

**SPECIAL USE PERMIT
RESORT SUPPLEMENT
FOR OUTFITTING AND GUIDING**

This supplement authorizes priority use outfitting and guiding for 20 years.

WYOMING HIGH COUNTRY, LLC of 1606 NO. 1340 EAST, LOGAN UT 84341 (hereinafter "the holder"), is hereby authorized to use and occupy National Forest System lands, subject to the terms and conditions of permit MDW216 and this supplement, to provide outfitting and guiding services within the Medicine Wheel Ranger District of the BIGHORN NATIONAL FOREST, described as NW1/4 Sec. 19, T. 56 N., R. 91 W., 6TH PRINCIPAL MERIDIAN and as shown on the map of the authorized area, attached as Appendix AA. The above-described area shall be referred to as the "supplement area."

This form is a supplement to MDW216 issued to WYOMING HIGH COUNTRY, LLC for the purpose of authorizing the following outfitting and guiding activities:

Motorized and non-motorized tours, trail rides, hunting, hiking, photography tours, fishing, and assigned site use.

and assigning use as follows:

Activity	Use Area/ Compartment	Use Period	Service Days
Summer use: Guided trail rides in groups of 10 or less, Guided ATV trips to Devils Canyon Ranch in groups of 5 or less, Pack trips to assigned sites in groups of 10 or less, Guided fishing trips in groups of 5 or less, Photo and Hiking tours	Upper Porcupine Creek #17	5/1-9/30	102 days motorized 200 days non-motorized
Same as above	Little Bighorn River #7	Same as above	76 days motorized 90 days non-motorized
Same as above	Lodge Grass Creek #8	Same as above	80 days non-motorized.
Same as above	Deer Creek #4	Same as above	25 days motorized

Same as above	West Fork Little Bighorn River #18	Same as above	90 days non-motorized.
Archery and rifle Elk, Bear, Moose, Mountain Lion, Deer	(See attached map).	As current WY G&F Regs allow.	200 days total
Winter use, guided snowmobile, cross country ski and snowshoe tours.	(See attached map)	11/1-3/31	200 days
Motorized Tours of groups no larger than 10 (no larger than 5 on NFSR 12 which goes by the Medicine Wheel National Historic Monument)	NFSR 10, 11, 12, 13, 17, 22, 104, 105, 108, 110, 111, 112, 119, 122, 126, 141, 207, 208, 363; NFST #096		200 days total
Motorized Tours of groups no larger than 10	NFSR 13, 15, 139, 142, 143, 168, 178, 179		60 days total
Summer service days	Compartments 1, 9, and 12	May 1 – Sept. 30	20 days total

2 assigned sites;

0 grazing use (in head months (HMs)).

This use will be exercised as described in the five-year operating plan for 10-year priority use supplements or annual operating plan for 2-year priority use or transitional priority use supplements.

The following appendices are attached to and made a part of this supplement:

APPENDIX AA - Map of Authorized Area

APPENDIX BB - Five-year Operating Plan, dated May 1 and approved annually

APPENDIX CC - Trip Itinerary

APPENDIX DD - Actual Use Report Format

APPENDIX EE - Authorized Officer's Outfitter and Guide Performance Evaluation Criteria

APPENDIX FF - Other N/A

I. GENERAL TERMS OF THE SUPPLEMENT

A. TERM. This supplement shall expire at midnight on **12/31/2041**. Expiration of this supplement shall not require notice, a decision document, or any environmental analysis or other documentation.

B. RENEWAL. This supplement may be renewed upon expiration, provided the use is consistent with the applicable land management plan, applicable laws and regulations, and the terms of the permit and supplement and the holder has performed satisfactorily under the permit and supplement, as demonstrated by acceptable annual performance reviews. If the holder wants this supplement to be renewed, the holder must notify the authorized officer in writing at least 6 months before this supplement expires. The decision whether to issue a new supplement to the holder is at the sole discretion of the Forest Service. The authorized officer may prescribe new terms and conditions when a new supplement is issued.

