Ontario		ENT NO. 7. 14	Instructions	Supply re	nuired data on a	i conarato forr	n for each , t J	
Name and Address of R JEAN - MARC		(31L07NE5003 W8807-	00149 MATT		0	10	
BOX 374, MATTAWA ONT - POH-100 Summary of Work Performance and Distribution of Credits								
Summary of Work Perform	ance and Distribution of Cred	lits						
Total Work Days Cr. claimed	Mining Claim	Work Days Cr. Pre	Mining Claim	Work Days Cr.	Mining		Work Days Cr.	
31.5 DAYS	Prefix Number	Days Cr. Pre	fix Number	Days Cr.	Prefix	Number	Days Cr.	
for Performance of the followi work. (Check one only)	ng 873371	4	-31.11.		In State Server			
Manual Work	873372	6	NTARIO GEOLOGICA	SURVEY				
Shaft Sinking Drifting or	873375	26.5	SSESSMENT I	LES				
other Lateral Work.			OFFICE					
mechanical equip.			JUL 28 19	88	1	· - · · · · · · · · · · · · · · · · · ·		
Diamond or other Core			RECEIVI		FCOF	DEL		
drilling			BECEIVI	<u> </u>				
Land Survey								
	n Mining Claim(s): 873371				JUL 2 7	1988		
Required Information eg: type of equipment, Names, Addresses, etc. (See Table Below)								
1970 CASE 380-C BACKHOE/LOADER. Bossiph # KA								
USED JUNE 7/38 FROM MAM TO 2 PM- IHR. BREAK.								
JUNE 8/38 FROM TAM TO IDAM								
TOTAL 9 HRS. @#35 PER HR. FOR RENTAL FROM OWNER OFERATOR - J.M. JANUEALIX. BUDBURY. OWNER OPERATOR - J.M. JANUEALIX. RECEIVED.								
\$ 3 15.00 TOTAL								
JUL. JUL.								
31.5-10AYS CREDIT. TOTAL								
Date of Report Report Report Agent (Signature)								
JUNE 15, 1988 Al Lanuence								
Certification Verifying Report of Work								
I hereby certify that I have a personal and intimate knowledge of the facts set forth in the Report of Work annexed hereto, having performed the work or witnessed same during and/or after its completion and the annexed report is true.								
Name and Postal Address of Person Certifying								
J-M. JANUEAUX								
BOX 374, MATTAWA, ONT, POH-140 Table of Information/Attachments Réquired by the Mining Recorder								
Type of Work	Specific information p		Other information (Co	mmon to 2	or more types)	Attachm	nents	
Manual Work								
Shaft Sinking, Drifting or other Lateral Work	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			ork in he		
Power Stripping	Type of equipment and amount Note: Proof of actual cost must within 30 days of recording.		Names and addresses of owner or operator together with dates when drilling/stripping					
			done.			· · · · · · · · · · · · · · · · · · ·		

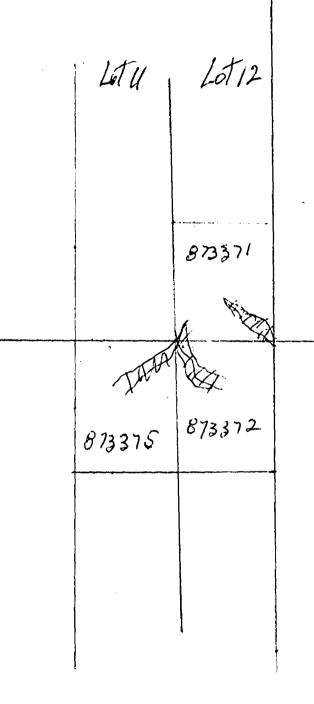
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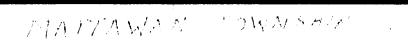
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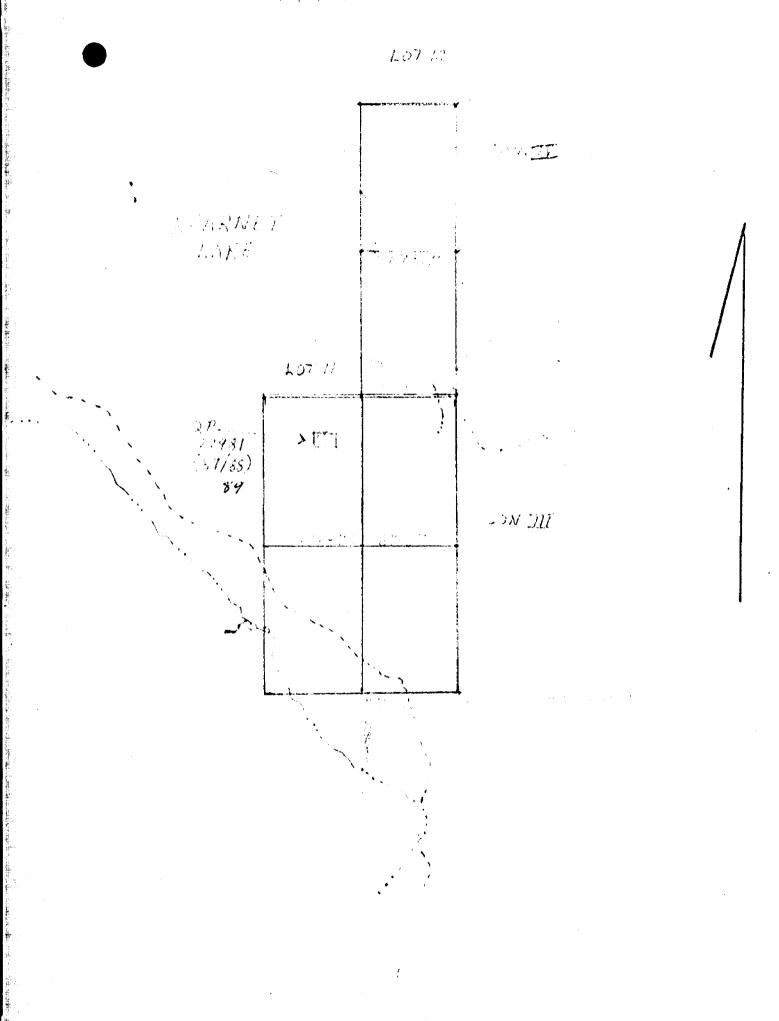


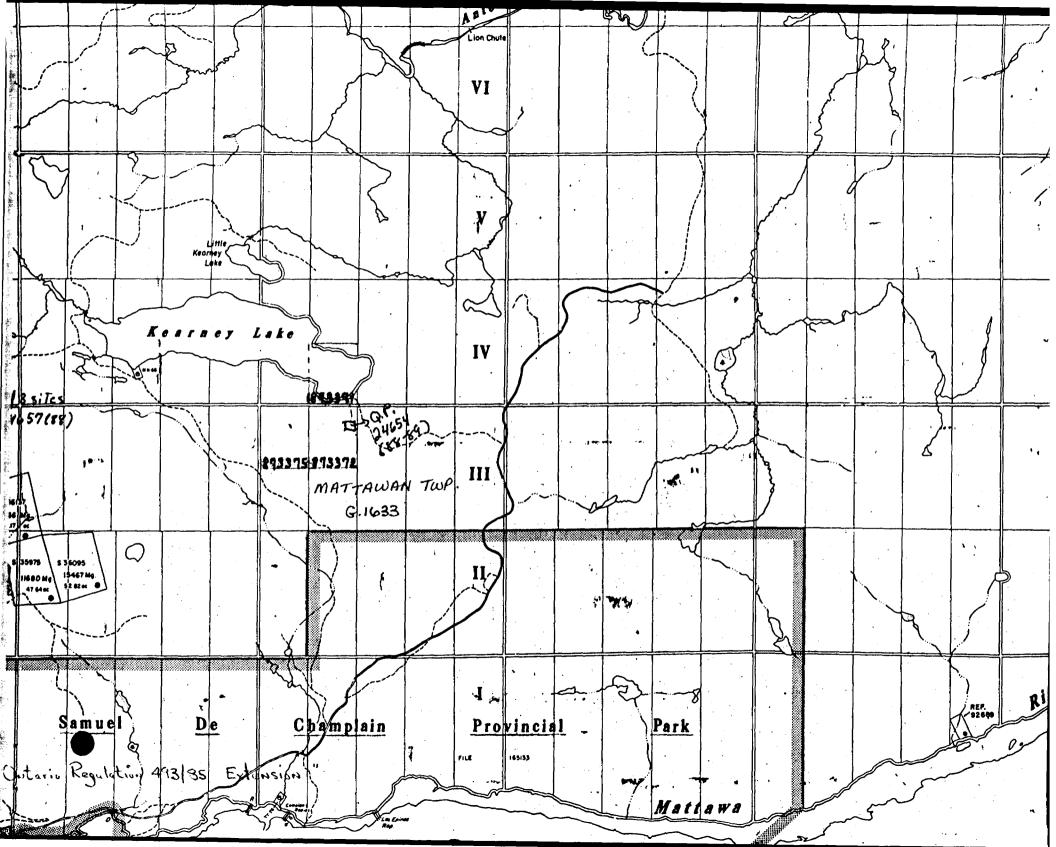
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•	June 15	19 88	
Received from Reçu de J.M. J.P.N	NEAUX		
A Three hunds	et & Fifteen Dolla	()CDollars	
USE OF BACKH	DE-9 HRS @#35 S PER	HOLIR	
<u>13/5,≌</u>	flan Marc Aq	manj	