                    | OR PART:                                                                                                                           |                                                                                   |                     |              |
| INSURANCE                                                                                                                                                                                                                                                                                                                           | ANCE                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                   | A. A GOVERNMENT LEASE? Yes No                                                                                                          |                                  |                              |                                                          |                                                                                                                                    |                                                                                   |                     |              |
| OVERHEAD                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | _                                                                                                                                      |                                  |                              | _                                                        |                                                                                                                                    |                                                                                   | ms under item 17.)  |              |
| UTILITIES<br>SUPPLIES AND MATERIAL                                                                                                                                                                                                                                                                                                  | 15                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                   |                                                                                                                                        |                                  |                              |                                                          |                                                                                                                                    |                                                                                   | IS THE DATE OF      | THE LAS      |
| OTHER (itemize)                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | -                                                                                                                                      |                                  |                              |                                                          |                                                                                                                                    |                                                                                   |                     |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | _                                                                                                                                      | HAS TH                           | E LEASE BEEN                 | N AMEND                                                  | ED SINCE TH                                                                                                                        | IS DATE?                                                                          | les 🗌 No            |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | -                                                                                                                                      | TOTAL F                          | RENTAL PAID                  | LAST YE                                                  | AR \$                                                                                                                              |                                                                                   |                     |              |
|                                                                                                                                                                                                                                                                                                                                     | TOTALS                                                                                                                                                                                                                                                                                                                                                | \$                                                                                                                                                                                                                                                | - 12.                                                                                                                                  |                                  |                              |                                                          |                                                                                                                                    |                                                                                   | IS THE DATE OF      | THE LAS      |
|                                                                                                                                                                                                                                                                                                                                     | depreciation, amortization, in<br>I federal income taxes, or roya                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                   |                                                                                                                                        | ROYALT                           | Y AGREEMEN                   | NT?                                                      |                                                                                                                                    |                                                                                   |                     |              |
| L                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |                                                                                                                                        | 🗌 Yes                            | No1                          | FOTAL RC                                                 | YALTY PAID L                                                                                                                       | AST YEAR \$                                                                       |                     |              |
| <ol> <li>ESTIMATED DATE F<br/>PROPERTY OWNED BY<br/>MINED.</li> </ol>                                                                                                                                                                                                                                                               | OR BEGINNING MININ<br>YOU OR UNDER LEASE                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                                                                                                                                        |                                  | f the lease<br>ach a copy te |                                                          |                                                                                                                                    | nt has been re                                                                    | enegotiated since J | anuary 1 las |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | 13.                                                                                                                                    | ARE AN                           | Y OTHER FEE                  | s paid fo                                                | OR PROPERTY                                                                                                                        | USAGE OTHER                                                                       | THAN THOSE          |              |
| <ol> <li>a. Ore cut-off grade</li> </ol>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |                                                                                                                                        | SHOWN                            | ABOVE?                       |                                                          |                                                                                                                                    |                                                                                   |                     |              |
| 5                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | 14.                                                                                                                                    | USE —                            | RESTRICTION                  | NS AFFEC                                                 | TING PROPE                                                                                                                         | RTY VALUE                                                                         |                     |              |
| 8. COMPANY RESERVES IN ALL                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                       | ]                                                                                                                                                                                                                                                 |                                                                                                                                        |                                  |                              |                                                          |                                                                                                                                    |                                                                                   |                     |              |
| CATEGO                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                       | GRADE                                                                                                                                                                                                                                             |                                                                                                                                        | USE PEF                          | RMIT NO.                     |                                                          |                                                                                                                                    | DA                                                                                | ТЕ                  |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | 15                                                                                                                                     |                                  |                              |                                                          |                                                                                                                                    |                                                                                   | NTHIS PROPERTY?     | -            |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   | [                                                                                                                                      | Yes                              | No (If file                  |                                                          | year, attach co                                                                                                                    |                                                                                   | THIS PROPERTY?      |              |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                       | TH                                                                                                                                                                                                                                                | IS REPORT SUBJ                                                                                                                         | IECT TO A                        | UDIT                         |                                                          |                                                                                                                                    |                                                                                   |                     |              |



