

Ministry of Northern Development and Mines Ministry of Mort



ort of Work should

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"Report of Work form no. 878 for

W 9007. 00286

Mining Act Report of Work

 Refer to Sections 76 and 77, the Mining Act for assessment work requirements and the reverse side of this form for table of information.

mining Aut		- Hoport o	· WOIR						
Name and Address of Recorded Holder						Pro	spector's L		
Theodore	A. Miron 75 Albany Street					C. 23513 Telephone No.			
Sudbury.	Ont.	P3C 2z4					73 50	116	
Summary of Distribution of Credits	and Wo	ork Performance							
Mining Division		Mining Claim	Work	N	lining Claim	Work	М	ining Claim	Work
Sudbury	Prefix	Number	Days Cr.	Prefix	Number	Days Cr.	Prefix	Number	Days Cr.
Township or Area	S	10 7/032	12						
G-4096 · Rhodes	<u> </u>	10 76033	12			SESSMI			_
Total Assessment Credits Claimed	1		·	1		700			
12 days						SESSMI	OCIA		-
Type of Work Performed	1	 				OM	W.C.A.		_
(Check one only)	1	İ				- 12 XX	CE FILE	RVEY	
Manual Work		 			-/	For	16 -6		
Manual Work	<u> </u>	•				77 2 70	6		<u> </u>
Shaft Sinking Drifting or other Lateral Work					MEC		P90		
						\			
Mechanical equipment				•		IVE	_	/	
Power Stripping other than Manual (maximum credit allowed - 100 days							7		
per claim)									
Diamond or other Core drilling	1								1
Core Specimens			 				 		-
	<u> </u>	<u> </u>					<u> </u>	l	
Dates when work was performed	4	, ,	No. of Day		Total No. of D	ays Claimed	Total No. Future Da	of Days to be Cla	imed at a
From: May 5 90 1 To:	nay	16/90	10	<u> </u>		2	10000		
	U								
All the work was performed on Minin			No. of Days N	lining Claim	No. of Days Mini	ng Claim	No. of Days	Mining Claim	No. of Days
Indicate no. of days performed on eat (See note No. 1 on reverse side)	ich claim.	1076033	12.		1 1				
Mining Claim No. of Days Mining Claim	, No. of D		No. of Days M	lining Claim	No. of Days Mini	ng Claim	No. of Days	Mining Claim	No. of Days
	- 1		·						
							1	<u> </u>	
Required Information eg. type of	equipme	ent Names Addr	esses etc	(See Ta	hie on reverse	(ahia			
If space below is insufficient, attach						3,00)			
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may & 1	-7	-				5.		. On +	
may-5-6-	' / -	· In MIR	on	12	AI. BAN	9,00		y. One	•
MAY-14-15-16		12 Aus	م رومسی	100 6	took a	hipp	mi q	1980	
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Certification of Beneficial Interest	* (Sec 1	Note No. 2 on row	erse side						
I hereby certify that, at the time the work					-	Rece	orded Hold	er or Agent (Sign	eture)
of work were recorded in the current record	ed holder's	name or held under a b	eneficial inte	rest	15/12	100		21	
by the current recorded holder.					P/10 / 12	170 1	nevai	no // p	ron
Certification Verifying Report of V	/ork				<i>-</i>				
I hereby certify that I have a person	al and inti	mate knowledge of	the facts s	et forth in	the Report of Wo	rk annexed	hereto, h	aving performe	the work
or witnessed same during and/or aft	er its com	pletion and the ann	nexed repo	rt is true.		,			
Name and Address of Person Certifying	1		11		11-1	11		.4-	
Theolien 71.	11/2	an) 15 1	Elle	ici X	W 12	down	4.00	T 430 .	22 L
		Telephone	No.	1	Date /	1	Centified B	y (Signature)	,
		67	35010	12	Sept. 3	190	21.	edoso.	a hair
		14/	<u>, , , , , , , , , , , , , , , , , , , </u>	·				·	
For Office Use Only									

RECORDED
SEP 1 3 1990

Received Stamp

SUDBURY

RECEIVED

SEP 13 1990

A.M. P.M. 7181911011012111213141516

11:00 1

A.,

Work Assignments



Pit #2
3'X3'X3'
Pit #3

3'wide 3'deen
3'long.

Pit #4

Pit # I