II. OPERATIONS

A. FIVE-YEAR OPERATING PLAN. The 5-year operating plan, which shall be attached to this supplement as Appendix BB, shall be submitted by the holder and approved by the authorized officer before the holder conducts any services authorized by this supplement. The holder shall prepare, annually review, and revise as needed the 5-year operating plan by **March 30**, in consultation with the authorized officer. At a minimum, the 5-year operating plan shall include (1) the season of use for authorized outfitting and guiding activities, including the start and stop date of operations; (2) limitations on use established by the Forest Service (including fire restrictions); (3) any of the following that are applicable: (a) a process for submitting trip itineraries (appendix CC); (b) guidelines and limits for incidental grazing; (c) location and layout of assigned sites to be used for base, spike, and drop camps or other purposes; and (d) authorized temporary improvements on National Forest System lands, including a schedule for their construction and removal.

B. ITINERARY. The holder shall submit an itinerary for each type of trip.

C. PERFORMANCE REVIEW AND EVALUATION. The holder's compliance with the terms and conditions of the permit and supplement and the 5-year or annual operating plan is subject to annual performance review and evaluation by the authorized officer. The holder's performance will be documented using the Outfitter and Guide Performance Evaluation Criteria, Appendix EE.

D. TEMPORARY IMPROVEMENTS. No permanent improvements may be constructed under this supplement. Temporary improvements with negligible value, such as hitching posts, corrals, tent frames, and shelters, may be approved by the authorized officer in the 5-year or annual operating plan. Plans and revisions to plans for design, development, and layout of temporary improvements must have prior written approval from the authorized officer.

E. PROHIBITION ON ASSIGNMENT OF USE. The holder may not assign all or part of the authorized use to others.

F. PERFORMANCE OF SUPPORT SERVICES. As a general rule, the holder shall conduct the day-to-day activities authorized by this supplement. Activities that support the use authorized by this supplement, such as food or shuttle services, may be conducted by a party other than the holder, but only with prior written approval from the authorized officer. The holder shall continue to be responsible for compliance with all the terms of the permit and this supplement.

G. ACTUAL USE REPORT. Within 30 days of completion of the holder's approved operating season, the holder shall submit to the authorized officer an actual use report in accordance with the format in Appendix DD.

H. FAILURE TO EXERCISE AUTHORIZED PRIVILEGES. During the 5th year of operation and upon termination, the authorized officer shall review actual use and adjust the allocation of use to match the highest amount of actual use in 1 calendar year during the first 5 years of operation, plus 25 percent of that amount for holders with more than 1,000 service days or the equivalent in quotas or 15 percent of that amount for holders with more than 1,000 service days or the equivalent in quotas, provided that:

1. The combination of the highest amount of actual use in 1 calendar year and the additional 25 or 15 percent of use not exceed the amount of use allocated when the supplement was issued; and
2. To ensure that 5 years of use are available for review as a basis for making the allocation adjustment, the authorized officer may adjust the review period to include a previous or an additional year of use based on a finding of extraordinary circumstances that prevented a season of operation.

I. NOXIOUS WEED/EXOTIC PLANT PREVENTION AND CONTROL. The holder shall be responsible for the prevention and control of noxious weeds and/or exotic plants arising from the authorized use. For purposes of this clause, noxious weeds and exotic plants include those species recognized as such by name of federal, state, or local authority. The holder shall follow prevention and control measures required by name of federal, state, or local authority. When determined to be necessary by the authorized officer, the holder shall develop a plan for noxious weed and exotic plant prevention and control. These plans must have prior written approval from the authorized officer and, upon approval, shall be attached to this supplement as an appendix.

J. WEED-FREE HAY. The holder shall use only hay, grain, straw, pelletized feed, or mulch certified as noxious weed-free or noxious weed seed-free by a State Department of Agriculture or other authorized county official. The holder shall provide documentation of that certification to the authorized officer.

III. RIGHTS AND LIABILITIES

IV. REVOCATION, SUSPENSION, AND TERMINATION

A. REVOCATION AND SUSPENSION. The authorized officer may revoke or suspend this supplement in whole or in part:

1. For noncompliance with federal, state, or local laws and regulations;
2. For noncompliance with the terms of this supplement;
3. For failure of the holder to exercise the privileges granted by this supplement;
4. With the consent of the holder; or

5. At the discretion of the authorized officer, for specific and compelling reasons in the public interest.

B. REVOCATION BASED ON PERFORMANCE RATING. If the holder receives an annual rating of unacceptable based on deficiencies identified but uncorrected in a mid-season review and evaluation, the Forest Service shall revoke the additional use authorized under this supplement or, if it is about to expire, shall allow it to terminate.

C. NOTICE AND OPPORTUNITY TO TAKE CORRECTIVE ACTION. Prior to revocation or suspension under clause IV.A or IV.B, the authorized officer shall give the holder written notice of the grounds for the action to be taken. For purposes of revocation under clause IV.B, written notice must be given to the holder after the mid-season review and evaluation that if the identified deficiencies are not corrected, they will result in an annual rating of unacceptable, which in turn will result in revocation of the supplement. Prior to revocation or suspension under clause IV.A.1, 2, or 3 or revocation under clause IV.B, the authorized officer also shall give the holder a reasonable period, not to exceed 30 days, to complete corrective action prescribed by the authorized officer. The period between the mid-season review and evaluation and the annual rating shall constitute adequate opportunity to take corrective action for purposes of revocation under clause IV.B.

V. MISCELLANEOUS PROVISIONS

A. SERVICES NOT PROVIDED. This supplement does not provide for the furnishing of road or trail maintenance, water, fire protection, search and rescue, or any other service by a government agency, utility, association, or individual.

BURDEN AND NONDISCRIMINATION STATEMENTS

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond, to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can

contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) govern the confidentiality to be provided for information received by the Forest Service.

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Actual

OUTFITTER _____ For the Period Beginning: _____ Ending: _____

TRIP TYPE %/or CAMP LOCATION Include all services provided	PERIOD OF USE From/To *	# OF DAYS	# CLIENTS	TOTAL CLIENT DAYS Col.3 x Col.4	NFS CLIENT DAYS **	REVENUE PER CLIENT	DONATED TRIP Yes or No ***	GROSS REVENUE Col.4 x Col.7	% OF SERVICE DAYS OR HOURS ON NF LAND	# OTHERS/ EMPLOYEES Not in Col.5 calc.	# & TYPE OF STOCK
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See Reverse for Continuation Sheet

For definitions see attached Definition Sheet

* Break out different fees paid on the same trip by clients, eg. 10/1 - 10/10 6 clients \$1000.00 each, 10/1 - 10/10 5 clients Q \$500.00 each, 10/1 - 10/10 5 others (no revenue, no service days)

** Complete this column if the # of NFS Client Days are different from the # of Total Client Days.

*** Donated Trips:

Trip # or Type	Period of Use	Value of Trip	Revenue and/or Value of Goods/Services Received by Outfitter	Donated Amount	Organiza- on Donated To	Purpose (optional)

I certify the information given on this sheet is a complete and accurate summary of my operations:

Outfitter Signature: _____ Date: _____

Permitted Service Days: _____ Approved Service Days: _____ Actual Service Days: _____

Approved by: _____ Date: _____

AGENCY REPRESENTATIVE

TRIP TYPE &/or CAMP LOCATION Include all services provided	2 PERIOD OF USE From/To *	3 # OF DAYS	4 # CLIENTS	6 TOTAL CLIENT DAYS Col.3 x Col.4	8 NFS CLIENT DAYS **	7 REVENUE PER CLIENT	8 DONATED TRIP Yes or No ***	9 GROSS REVENUE Col.4 x Col.7	10 % OF SERVICE DAYS OR HOURS ON NF LAND	11 # OTHERS/ EMPLOYEES Not in Col.5 talc.	12 # & TYPE OF STOCK
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Continuation Sheet

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Estimated

OUTFITTER _____ For the Period Beginning: _____ Ending: _____

TRIP TYPE %/or CAMP LOCATION Include all services provided	PERIOD OF USE From/To *	# OF DAYS	# CLIENTS	TOTAL CLIENT DAYS Col.3 x Col.4	NFS CLIENT DAYS **	REVENUE PER CLIENT	DONATED TRIP Yes or No ***	GROSS REVENUE Col.4 x Col.7	% OF SERVICE DAYS OR HOURS ON NF LAND	# OTHERS/ EMPLOYEES Not in Col.5 calc.	# & TYPE OF STOCK
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I certify the information given on this sheet is a complete and accurate summary of my operations:

Outfitter Signature: _____ Date: _____

Permitted Service Days: _____ Approved Service Days: _____ Actual Service Days: _____

