Form 5460-015 (March 2019)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| OMB Control Number: 1004-0058 |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|
| Contract Number               |  |  |  |  |  |
|                               |  |  |  |  |  |
| Date                          |  |  |  |  |  |

## LOG SCALE AND DISPOSITION OF TIMBER REMOVED REPORT

| L00 30A  | LL AND | DISE                         | 3311101 <b>1</b> 01 1111       | DEIX IXEMIO   | VLD I   | CLF OICT                 | Date                    |                        |
|--|--------|------------------------------|--------------------------------|---|---|--------------------------|-------------------------|------------------------|
| Purchaser's Name                                       |        |                              |                                |   | Address (include zip code)  |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
| In compliance with requirement timber removed from the |        |                              |                                |   | ontract,  | we hereby submit the     | following log scale fo  | or the total volume of |
|  |        |                              | VOLUME OF TIMBER REMOVED (MBF) |   |   |                          |                         |                        |
| SPECIES  | GRO    |                              | SOUND LOGS*                    |   |   |                          | OTHER THAN SOUND LOGS   |                        |
| SFECIES  | SCA    |                              | NET SCALE BY DISPOSITION       |   |   | CATEGORY**               | GROSS SCALE             |                        |
|  |        |                              | (1)                            | (2)   |   | (3)                      | CULL PEELERS            | OTHER CULLS            |
| Name of Processor:                                     |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
| TOTALS   |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
| Name of Processor:                                     |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
| TOTALS   |        |                              |                                |   |   |                          |                         |                        |
| Name of Processor:                                     | Į.     |                              |                                |   |   | 1                        |                         |                        |
| Name of Flocessor.                                     |        |                              |                                |   |   | T T                      |                         | Т                      |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
|  |        |                              |                                |   |   |                          |                         |                        |
| TOTALS   |        |                              |                                |   |   |                          |                         |                        |
| GRAND TOTALS   |        |                              |                                |   |   |                          |                         |                        |
| *Sound logs are defined volume after deductions        |        |                              |                                | of gross scale  | (50 per   | cent of gross scale in t | the case of peeler bloc | ks) in sound wood      |
| SCALED BY SCALING METHODS                              |        | ETHODS                       |                                | **DISPOSITION CATERGORIES                             |   |                          |                         |                        |
|  |        |                              |                                | 1. Timber processed in the United States by purchaser |   |                          |                         |                        |
| Company employee Log scale rule used                   |        |                              | 2. Timber sold to a t          |   | hird part for processin   | ng in the                |                         |                        |
| Scaling Bureau   |        | Maximum length without taper |                                |   |   | United States            |                         |                        |
| Other (specify) Taper all                              |        | r allowance                  |                                |   | 3. Excepted and unprocessed timber sold or transported for export from the United States. |                          |                         |                        |
| Comments   |        |                              |                                |   |   | Tor export from the      | ic Office States.       |                        |
| Comments   |        |                              |                                |   |   |                          |                         |                        |

I CERTIFY That the above statement is true and that it is to the best of my knowledge, a complete statement of the volume and disposition of all timber removed under said contract.

| If Individual or Partnership, sign here:  | If Corporation, sign here:  |  |  |  |
|---|---|--|--|--|
| (Name of Firm)  | (Name of Corporation)   |  |  |  |
| (Signature of Signing Officer)  | (Signature of Signing Officer)  |  |  |  |
| (Business Address)  | (Title)   |  |  |  |
| (Signature of Signing Officer)  | (Date)  |  |  |  |
| (Business Address)  |   |  |  |  |
| (Date)  |   |  |  |  |
| If Purchaser is a Corporation, the following certificate must,  Certify that I am the Secretary Assistant Secretary | y of the Corporation named as purchaser herein, that the certification was the of r and in behalf of said Corporation by authority of its |  |  |  |
|   | [Corporate Seal]  |  |  |  |

## NOTICE

The Privacy Act and 43 CFR 2.48(d) require that you be furnished with the following information in connection with the information requested by this form.

AUTHORITY: 43 CFR part 5420 permits collection of the information requested by this form.

PRINCIPAL PURPOSE: The BLM will use the information to determine the measurements and disposition of Federal timber.

ROUTINE USES: The BLM will only disclose this information in accordance with the Freedom of Information Act, the Privacy Act, and the provisions at 43 CFR 2.56(b) and (c).

EFFECT OF NOT PROVIDING INFORMATION: Submission of the requested information is necessary to obtain or retain a benefit. Failure to submit all of the requested information or to complete this form may result in delay or preclude the BLM's approval of your purchase of Federal timber.

The Paperwork Reduction Act requires us to inform you that the BLM collects this information to determine the measurements and disposition of Federal timber. Submission of the requested information is necessary to obtain or retain a benefit. You do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT: The public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may submit comments regarding the burden estimate or any other aspect of this form to: U.S. Department of the Interior, Bureau of Land Management (1004-0058), Bureau Information Collection Clearance Officer (WO-630), 1849 C Street, N.W., Mail Stop 401LS, Washington D.C. 20240.

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.