

SPURGEON CREEK SUBDIVISION
 S1/2 NW1/4 NW1/4 SEC1/4 of Section 16
 Township 62 North, Range 2 East, B.M.
 City of Mays Springs
 Boundary County, Idaho

NOTE:
 The lot area shown on this plat is based on a survey of the land shown on this plat and is subject to the provisions of the plat. The lot area shown on this plat is not to be construed as a warranty of the accuracy of the lot area shown on this plat. The lot area shown on this plat is not to be construed as a warranty of the accuracy of the lot area shown on this plat.

LEGEND:
 1. LOT AREA
 2. LOT AREA
 3. LOT AREA

BOUNDARY COUNTY, IDAHO
 PUBLIC
 CLERK

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 Township 62 North, Range 2 East, B.M.
 City of Mays Springs
 Boundary County, Idaho

ACKNOWLEDGMENT:
 I, the undersigned, Clerk of the Board of Commissioners, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the Clerk of the Board of Commissioners, Boundary County, Idaho.

CHIEF OF BUREAU:
 [Signature]

DEPUTY CHIEF OF BUREAU:
 [Signature]

SPURGEON'S CERTIFICATION:
 I, the undersigned, Surveyor, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the Surveyor, Boundary County, Idaho.

CITY ENGINEER:
 [Signature]

CITY CLERK:
 [Signature]

CITY HEALTH DISTRICT CERTIFICATION:
 I, the undersigned, Health Officer, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the Health Officer, Boundary County, Idaho.

COUNTY TREASURER'S CERTIFICATION:
 I, the undersigned, Treasurer, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the Treasurer, Boundary County, Idaho.

CITY PLANNING AND ZONING CERTIFICATION:
 I, the undersigned, Planning and Zoning Officer, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the Planning and Zoning Officer, Boundary County, Idaho.

WATER SYSTEM CERTIFICATION:
 I, the undersigned, Water System Operator, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the Water System Operator, Boundary County, Idaho.

STATE HEALTH DISTRICT CERTIFICATION:
 I, the undersigned, State Health Officer, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the State Health Officer, Boundary County, Idaho.

COUNTY ENGINEER'S CERTIFICATION:
 I, the undersigned, County Engineer, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the County Engineer, Boundary County, Idaho.

CITY COUNCIL APPROVAL:
 I, the undersigned, City Council, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the office of the City Council, Boundary County, Idaho.

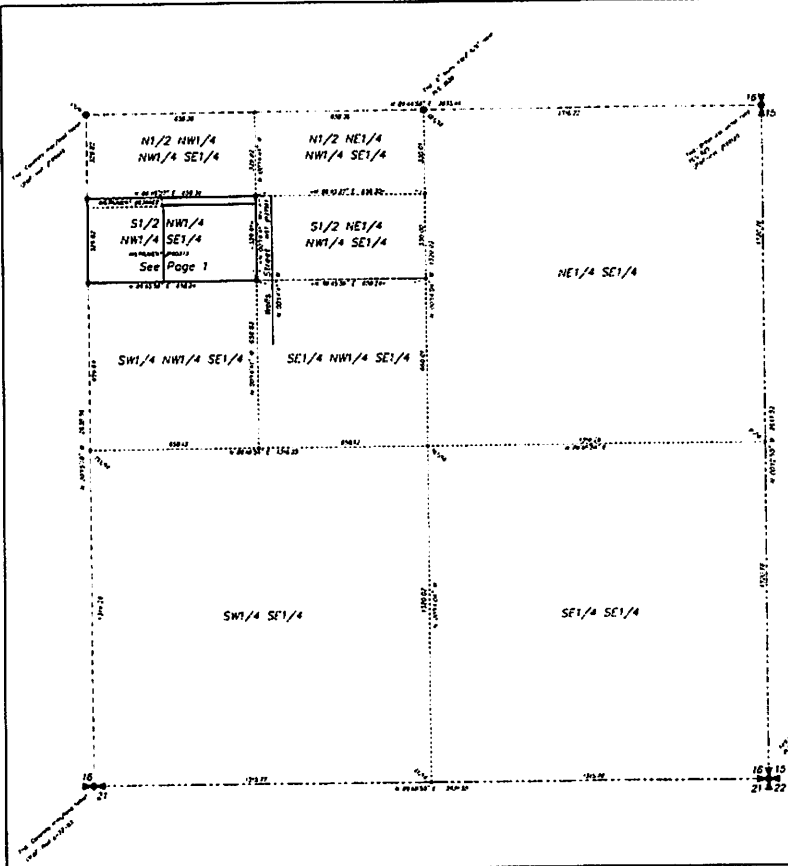
PERSONAL DATA:
 [Table with columns for Name, Address, City, State, Zip, etc.]

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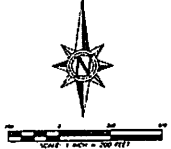
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 Township 62 North, Range 2 East, B.M.
 City of Moyle Springs
 Boundary County, Idaho



LEGEND
 ● FOUND CORNER MARKER AT POINT
 ○ SET BY SURVEYOR'S OFFICE
 ○ COMPUTED POINT AT 1/4 CORNER



237964

NORTH STAR SURVEYING, INC.	
240 W. MAIN ST. MOYLE SPRINGS, IDAHO 83843	
TEL: 208-261-8400	
FAX: 208-261-8400	
WWW.NORTHSTAR-SURVEYING.COM	
DATE OF SURVEY	08/15/10
DATE OF PLOTTING	08/15/10
DATE OF CHECK	08/15/10
DATE OF REVISION	08/15/10