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

Wayne
6289

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

RECEIVED
OCT 21 2014
DIV. OF OIL, GAS & MINING

Operator: MARTINIQUE MINING CORPORATION

Mine Name: MAY DAY MILL / CRESCENT CREEK MINE

File Number: E or S / / S/17/0043

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	PAGES 1, 2, and 7 / existing APPROVED N.O.I (12-2-2013)
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.

Kim E. Wilson
Print Name

Kim E. Wilson Secretary/Treasurer
Sign Name, Position

10-15-2014
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/0 17 / 0043
DOGM Lead: Wayne
Permit Fee $ _____ Ck# _____
6289

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: May Day Mill/ Crescent Creek Mine – S/ 17 / 0043

2.A. Name of Entity Applying for a Permit: Martinique Mining Corporation

Contact (Authorized Officer): Dan E. Vaughan
Mailing Address: 1311 West 2150 South
City, State, Zip: Syracuse, Utah 84075
Phone: 801-499-7200 Fax: N/A
E-mail Address: dan.vaughan49@gmail.com

Entity is a: (X) Corporation, (_ _) 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 #: 5559155-0143
Local Business License #: 109 (if required)
Issued by: County: Garfield or City: _____

Registered Utah Agent (as identified with the Utah DOC) *(if individual leave blank)*:
Name: Robert O. Hoggatt Title: Director & registered agent
Address: PO Box 131 / 110 South Center Street
City, State, Zip: Hanksville, Utah 84734
Phone: 435-6650-3664 Fax: none
E-mail Address: none

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: Kim E. Wilson Title: secretary / treasurer
Address: 27784 Forrest Ridge Drive
City, State, Zip: Kiowa, Colorado 80117
Phone: 801-854-8369 Fax: none
Emergency, Weekend, or Holiday Phone: 801-854-8369
E-mail Address: kewilson50@gmail.com

Name: Robert O. Hoggatt Title: Director
Address: PO Box 131 - 110 South Center Street
City, State, Zip: Hanksville, Utah 84734
Phone: 435-650-3664 Fax: none
Emergency, Weekend, or Holiday Phone: 435-650-3664
E-mail Address: none

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: Dan E. Vaughan Title: President / CEO
Name: Kim E. Wilson Title: Secretary / Treasurer
Name: Robert O. Hoggatt Title: Director
Name: _____ Title: _____

Headquarters Address: 1311 West 2150 South
City, State, Zip: Syracuse, Utah 84075
Phone: 801-499-7200 Fax: none
E-mail Address: dan.vaughan49@gmail.com

If Business is a Limited Liability Company: Member Managed (__) Manager Managed (__)
Name of 1st Member/Manager: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

Name of 2nd Member/Manager: _____ Title: _____
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: _____

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

VII. SIGNATURE REQUIREMENT

CERTIFICATION

I state under penalty of perjury under the laws of the state of Utah and the United States of America that:

a. I have read this form and declare the information, statements and/or documentation are true, correct and complete to the best of my knowledge and belief; AND

b. I commit to the reclamation of the aforementioned small mining project as required by the Utah Mined Land Reclamation Act (40-8) and the rules as specified by the Board of Oil, Gas and Mining.

c. **This certification must be signed by:** (1.) an executive officer if the applicant is a corporation; (2.) a partner if applicant is a partnership (general or limited); (3.) the owner if applicant is a sole proprietorship; **or** (4.) the member or manager if applicant is a limited liability company.

Signature: _____ Date: October 15th, 2014_____

Name (typed or printed): Kim E. Wilson_____

Title/Position (if applicable): Corporate Secretary / Treasurer_____

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S/017/0043
Wayne
0289

RECEIVED
OCT 21 2014
DIV. OF OIL, GAS & MINING

Martinique Mining Corporation

1311 West 2150 South

Syracuse, Utah 84075

801-499-7200----------*October 15th, 2014*

Gentlemen,

Please receive our amended NOI for 2 separate permits: S/17/0043 & S/17/0035. We have only replaced the contact information pages as our address and contact info has changed slightly.

Thank you for your time,

Regards,

Kim E. Wilson

MMC