Approved by: _____ Date: _____

AGENCY REPRESENTATIVE

TRIP TYPE &/or CAMP LOCATION Include all services provided	2 PERIOD OF USE From/To *	3 # OF DAYS	4 # CLIENTS	6 TOTAL CLIENT DAYS Col.3 x Col.4	8 NFS CLIENT DAYS **	7 REVENUE PER CLIENT	8 DONATED TRIP Yes or No ***	9 GROSS REVENUE Col.4 x Col.7	10 % OF SERVICE DAYS OR HOURS ON NF LAND	11 # OTHERS/ EMPLOYEES Not in Col.5 tatic.	12 # & TYPE OF STOCK
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OUTFITTER GUIDE PERFORMANCE EVALUATION

Permit Holder _____
 National Forest _____ District _____
 Evaluation Period From _____ To _____
 Type of Operation _____
 Location(s) _____
 Dates(s) of Field Inspection(s) _____
 Field Inspector(s) _____
 Camp(s) in operation during inspection: Yes _____ No _____
 Holder Representative present during inspection _____
 This evaluation is: Midseason _____ Final _____

CHECK APPROPRIATE BOX

Checks in the boxes and comments must be
 based on factual objective information
 observed by inspectors and/or verified through
 investigation.

O = OUTSTANDING U = UNACCEPTABLE
 A = FULLY ACCEPTABLE NC = NOT CHECKED
 NI = NEEDS IMPROVEMENT NA = NOT APPLICABLE

EVALUATION CATEGORIES

A. SERVICE TO PUBLIC	O	A	NI	U	NC	NA
1. Rates, services, and accommodations provided as represented						
2. Holder shows courtesy to non-outfitted public.						
3. Operations properly coordinated with other landowner, if required						
4. Compliance with requirements of Title VI of the Civil Rights Act.						
5. Clients received educational and interpretive information about area and its values						
B. COMPLIANCE WITH PERMIT CONDITIONS	O	A	NI	U	NC	NA
1. Application, certificate of insurance, signing of permit and payments submitted on time and properly completed.						
2. Use reports submitted accurately and on time.						
3. Compliance with Federal, State and County laws and regulations as required by permit						
4. Compliance with other terms and conditions.						
C. COMPLIANCE WITH OPERATING PLAN	O	A	NI	U	NC	NA
1. Holder participation in operating plan preparation.						
2. Holder's employees are knowledgeable of operating plan contents						
3. Adherence to operating plan, schedules, and itineraries, notification of changes.						
4. Adherence to camp management plans, permitted structures, use of site(s)						
D. EQUIPMENT & LIVESTOCK	O	A	NI	U	NC	NA
1. Equipment provided as advertised.						
1. Equipment safe & well-maintained						
2. Boats, aircraft, or vehicles licensed or certified when required						
3. Livestock treated properly and humanely						
4. Stock properly contained and no resource damage occurring						
E. SAFETY	O	A	NI	U	NC	NA
1. Holder exhibits a concern for health and safety of guest, employees, and general public.						
2. Staff current with first aid and knowledgeable of safety procedures.						
3. Guests receive a safety orientation to the operation.						

F. RESOURCE PROTECTION	O	A	NI	U	NC	NA
1. Holder uses minimum impact techniques						
2. Operation neat and orderly						
3. Compliance with fire regulations, Fish and Game regulations, protection of Cultural Resources.						
4. Following appropriate procedures for human waste management and garbage						
5. Protection of threatened and endangered species						
G. MAJOR INCIDENTS, IF ANY	O	A	NI	U	NC	NA
1. This category relates to handling of unusual incidents, accidents, death, significant resource damage, serious violation of law, or confrontations. (Describe in separate attachments to this form.)						

COMMENTS: _____

Special Efforts Worthy of Commendation _____

Prior Performance Deficiencies, if any, corrected _____

OVERALL RATING: Outstanding _____ Acceptable _____ Probationary _____ Unacceptable _____

Outfitter-Guide Licensing board notified, if required? _____ Date _____

Board Comments Attached: Yes _____ No _____

This performance rating constitutes a decision which is subject to appeal pursuant to Secretary of Agriculture regulation 36 CFR 251, Subpart C. Any such appeal and a statement of reasons must be submitted within 45 days of the date of this rating to the Forest Service Official next higher to the authorized officer.

SIGNATURES:

Authorized Officer _____	Holder/Holder Rep. _____
Title _____	_____
Date _____	Date _____

Holder's Comments: _____
