

*Carscallen*

Name and Postal Address of Recorded Holder

*Hunter MacKenzie, P.O. Box 1049, Petrolia, Ontario, N0N 1R0*



42A05NE5038 W8906-00518 CARSCALLEN

010

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed	Mining Claim		Work Days Cr.	Prefix	NUMBER	DATE	PREFIX	NUMBER
	Prefix	Number						
<i>5</i>								
for Performance of the following work. (Check one only)								
<input type="checkbox"/> Manual Work		<i>1028832</i>	<i>1 1/2</i>					
<input type="checkbox"/> Shaft Sinking Drifting or other Lateral Work.		<i>1028833</i>	<i>1 1/2</i>					
<input checked="" type="checkbox"/> Compressed Air, other Power driven or mechanical equip.		<i>1028834</i>	<i>1 1/2</i>					
<input type="checkbox"/> Power Stripping								
<input type="checkbox"/> Diamond or other Core drilling								
<input type="checkbox"/> Land Survey								

ONTARIO GEOLOGICAL SURVEY  
ASSESSMENT FILES  
OFFICE

NOV 27 1989

RECEIVED

All the work was performed on Mining Claim(s):

*1028832, 1028833*

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

*Hunter MacKenzie P.O. Box 1049, Petrolia, Ontario, N0N 1R0*

*May 12, 1989 7 1/2 hrs*

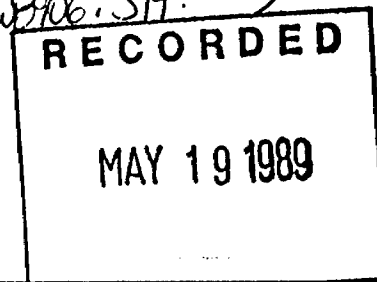
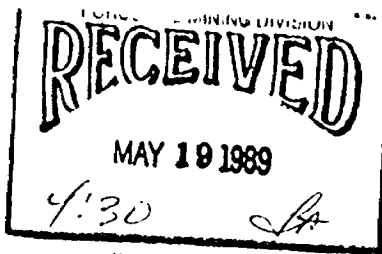
*C. Longstreet, Matheson, Ontario, 1*

*May 12, 1989 7 1/2 hrs.*

*= 15 hrs = 5 DAYS TOTAL*  
*3*

*(Sunrise Rentals 395 Commercial Ave, Timmins, Ontario PAN 2XB)*

*Rental of 2" pump & hose \$19.44 SEE REPORT W8906-518.*



Date of Report Recorded Holder or Agent (Signature)

*May 13, 1989 Hunter MacKenzie*

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

*Hunter MacKenzie, P.O. Box 1049, Petrolia, Ontario, N0N 1R0*

Date Certified

*May 13, 1989*

Certified by (Signature)

*Hunter MacKenzie*

Table of Information/Attachments Required by the Mining Recorder

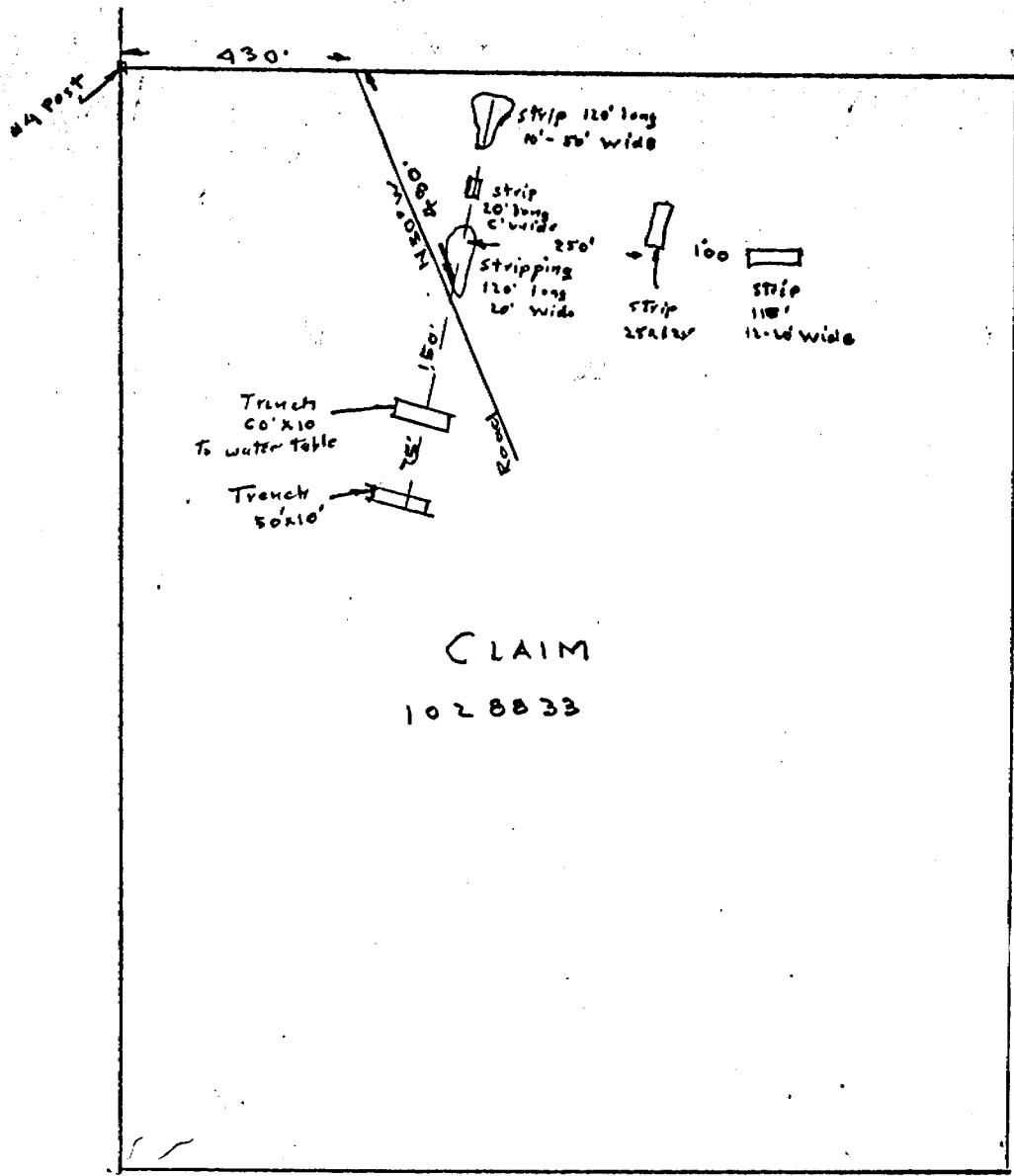
Type of Work	Specific information per type	Other information (Common to 2 or more types)	Attachments
Manual Work	Nil	Names and addresses of men who performed manual work/operated equipment, together with dates and hours of employment.	Work Sketch: these are required to show the location and extent of 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		
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	

900



42A05NES038 WB906-00518 CARSCALLEN

ZZA



1028834

CLAIM  
1028833

1028832