DDA IECT MITHERED.



		PK	(For Official L		
NAME: Pickens Res	ource Corp.				
MAILING ADDRESS: _			Suite 105		
	llas,	State:	TX		
Zipcode: 7	5231				
TELEPHONE NO: (2	14) 503-1271				
PROJECT ADDRESS/L	EGAL DESCR	UPTION:	_See attac	hed	_
PRACTICES TO BE CO	MPLETED B	Y:	ALCO V		
Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
Thimning	4 acres			\$2,000	
		-			and the second value of
/					
W-87					
	*		Tota	l:	-
Request for cost-share assista cost-sharing is approved for t knowing I will be receiving a reimbursed for any expense	the practice reque ost-share funds n es incurred prior	ested, I agree to not exceeding 5 r to approval	o cover expenses a 0% of actual cost. of my application	t the time of imple I understand that Work must be co	ementation, at I will not be completed
according to approved plan as maintained for a minimum of				each component.	Practices must be
	_ //	1	7/	,	_
LANDOWNER SIGNAT	IFRE: John	a. / . // .	effer	DATE: 6	1-05
CSFS FIELD REVIEW S (Additional USFWS guidel	-			DATE:	
C/S APPROVED:	Till thy	hu A	MOUNT:_\$_/	OOO DATE	: 8/29/05

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.



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FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN

Sketch project area and design. Include numbers, volumes, rows, lengths, species, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practices to be implemented. Show					
distances. Illustrate road access.					
Use additional pages if needed for more detail.	R				
The Theory					
All Property and the second se					
7.5					

LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
THINNING	12-31-05