



COLORADO
State Land Board
Department of Natural Resources

Northwest District
555 Breeze St. #110
Craig, CO 81625
P 970.824.2850

North Central District
360 Oak Avenue, Ste 110
Eaton, CO 80615
P 970.454.5279

Northeast District
318 West Main Street
Sterling, CO 80751
P 970.522.0975

Southwest District
P.O. Box 88
305 Murphy Dr. #A
Alamosa, CO 81101
P 719.589.2360

South Central District
4718 N. Elizabeth St.
Suite C
Pueblo, CO 81008
P 719.543.7403

Southeast District
700 S. Main St.
Lamar, CO 81052
P 719.336.3031

July 25, 2016

Paul H. Taylor III
2 Sierra Blanca Circle
Roswell, NM 88201

RE: State Lease No: 101181 in Las Animas County
Legal Description: Section 16, T33S, R62W, 6th P.M.

Dear Mr. Taylor:

This letter is to notify you that the Southwest District Manager of the State Board of Land Commissioners approved the Assignment of State Lease No. **AG 46177** from The French Trinidad Company, LLC as a Limited Liability Company to **Paul H. Taylor III** as an **Individual**.

The assignment will include the following lease terms:

Effective Date: 3/1/2015
End Date: 3/1/2020
AUMs or Approved Use: 21 AUMs

The rental amount, carrying capacity, authorized use, and/or productivity will be subject to review annually by the Board.

A fully executed rider is enclosed. Please attach it to your lease. If you have any questions, please contact the Southwest District Office at (719) 589-2360.

Sincerely,

Bea Gallegos
Southwest District Assistant

Enclosure

cc: The French Trinidad Company, LLC
Las Animas County Assessor



RECEIVED

JUL 26 2016

RECEIVED

JUN 8 - 2016

SOUTHWEST DISTRICT
STATE BOARD

COLORADO STATE BOARD OF LAND COMMISSIONERS

AGRICULTURAL LEASE ASSIGNMENT APPLICATION AND RIDER

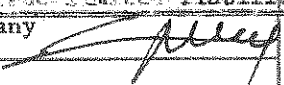
LEASE NUMBER 46177

SOUTHWEST DISTRICT
STATE BOARD

ASSIGNOR(S)

I/we, the holder of an interest in lease number _____, request the State Board of Land Commissioners assign that interest to the Assignee. I understand the assignment of a lease is wholly at the discretion of the State Board of Land Commissioners and becomes effective only upon receipt of the signed approval and I am responsible for any lease payments that become due until the assignment is approved. Upon the State Board of Land Commissioners' approval of this assignment application, my rights and interest in this lease will be transferred, in whole or in part, to the Assignee.

All leasehold signatures required


Assignor(s)	Name	Address	Contact Information	
First Assignor Signature		6910 Marc Jung Drive	Tel: 505 992-2962	Cell: 505 930-0226
First Assignor Printed Name	Evelyne Jung, Manager	Trinidad, CO 81082	Fax: () n/a	E-Mail: frelk@gmail.com
Second Assignor Signature	for The French Trinidad		Tel: ()	Cell: ()
Second Assignor Printed Name	Company, L.L.C., a Colorado Limited Liability		Fax: ()	E-Mail:
Third Assignor Signature	company 		Tel: ()	Cell: ()
Third Assignor Printed Name			Fax: ()	E-Mail:
Fourth Assignor Signature			Tel: ()	Cell: ()
Fourth Assignor Printed Name			Fax: ()	E-Mail:

ASSIGNEE(S)

I/we, the Assignee, request the State Board of Land Commissioners assign this lease to me. By signing below, I signify my understanding there may be other authorized users on the property. Further, I understand it is my responsibility to have received and reviewed a copy of the lease and the assignment, if approved, is for the remainder term of the lease only. I certify all of the information provided on the lease assignment application is true and accurate. I understand supplying false or inaccurate information is cause for cancellation of any lease issued as a result of this lease assignment application.

I know State Trust Lands can only be used in accordance with good resource conservation practices. I understand, in addition to the terms of the lease, the State Board of Land Commissioners may require a written resource management plan be provided as a condition of approving this assignment. Upon approval, this assignment will become an attachment to the lease. I agree to fully comply with all terms and conditions of the lease.

