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JUN 16 2014  
MINERALS & MINING PROGRAM

8 June 2014

Roberta Hudson  
Department of Environment & Natural Resources  
Joe Foss Building  
523 East Capitol  
Pierre, SD 57501-3182

Re: Permit Amendment Application for Permit No. 479

Dear Ms. Hudson

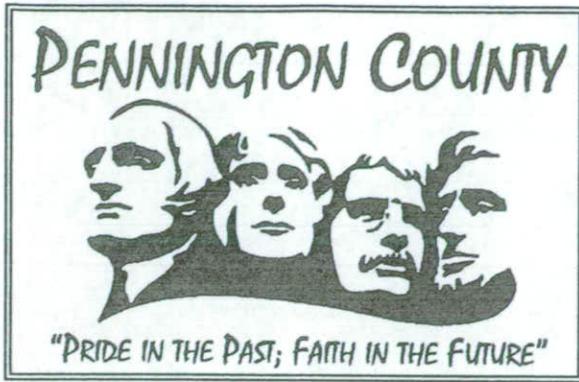
Enclosed you will find original Certified Return Receipts verifying the agencies have received the materials pertaining to the Permit Amendment Application for Permit No. 479.

Also included is the original letter from the Pennington County Register of Deeds acknowledging receipt of Application and Exhibit D.

If you have any questions please feel free to contact me.

Respectfully,

  
Stuart Goldsmith  
2404 Foothills Blvd  
Apt 102  
Gillette, WY 82716-2489  
(307) 685-6410  
Stu\_de\_baker@yahoo.com



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Donna M. Mayer  
Pennington County  
Register of Deeds  
315 St. Joseph Street  
Rapid City, SD 57701  
(605) 394-2177

To Whom It May Concern:

Pennington County Register of Deeds has received:

FROM:

Stuart W Goldsmith, 2404 Foothills Blvd Apt 102, Gillette WY 82716-2489

INSTRUMENT:

Application for Amendment to Mining/Milling Permit No. 479  
Permit Amendment Application (Exhibit D) dated May 5, 2014

For public inspection per SDCL 45-6B-15.

June 5, 2014

Date

*Donna M. Mayer*  
Register of Deeds/Deputy



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Matthew Oddr</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  PENNINGTON COUNTY CONSERVATION DISTRICT 414 E. STUMER ROAD RAPID CITY SD 57701	B. Received by (Printed Name)	C. Date of Delivery 5-7c
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt		

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1. Article Addressed to:  DEPT OF GAME, FISH & PARKS 4130 ADVENTURE TRAIL RAPID CITY SD 57702	B. Received by (Printed Name) <i>S. Peterson</i>	C. Date of Delivery 5/16
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt		

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1. Article Addressed to:  DEPT OF TOURISM ARCHAEOLOGICAL RESEARCH 2425 E. ST CHARLES RAPID CITY SD 57709-1257	B. Received by (Printed Name) <i>Susan L. Hunt</i>	C. Date of Delivery 05-19-14
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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<p>1. Article Addressed to:</p> <p><i>U.S. Forest Service          2014 N. MAIN ST          Spearfish, SD          57783</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7014 0150 0000 6329 8273</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p><i>DEPT OF TOURISM          STATE HISTORICAL SOCIETY          900 GOVERNORS DR          Pierre, SD          57501-2217</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7014 0150 0000 6329 8211</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

CENTRAL MAIL SERVICES  
 1320 E SIOUX AVE  
 PIERRE SD 57501  
 MAY 19 2014

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>X</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>DEPT OF Resource          CONSERVATION &amp; FORESTRY          523 E. CAPITOL          Pierre, SD          57501-3185</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7014 0150 0000 6329 8259</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

MAIL SERVICES  
 PIERRE SD 57501  
 MAY 19 2014

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1. Article Addressed to:  <p style="text-align: center;">DEPT OF TOURISM 500 E. CAPITOL PIERRE, SD 57501</p>	B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <div style="text-align: center;"> <p>CENTRAL MAIL SERVICES 500 E. SIoux AVE PIERRE SD 57501 MAY 19 2014</p> </div> 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<div style="border: 1px solid black; padding: 2px; text-align: center;">7014 0150 0000 6329 8235</div>
PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span>	

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1. Article Addressed to:  <p style="text-align: center;">DEPT OF ENVIRONMENT &amp; NATURAL RESOURCES 523 E. CAPITOL PIERRE, SD 57501-3182</p>	B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <div style="text-align: center;"> <p>CENTRAL MAIL SERVICES 1320 PIERRE MAY 19 2014</p> </div> 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	<div style="border: 1px solid black; padding: 2px; text-align: center;">7014 0150 0000 6329 8280</div>
PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span>	