S/017/0031
cc: Wayne
Task: 5600

BROMIDE MINING
EXPLORING UNLIMITED OPPORTUNITY

P.O. Box 121 100 North 20 East
Hanksville, Utah 84734
786-477-6230 ext. 220

August 15, 2013

To: Wayne Western
Utah DOGM specialist
Salt Lake City, Utah

RECEIVED
AUG 2 2 2013
DIV. OF OIL, GAS & MINING

From: Kim E. Wilson
General Manager Bromide Mining LLC
Hanksville, Utah office

RE: UDOGM letter dated August 6th, 2013 – Directive to update contact information

Mr. Western,
Please accept our revised N.O.I. concerning contact information for Bromide Mining LLC.

Bromide Basin – project / permit # S/017/0031

I have spoken to Mr. Baker and gone through the DOC documentation and found the issue at hand with the listed officers of the company.
Our Florida main office is checking as to any certified mailings that are not being delivered. The main office is always active Monday through Fridays during business hours, as well as our Utah office in Hanksville which is also listed as contact under item 2c of the revised NOI,s which have been submitted April 11th, 2013, and June 18th,2013.

We would rather have the division send all billings and permit mailings to the Hanksville, Utah address, but if policy is strict we will always accept mail at the Florida office.

Thank you,

Kim E. Wilson
General Manager of mines
Bromide Mining LLC
Hanksville, Utah
801-854-8369

Form MR-REV-SMO (DOGM – Revise/Amend Change Form)
(Revised November 21, 2006)

Application to Revise a Notice of Intention to Commence Small Mining Operations or Exploration

Operator: BROMIDE MINING LLC

Mine Name: BROMIDE BASIN

File Number: E or S / / S170031

Provide a detailed listing of all changes to the Notice that will be required as a result of this change. Individually list all maps and drawings that are to be added, replaced, or removed from the Notice. Include page, section and drawing numbers as part of the description.

DETAILED SCHEDULE OF CHANGES TO THE NOTICE

			Description of map, text, or materials to be changed
ADD	[REPLACE]	REMOVE	PAGE 1 & 2 Revised N.O.I. Dated - JUNE 18, 2013
ADD	REPLACE	REMOVE	
ADD	REPLACE	REMOVE	
ADD	REPLACE	REMOVE	
ADD	REPLACE	REMOVE	
ADD	REPLACE	REMOVE	
ADD	REPLACE	REMOVE	
ADD	REPLACE	REMOVE	
ADD	REPLACE	REMOVE	

I hereby certify that I am a responsible official of the applicant and that the information contained in this application is true and correct to the best of my information and belief in all respects with the laws of Utah in reference to commitments and obligations, herein.

ERE2 GOLDGRABER
Print Name

MANAGER
Sign Name, Position

Aug 15th 2013
Date

Return to:

State of Utah
Division of Oil, Gas and Mining
Attn: Minerals Regulatory Program
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Phone: (801) 538-5291 Fax: (801) 359-3940

FOR DOGM USE ONLY:
File #: / /
Approved:
Bond Adjustment: from ($)
to $

Form MR-SMO
(Revised July 25, 2012)

This Section for DOGM Use:
Assigned DOGM File No.: S/017/0031
DOGM Lead: Wayne
Permit Fee $_____ Ck# _____
Task: 5600

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at http://www.rules.utah.gov/publicat/code/r647/r647.htm and http://le.utah.gov/~code/TITLE40/40_08.htm.

Cultural Resources Survey: To fulfill its obligations under Utah Code Annotated 9-8-404, the Division needs cultural resource (archaeology) information. The amount and type of information required will depend on the mine location, the history of previous disturbance, and other factors. Please contact the Division for further information.

A permit fee of $150 must accompany this application (Utah Code Ann. §40-8-7(1)(i)) and is due annually.

"Small Mining Operations" are operations which have a disturbed area of ten or fewer surface acres at any time in unincorporated areas, or five acres or fewer in incorporated areas.

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I. GENERAL INFORMATION (Rule R647-3-104)

1. Name of Mine: BROMIDE BASIN S170031

2.A. Name of Entity Applying for a Permit: BROMIDE MINING LLC
Contact (Authorized Officer): EREZ GOLDGRABER
Mailing Address: 2335 NW 107th AVE. SUITE 2M46
City, State, Zip: DORAL, FLORIDA 33172
Phone: 786-477-6230 ext 220 Fax: N/A
E-mail Address: OGOLD@ROCHOET.COM

Entity is a: (___) Corporation, (X) LLC, (___) Sole Proprietorship (dba), (___) Individual, (___) Partnership (__General, or __limited), (___) Other (specify type) _____

Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) If not currently registered, contact www.commerce.utah.gov to renew or apply.

2.B. Are you currently registered to do business in the State of Utah? (X) Yes (___) No
Business Entity #: 7318392-0161
Local Business License #: 238 (if required)
Issued by: County: GARFIELD or City: _____

Registered Utah Agent (as identified with the Utah DOC) *(if individual leave blank)*:
Name: INCORP SERVICES INC. Title: _____
Address: 5278 S. PINEMONT DR. STE. A 250 ENT # 7318392-0161
City, State, Zip: MURRAY, UTAH 84123
Phone: 800-246-2677 Fax: _____
E-mail Address: _____

2.C. **Entity's Representative(s) (if different from #2A) authorized and designated to receive notices of violation, cessation orders, and all other notices to be given to the permittee or operator by the Division.**

Name: OREN GOLDGRABER Title: MANAGER
Address: P.O. BOX 121 / 100 E. 20 N.
City, State, Zip: HANKSVILLE UTAH 84734
Phone: 786-376-3892 Fax: NONE
Emergency, Weekend, or Holiday Phone: 786-376-3892
E-mail Address: OGOLD @ ROCHOET.COM

Name: EREZ GOLDGRABER Title: MANAGER
Address: 2335 NW 107th AVE Suite 2M46
City, State, Zip: DORAL, FLORIDA 33172
Phone: 786-477-6229 Fax:
Emergency, Weekend, or Holiday Phone: 786-477-6229
E-mail Address: EGOLD @ ROCHOET.COM

3. **If Business is a Sole Proprietor (dba) or Individual:**
Name of Owner: Title:
Business Address:
City, State, Zip:
Phone: Fax:
E-mail Address:

If Business is a Corporation:
Name of Officers: Title:
Name: Title:
Name: Title:
Name: Title:

Headquarters Address:
City, State, Zip:
Phone: Fax:
E-mail Address:

If Business is a Limited Liability Company: Member Managed (✓) Manager Managed (__)
Name of 1st Member/Manager: KRISTIN TIMBERLAKE Title: MANAGER
Business Address: 100 EAST 20 NORTH
City, State, Zip: HANKSVILLE, UTAH 84734
Phone: 786-376-3892 Fax: None
E-mail Address: OGOLD @ ROCHOET.COM

Name of 2nd Member/Manager: EREZ GOLDGRABER Title: MANAGER
Business Address: 2335 NW 107th AVE Suite 2M46
City, State, Zip: DORAL, FLORIDA 33172
Phone: 786-477-6229 Fax: None
E-mail Address: EGOLD @ ROCHOET.COM

If Business is a Partnership:
Names of Partners:
Business Address:
City, State, Zip:
Phone: Fax:
E-mail Address:

If Business is a Partnership:
Names of Partners:
Business Address:
City, State, Zip:
Phone: Fax:
E-mail Address: