



W 8607-73 M

Name and Postal Address of Recorded Holder

LARRY SNODDON

X 20 135

RR #2 NORTH BAY ONT SITE 12 Box 4 PIB 863

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed	Mining Claim			Work Days Cr.	Mining Claim			Work Days Cr.	Mining Claim			Work Days Cr.
	Prefix	Number	Work Days Cr.		Prefix	Number	Work Days Cr.		Prefix	Number	Work Days Cr.	
37		800034	37									
for Performance of the following work. (Check one only)												
<input checked="" type="checkbox"/> Manual Work												
<input type="checkbox"/> Shaft Sinking Drifting or other Lateral Work.												
<input type="checkbox"/> Compressed Air, other Power driven or mechanical equip.												
<input type="checkbox"/> Power Stripping												
<input type="checkbox"/> Diamond or other Core drilling												
<input type="checkbox"/> Land Survey												

TRUS 1984 CR

8 1/2
45 1/3

Not allowed on this Report, no D for 1984 for B

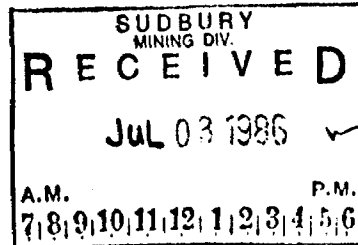
shins on file
ye credit

Miller
Mining Recorder
Sudbury
19860707

All the work was performed on Mining Claims: # 5 - 800034

Required Information eg: type of equipment, Names, Addresses, etc. (See Table Below)

DOUG ROGER 135 BALSAM CR NORTH BAY ONT
 LARRY SNODDON RR#2 NORTH BAY ONT
 MURRY WALKER RR#1 CORSEIK ONT
 THERESA ROGERS 135 BALSAM CR NORTH BAY ONT



Date of Report 27 JUNE 86

Recorded Holder or Agent (Signature) [Signature]

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

LARRY SNODDON

Date Certified 27 JUNE 86

Certified by (Signature) [Signature]

RR#2 NORTH BAY ONT PIB 863

Table of Information/Attachments Required by the Mining Recorder

Type of Work	Specific information per type	Other information (Common to 2 or more types)	Attachments
Manual Work <input checked="" type="checkbox"/>	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 extent of work in relation to the nearest claim post.
Shaft Sinking, Drifting or other Lateral Work			
Compressed air, other power driven or mechanical equip.	Type of equipment GAS WATER PUMPS ELECTRIC GENERATOR, DRILL	Names and addresses of owner or operator together with dates when drilling/stripping done.	Work Sketch (as above) in duplicate
Power Stripping	Type of equipment and amount expended. Note: Proof of actual cost must be submitted within 30 days of recording.		
Diamond or other core drilling	Signed core log showing; footage, diameter of core, number and angles of holes.	Nil	Nil
Land Survey	Name and address of Ontario land surveyor.		



**Action
Memo**

Time

Date

14/07/88

Ontario

To *Pat*

From (Name and City)

Bob

I.C.N. No.	Area Code	Telephone No.	Ext.	Message Taken By
<input type="checkbox"/> Phoned	<input type="checkbox"/> Please Call	<input type="checkbox"/> Will Call Back	<input type="checkbox"/> Waiting In Person	<input type="checkbox"/> Will Return
<input type="checkbox"/> On Hold	<input type="checkbox"/> Returned Your Call	<input type="checkbox"/> Wishes Appointment	<input type="checkbox"/> Was Here	
<input type="checkbox"/> File	<input type="checkbox"/> Draft Reply For My Signature	<input type="checkbox"/> Provide More Details	<input type="checkbox"/> For Your Information	
<input type="checkbox"/> Type Draft	<input type="checkbox"/> For Your Approval and Signature	<input type="checkbox"/> Keep Me Informed	<input type="checkbox"/> Per Discussion	
<input type="checkbox"/> Type Final	<input type="checkbox"/> Circulate, Initial and Return	<input type="checkbox"/> Take Appropriate Action	<input type="checkbox"/> Per Your Request	
<input type="checkbox"/> Make Copies	<input type="checkbox"/> Return With Comments	<input type="checkbox"/> Note and See Me	<input type="checkbox"/> Returned With Thanks	
<input type="checkbox"/> Please Answer	<input type="checkbox"/> Investigate and Report	<input type="checkbox"/> Note and Return	<input type="checkbox"/>	

Comments:

*- this is in the Cobalt
Resident area - please file with
the others.*

7540-1452

Over

WORK DONE IN 1985

APRIL	4	D ROBERTS	_____	12
		L SNODDON	_____	12
MAY	11	D ROBERTS	_____	12
		L SNODDON	_____	12
JUNE	2	D ROBERTS	_____	12
		L SNODDON	_____	12
AUG	23	L SNODDON	_____	12
SEPT	9	D ROBERTS	_____	12
		L SNODDON	_____	12
OCT	17	D ROBERTS	_____	12
		L SNODDON	_____	12
NOV	18	D ROBERTS	_____	12
		L SNODDON	_____	12

SUBBURY MINING DIV.
RECEIVED
 A.M. 7 8 9 10 11 12 1 2 3 4 5 6 P.M.

SUBBURY MINING DIV.
RECEIVED
 A.M. 7 8 9 10 11 12 1 2 3 4 5 6 P.M.

$\frac{156}{6} = 26 \text{ days. } \checkmark$

WORK DONE IN 1986

APRIL	25	D ROBERTS	_____	12
		L SNODDON	_____	12
		M WATKINS	_____	12
	29	D ROBERTS	_____	10
		L SNODDON	_____	10
		M WATKINS	_____	10

$\frac{66}{6} = 11 \text{ days. } \checkmark$

$\frac{222}{6} = 37$
 = 37 days

[Handwritten signature]

TOWNSHIP

BUTLER

M.N.R. ADMINISTRATIVE DISTRICT

NORTH BAY

MINING DIVISION

SUDBURY

LAND TITLES / REGISTRY DIVISION

NIPISSING



Ministry of
Natural
Resources

Land
Management
Branch

Ontario

Date NOVEMBER, 1984

Number

G-1722

