



41109NW5107 W8107-00083 DAVIS

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W8107-83

The Mini

Type of Survey(s)

Township or Area

Claim Holder(s)

JOHN BRADY

DAVIS TWP

Prospector's Licence No.

C. 32203

Survey Company

Survey Dates (linecutting to office)

Total Miles of line Cut

Day | Mo. | Yr. | Day | Mo. | Yr.

Name and Address of Author (of Geo-Technical report)

Special Provisions Credits Requested

Mining Claims Traversed (List in numerical sequence)

Instructions	Geophysical	Days per Claim
For first survey: Enter 40 days. (This includes line cutting)	- Electromagnetic	
	- Magnetometer	
For each additional survey: using the same grid: Enter 20 days (for each)	- Radiometric	
	- Other	
	Geological	
	Geochemical	

Mining Claim			Mining Claim		
Prefix	Number	Expend. Days Cr.	Prefix	Number	Expend. Days Cr.
S	551442	7.2			
	551443	7.2			
	551866	7.2			

Instructions	Geophysical	Days per Claim
Complete reverse side and enter total(s) here	- Electromagnetic	
	- Magnetometer	
	- Radiometric	
	- Other	
	Geological	
	Geochemical	

Instructions	Geophysical	Days per Claim
Note: Special provisions credits do not apply to Airborne Surveys.	Electromagnetic	
	Magnetometer	
	Radiometric	

Expenditures (excludes power stripping)
 Type of Work Performed
 BENEFCATION STUDIES
 Performed on Claim(s)
 S. 551442 - S. 551443

Calculation of Expenditure Days Credits		Total Days Credits
Total Expenditures	+	
\$ 324.50	15	= 21.6

Instructions
 Total Days Credits may be apportioned at the claim holder's choice. Enter number of days credits per claim selected in columns at right.

Report Completed
 Date of Report: Sept. 29/81
 Recorded Holder or Agent (Signature): [Signature]

For Office Use Only		Total number of mining claims covered by this report of work.
Total Days Cr. Recorded	Date Recorded	3
21.6	Oct 14/81	
Date Approved as Recorded	Mining Recorder	
	[Signature]	
	Regional/Branch Director	

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
 John Brady, 1227 Holland Rd.
 [Address]
 Date Certified: Sept 29/81
 Certified by (Signature): [Signature]