RELINQUISHMENT NOTICE

DATE _____

NAME: _____

ADDRESS: _____

_____

_____

Signature: _____

Bureau of Land Management
Oregon State Office
P.O. Box 2965
Portland, OR 97208

I hereby notify BLM that I wish to relinquish the following Mining Claims:

NAME OF CLAIM	ORMC SERIAL NUMBER

TOTAL NUMBER OF CLAIMS _____

OR-3830-1
(June 2004)