All Assignee signatures required (all assignees must be at least 21 years of age):

Assignee(s)	Name	Address	Contact Information	
First Assignee Signature			Tel: 575 622 1490	Cell: 575 420 5385
First Assignee Printed Name	PAUL H. TAYLOR JR		Fax: 575 622 1506	Other:
Third/Entity	owner		E-mail: PAUL@ROCKWELL.COM	
Second Assignee Signature			Tel: ()	Cell: ()
Second Assignee Printed Name			Fax: ()	Other:
Relationship to First Assignee			Email:	
Third Assignee Signature			Tel: ()	Cell: ()
Third Assignee Printed Name			Fax: ()	Other: ()
Relationship to First Assignee			Email:	
Fourth Assignee Signature			Tel: ()	Cell: ()
Fourth Assignee Printed Name			Fax: ()	Other: ()
Relationship to First Assignee			Email:	
Local Contact			Tel: ()	Cell: ()
Email Address			Fax: ()	Other: ()

The assignee requests the lease be held as:

AN INDIVIDUAL
 JOINT TENANTS¹
 A CORPORATION²
 A PARTNERSHIP³
 TRUST⁴
 COMPANY²
 OTHER² Specify: _____

¹ Interest of one tenant in the lease reverts to remaining tenant(s) upon the death of one tenant.
² If applying as a corporation, company or other entity, applicant must be registered with the Colorado Secretary of State. Applicant must submit a current "Certificate of Good Standing" issued by the Colorado Secretary of State and Articles of Incorporation including a list of the entity's officers/directors/stockholders, demonstrating who has the ability to bind the entity.
³ If applying as a partnership, applicant must submit the Partnership Agreement indicating the General Partners.
⁴ If applying as a trust, applicant must submit the Declaration of Trust indicating the Trustee.

The following information is necessary to process this application. Please allow at least 60 days from the date a complete assignment application packet is submitted for the District Manager to consider your application for approval. Any information not provided will delay consideration of your application.

1. What is the reason for the assignment?	Reason:
2. If this is an assignment between family members, how is the Assignee related to the Assignor?	Relationship:
3. If this is an assignment due to the sale of private land, how many acres of private are being sold and what is the purchase price per acre?	Number of acres sold: Price per acre: \$
4. What is the consideration being paid by the Assignee to the Assignor for the assignment of the lease?	\$
5. What is the value of the improvements on the state trust land?	\$
6. Will other land be used with this state trust land?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, fill out the appropriate sections:

Assignee Deeded Land	BLM	U.S. Forest Service	Other Agency or Entity
Acres Owned:	Acres Leased:	Acres Leased:	Acres Leased:
	Permit #:	Permit #:	Permit #:
	Office Tel. #:	Office Tel. #:	Office Tel. #:

Legal Description of the State Trust land being assigned (for a lengthy legal description, please provide an attachment):

Township	Range	Section	Description (i.e., All, N2, NESE)	Acres	County
33S	62W	14		165	Las Animas

Assignee proposes to use the leased lands for the following agricultural uses:

Grazing		Sublease Grazing (District Manager Approval Required)		Dryland Crop		Irrigated Crop	
Acres:	Brand - Attach copy of Brand Wallet Card or Proof of Livestock Ownership	Acres:	Brand - Attach copy of Brand Wallet Card or Proof of Livestock Ownership	Acres:	Average Production:	Acres:	Average Production:

ASSIGNEE CHECKLIST

1. Required Attachments:	<input checked="" type="checkbox"/> Resource Management Questionnaire <input checked="" type="checkbox"/> Two checks: 1. Non-refundable Application Fee of \$100 2. Consideration of 50% of the current year's rent or 50% of the amount paid for the lease by the assignee, whichever is higher, which will be refunded if the assignment is not approved.
2. Other Attachments (if required):	<input type="checkbox"/> Leasehold Documentation <input type="checkbox"/> Copy of Brand Wallet Card or Proof of Livestock Ownership <input checked="" type="checkbox"/> Supporting Documentation 1. Sale of Private Land - copy of the real estate contract. 2. Death of Assignor - copy of the death certificate and document appointing the personal representative(s) for the estate. 3. Foreclosure - copy of the foreclosure papers or court order.
4. Do you have a copy of the lease?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
5. Have you reviewed the lease?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
6. Do you have any questions or concerns?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, please list: _____

APPROVAL OF ASSIGNMENT

This assignment is approved by order of the State Board of Land Commissioners this 25th day of July, 2016

[Signature]
 AUTHORIZED SIGNATURE FOR THE STATE BOARD OF LAND COMMISSIONERS

FEE \$ 100.00
 CONSIDERATION \$ 12,500

OFFICE USE ONLY

DATE PAYMENT RECEIVED 7/13/2016
 DATE ASSIGNMENT RECORDED 7/13/2016