## EF-560-B-R06-0806-03000739-2 BOE-560-B (S1B) REV. 6 (8-06)

### 16. BUILDINGS OR LEASEHOLD IMPROVEMENTS: (enter additions or retirements of your buildings or leasehold improvements since January 1 last year)

| DESCRIBE IN DETAIL | DATE<br>ACQUIRED | INSTALLED<br>COST | REMARKS |
|--------------------|------------------|-------------------|---------|
|                    |                  |                   |         |
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17. REMARKS: \_

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## DECLARATION BY ASSESSEE

Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I declare under penalty of perjury under the laws of the State of California that I have examined this production report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all production and all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20 \_\_\_\_\_.

| OWNERSHIP      | <br>SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*           |                            | DATE |  |  |  |
|----------------|----------------------------------------------------------|----------------------------|------|--|--|--|
| TYPE (3)       | -                                                        |                            |      |  |  |  |
| Proprietorship | NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) | TITLE                      |      |  |  |  |
| Partnership    | NAME OF LEGAL ENTITY (other than DBA) (typed or printed) | FEDERAL EMPLOYER ID NUMBER |      |  |  |  |
| Corporation    | PREPARER'S NAME AND ADDRESS (typed or printed)           | TITLE                      |      |  |  |  |
| Other          |                                                          | ( )                        |      |  |  |  |

\*Agent: see page S2B for Declaration by Assessee instructions.



### INSTRUCTIONS FOR COMPLETING MINING PRODUCTION REPORT

If this report is prepared prior to January 1, any change in real property between the date the report is prepared and January 1 must be reported to the Assessor on a supplemental report.

All personal property, excluding stockpiles, owned by the respondent and any property belonging to others at this location as of January 1 must be reported to the Assessor on a Business Property Statement form.

A separate production report must be filed for each location and/or operation. A single report may cover several leases or parcels if all have the same geological characteristics and are operated as a unit.

Maps or aerial photos should be submitted for every year in which changes have occurred in the development of the property. Attach a map to describe and locate the property clearly. Include a plot plan that shows pit site, railroad spur lines, plant site, location of reserves, etc.

Line numbers listed in these instructions refer to identical line numbers printed on the form. At top of form fill in the year of the lien date for which this report is made.

### LINE 1. NAME AND MAILING ADDRESS

### a. NAME

If the name is preprinted, check the spelling and correct any error. In the case of an individual, enter the last name first, then the first name and middle initial. Partnerships must enter at least two names, showing the last name, first name and middle initial for each partner. Corporation names should be complete so they will not be confused with fictitious or DBA (Doing Business As) names.

### b. DBA OR FICTITIOUS NAME

Enter the DBA name under which you are operating in this county below the name of the sole owner, partnership or corporation.

c. MAILING ADDRESS

Enter the mailing address of the legal entity shown in line 1b above. This may be either a street address or a post office box number. It may differ from the actual location of the property. Include the city, state and ZIP code.

## LINE 2. LOCATION OF THE PROPERTY

Fill in the mine or quarry name and the section, township and range in which the mine or quarry is located.

# LINE 3. PARCEL NUMBER

List the parcel number and tax rate area number, if known. Give legal description only if parcel number is not used. Also give legal description for any year in which there has been a change in lease boundaries.

# LINE 4. PHONE NUMBER

Enter the phone number where we may contact you or your authorized representative for information regarding the subject property.

## LINE 5a. COMMENTS ON "MINE OPERATION STATEMENT"

- a. If a mine is not producing, make the notation "No Production" on the "Mining Operation Statement."
- b. Ore refers to whatever rock or mineral commodity is produced for sale or processing and includes talc, etc. as well as metallic and other true ores. Gold production, for example, would be reported in ounces. Gold reserves, however, should be reported as tons of reserves of "xx" grade. See (e) below for the definition of reserves to be reported on this line.
- c. If the ore is not sold, but is processed or milled by you or someone else, also complete Section 5b. In that case it is not necessary to complete "Sales Volume," "Gross Income," or "Price." If royalty is paid on the basis of ore produced, complete "Royalty Paid." "Sales Volume" means volume sold and/or volume retained by owners or producers in the form of a valuable commodity.
- d. Gross Income is income before deducting royalty payments.
- e. Reserve definitions:

Mineable reserves means those reserves in a mineral deposit for which extraction of the ore or mineral is economically feasible.

