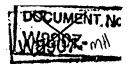
Name and Postal Address of Recorded Holder

Report of Work



Mining DOCU



010

JEAN-MARC	JANUFAUX W891	07-098 C-36	60061						
BOX 374 MATTAWA ONT POH-IVO									
Summary of Work Perform	nance and Distribution of Credits								
Total Work Days Cr. claimed	Mining Claim Work		ng Claim Work						
66 DAYS	Prefix Number Days Cr. Pre	fix Number Days Cr. Prefix	Number Days Cr.						
for Performance of the follow work. (Check one only)	ing 87337/22	SUDA							
Manual Work	873372 12	RECE	DIV.						
Shaft Sinking Drifting o other Lateral Work.	RECORDED	Si Aug	1080						
Compressed Air, other Power driven or mechanical equip.		AM.	P.M;						
Power Stripping	SEP 1 8 1989	118191101111151	11513141214						
Diamond or other Core drilling	JEF 1 0 1808								
Land Survey	m4								
All the work was performed on Mining Claim (e) 8 7 3 3 17 - 8 7 3 3 7 2 - 8 7 3 3 7 5									
Required Information eg: type of equipment, Names, Addresses, etc. (See Table Below)									
JEAH-MARC-JANUEAUX BOX374 MATTAWA DNT-POH-IVO									
ROGER SANNEAUX BOX 374 MATTAWA DAT-POH. INO									
ANGUS MALDOHNEIL TILDEN LAKE ONT.									
		FROM THM. TO 4.P							
MANUAL STRIPPING OCT. 88-73-4-5-6-7-8-11-12-13-14-15-18-14-20-21-22-24-25-26									
	·	From 7. A41. To	4 P.M						
MANUAL. STRIPPING. NOV. 88 -> 1-2-3-4-7-8-9-10-11-14-19-20-21-22-25-26-28-29									
April 89 MANUAL STRIPPING - 3-4-5-6-8-9-10-11-14-16-17-19-21-22-23-26-27-28-29 From 7AM TO 4PM.									
MANUAL STRIPPING HAY 89 7 4-5-8-10-11-12-13-14-15.16.									
4									
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FOR - LUNCH and WICE		and the state of t						
WORK IS DONE EQUALLY BY 3 MEN. Dags of Report Recorded Holder or Agent (Signature)									
	a personal and intimate knowledge of the facts set nd/or after its completion and the annexed report is		ng performed the work						
Name and Postal Address of Po	erson Certifying								
Name and Postal Address of Person Certifying M. J.R.N.V.Z. H.V.X Date Certified by (Signature)									
Box 374 MA-TIAWA DAIT POH-TVO Table of Information/Attachments Required by the Mining Recorder Defe Certified Certified by Asignature) Letter 14/89 FM Formation									
Type of Work	Specific information per type	Other information (Common to 2 or more types) Attachments						
Manual Work									
Manual Work Shaft Sinking, Drifting or other Lateral Work Compressed sir, other nower	Nil	Names and addresses of men who performed manual work/operated equipment, together with dates and hours of employment. Work Sketch: these are required to show the location and							
Compressed air, other power driven or mechanical equip.	Type of equipment	extent of work in relation to the							
Power Stripping	Type of equipment and amount expended. Note: Proof of actual cost must be submitted within 30 days of recording.	Names and addresses of owner or operator together with dates when drilling/stripping							
Diamond or other core drilling	Signed core log showing; footage, diameter of core, number and angles of holes.	done. Work Sketch (as above) in duplicate							
Land Survey	Name and address of Ontario land surveyer.	Nil	Nil						
768 (85/12)									

ONTARIO GEOLOGICAL SURVEY ASSESSMENT FILES OFFICE.

SEP 20 1989

RECEIVED

	ction " emo _	ne	8	ate Year > 9	Month O9	Day 19	
To Assessment Files From (Name and City) Percora 14 Office - Sudbury							
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APPROXIMATE DISTANCE OF WORK LOCATIONS

