



Name and Postal Address of Recorded Holder  
**Hunter MacKenzie, P.O. Box 1049, Petrolia, Ont. N0N 1R0 M 24 090**  
**CARSCALLEN TWP.**

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed	Mining Claim			Mining Claim			Mining Claim		
	Prefix	Number	Work Days Cr.	Prefix	Number	Work Days Cr.	Prefix	Number	Work Days Cr.
<b>75</b>		<b>1028832</b>	<b>24.1</b>		<b>1028834</b>	<b>25.1</b>		<b>1028833</b>	<b>25.1</b>
			<b>25</b>			<b>25</b>			<b>25</b>

All the work was performed on Mining Claim(s): **1028833 and 1028832**

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

Chris Eddy, R.R. 2, Sarnia, Ontario July 15-21 @ 12 hrs = 84  
 H. MacKenzie, P.O. Box 1049, Petrolia, Ont. July 15-21 1989 @ 12 hrs 84  
 " " Oct. 20-24 1989 @ 12 hrs 60  
 " " May 18-22 1990 @ 12 hrs 60  
 David J. MacKenzie 52 Theodore, Streetsville Oct 20-24 1989 @ 12 hrs 60  
 " " May 18-22 1990 @ 12 hrs 72  
 Corla Longstreet Matheson Oct. 22 1989 12 " 12  
 " " May 17-18 1990 @ 8 " 16

**RECORDED**  
**MAY 23 1990**

**448 ÷ 6 = 74.6 cr. (75)**

ONTARIO GEOLOGICAL SURVEY  
 RECORDS AND DOCUMENT FILES  
 POLYMERIZATION DIVISION  
**JUL 20 1990 RECEIVED**  
**RECEIVED MAY 23 1990**  
 10:40

Date of Report: **May 23 1990**  
 Recorded Holder or Agent (Signature): **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**

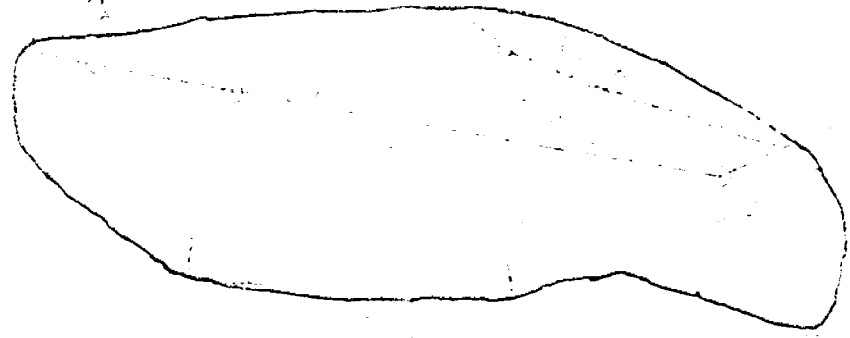
Date Certified: **May 22, 1990**  
 Certified by (Signature): **Hunter MacKenzie**

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	

RECEIVED  
MAY 28 1990

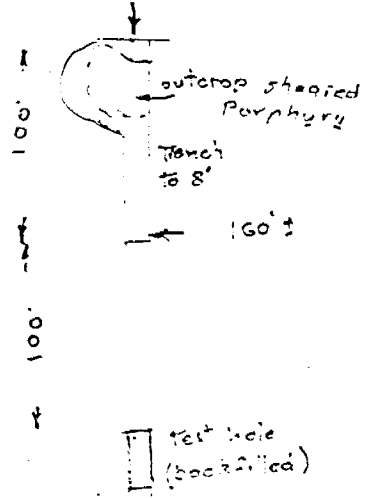
1028833



1310'  
Picket line

1028832

1028833



Picket line

900



42A05NES040 W9006-60427 CARSCALLEN