Proved reserves means those minerals measured by volume or weight which geological and engineering information indicate with reasonable certainty to be recoverable in the future, taking into account reasonably projected physical and economic operating conditions. Proved reserves include all minerals which satisfy the conditions of the preceding sentence without regard to how the term is used in the industry.

Note: Reserves, for property tax purposes, do not include stockpiled ore. (For property tax purposes, ore, once severed from the land, is no longer real property.)

Grade refers to the undiluted percentage of mineral content in the ore.

Ore is defined as a mineral or group of minerals of sufficient value as to quality and quantity which may be mined with profit. If the definitions described here are not the same as those used by you, attach a copy of the ones you use for reporting your reserves in this Section (5a).

### LINE 5b. COMMENT ON "PROCESSING OR MILLING OPERATION STATEMENT"

The name of the product milled or processed is the name given to the marketed product at the first stage in processing at which it is sold. Sales Volume means volume sold and/or volume retained by owners or producers in the form of a valuable commodity.

## LINE 5c. COMMENTS ON "OPERATING COST STATEMENT"

If this section is not adequate for detail necessary, attach a schedule which provides the detail.



- a. Mining and Hauling is the direct cost incurred in drilling, blasting, mucking, shoveling, dredging, etc., and hauling to the primary crusher or other point of first processing.
- b. Processing and/or Milling refers to the reduction, refining, and sale in the case of metallic ores, and generally to costs incurred in crushing, screening and washing.
- c. Repairs and Maintenance is all other costs incurred at the mine or quarry which are not included in (5a) or (5b).
- d. Insurance relates to any insurance fire, casualty, or other incidental to the mining operation.
- e. Overhead is cost of engineering and accounting expense, compensation of officers, and other costs attributable to the mining operation, but incurred away from the mine or quarry.
- f. Utilities includes water, power and expensed fuel.
- g. Supplies and Materials includes operating and maintenance supplies and materials such as processing chemicals, stored fuel, and spare parts.
- LINE 6. If you have future plans to begin mining in an area not reported to the Assessor in prior years, enter the date on which you plan such operation.
- LINE 7. a. Ore cut-off grade: The lowest grade of mineralized material that qualifies as ore, if applicable.
  - b. Current recovery factor: The percentage of mineral derived from the ore, if applicable.
- LINE 8. Report all reserves in all categories (e.g., "Proved," "Probable," and "Possible," etc.) on this property. Use the Remarks section (line 17) to describe the method used by your company in classifying reserve estimates, including reserve definitions used within the company. (Reserves reported on line 5a are reported in conformance with the definition specified by Property Tax Rule 469. Reserves reported on line 8 are in conformance with definitions used within the company.)
- LINE 9. Indicate whether you own or lease the property.
- LINE 10. If the property is wholly or partially a government lease, so indicate. If it is in whole or in part an unpatented claim, so indicate.
- LINE 13. Show fees paid for property usage in the last calendar year other than those shown elsewhere on this report. For example, road access or trespass fees which may sometimes be paid on a tonnage basis.
- LINE 14. If there are governmental use-restrictions which affect your ability to operate efficiently, enumerate them here. For example, restrictions on hours of operation or on the type of equipment permitted to be used.

Note: Milling equipment, mining equipment, materials, and supplies must be reported on a Business Property Statement form.

## DECLARATION BY ASSESSEE

The law requires that this production report, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a corporation, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a partnership, the declaration must be signed by a partner or an authorized employee or agent. In the case of a Limited Liability Company (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a production report and who is required to have written authorization to provide proof of authorization.

A production report that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned production reports.

