



42A06SW8655 63.6305 PRICE

"PHYSICAL WORK REFUKI"

WORK WAS PERFORMED BY RECORDED HOLDER; J. CROXALL (HIS PARTNER IN THE PROPERTY) USING A JOHN-DEERE 400 BACKHOE-LOADER. OWNED BY J. CROXALL. ASSESSMENT CREDIT IS CLAIMED ON THE BASIS OF WHAT ARE BELIEVED TO BE CURRENT, INDUSTRY-STANDARD CHARGING RATES FOR EQUIVALENT EQUIPMENT & OPERATING CREW AT \$800 PER 10 HOUR DAY USING A 2 MAN CREW.

WORK PERFORMANCE SCHEDULE

DIRECT EXPENSE

<u>DATE</u>	<u>CREW HOURS</u>	<u>DATE</u>	<u>CREW HRS.</u>
MAY 23/93	12	JUNE 24/93	10
MAY 24/93	10	JULY 1/93	8
JUNE 12/93	10	JULY 10/93	5
JUNE 19/93	8	JULY 11/93	2
	<u>40</u>		<u>25</u>

INDIRECT EXPENSE

MOBE/MOVE/DEMOBE BACKHOE CLAIM 10 CREW-HOURS (OR 1 CREW-DAY)

EXPENDITURE CLAIMED = 1 x \$800 = \$800

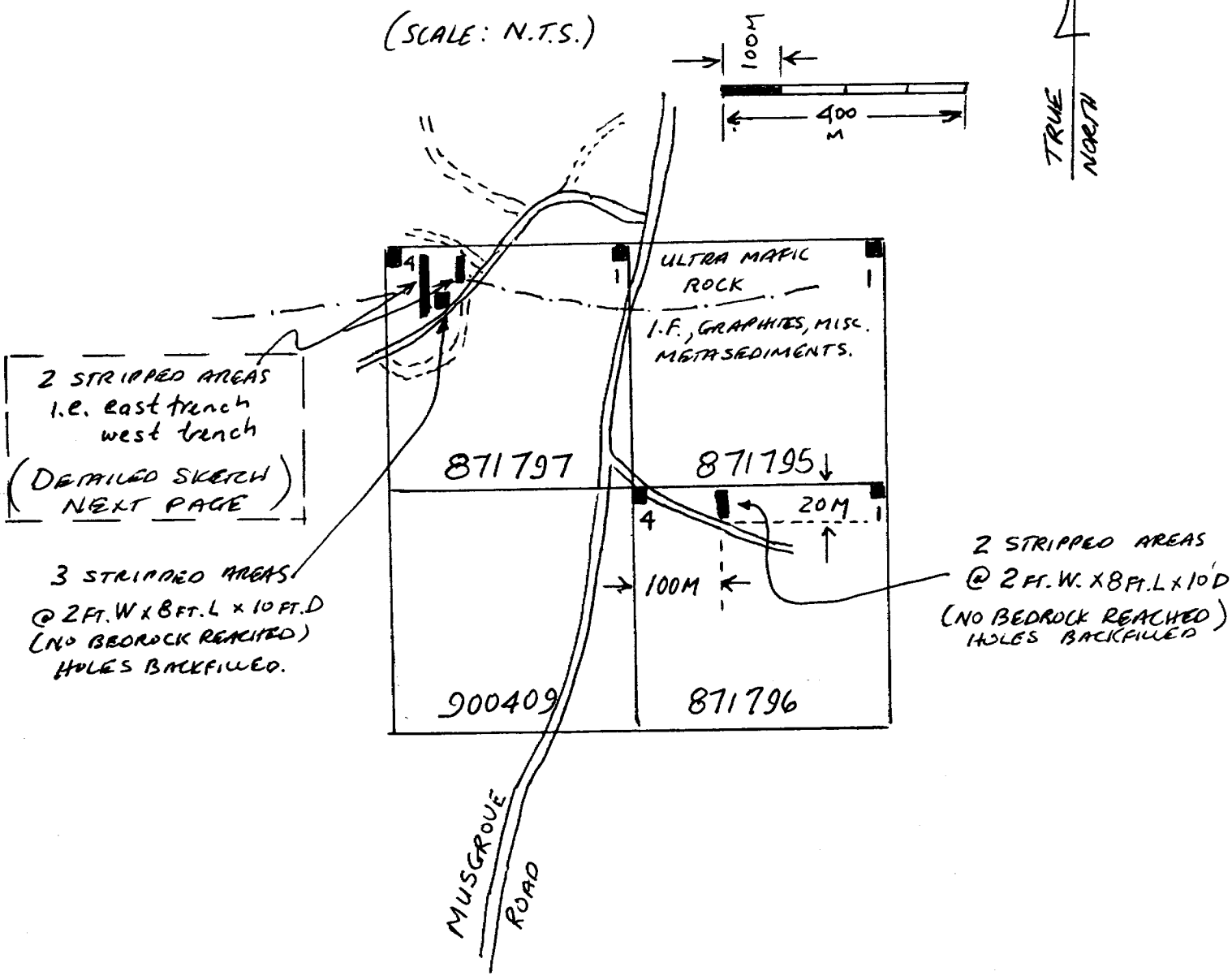
TOTAL CREW HRS. = 65.0

TOTAL CREW DAYS = 6.5

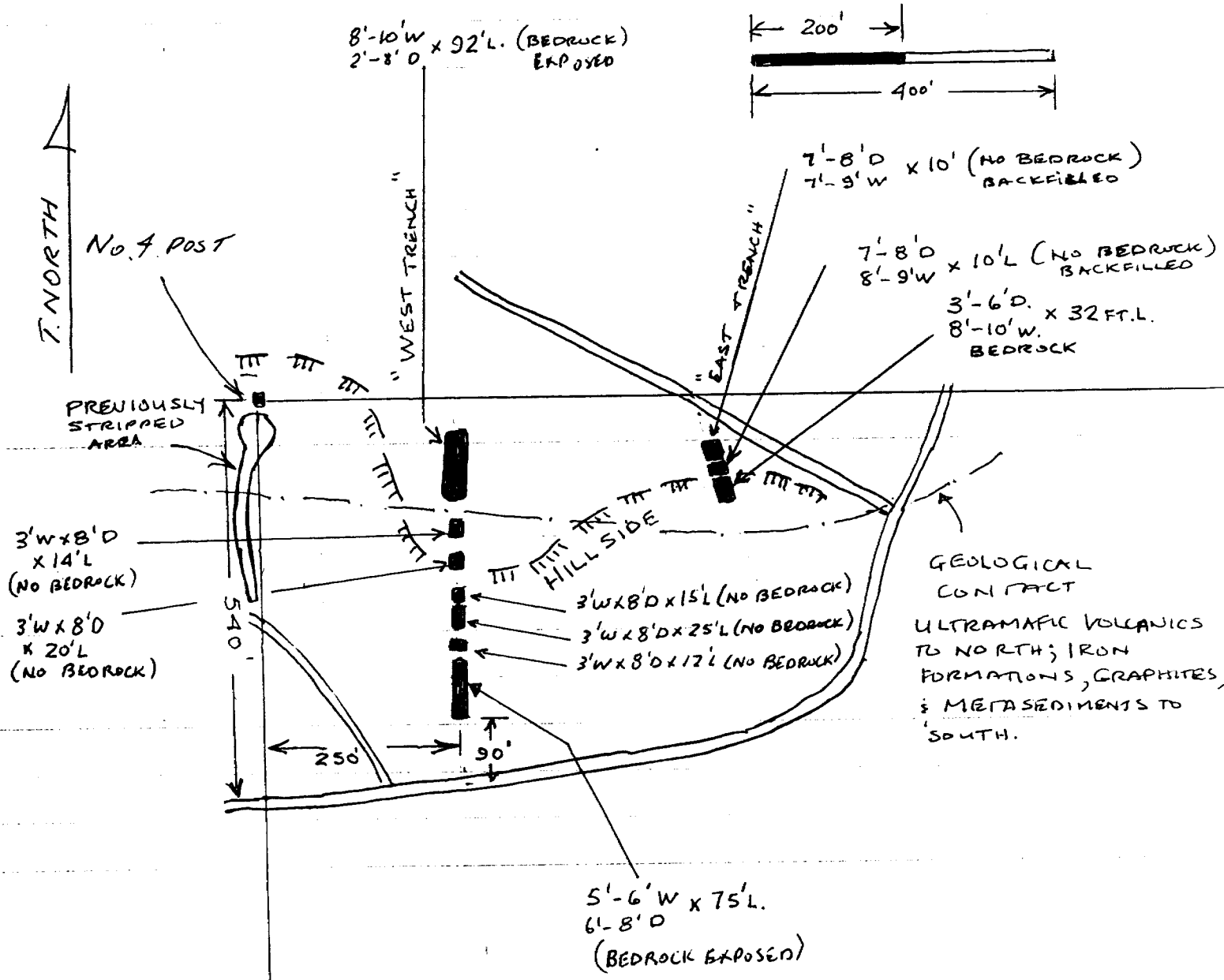
EXPENDITURE CLAIMED = 6.5 x \$800 = \$5,200

TOTAL EXPENDITURE CLAIMED = \$6,000

# KEY SKETCH OF WORK LOCATIONS - PRICE TWP. - 1993 (SCALE: N.T.S.)



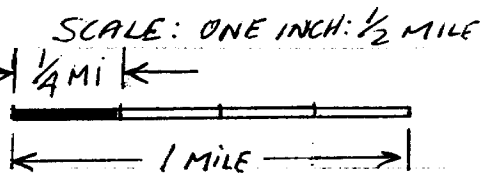
LOCATIONS OF POWER STRIPPING USING  
JOHN-DEERE 400 BACKHOE LOADER.



DETAILED SKETCH OF TRENCHING (i.e. OVERBURDEN STRIPPING) ON CLAIM 871797 (N.W. CORNER)  
SAMPLING & ASSAYING PLANNED FOR FALL '93.

SCALE: 1 INCH = 200 FT.

KANGAS-CROXALL PROPERTY  
89 CLAIMS



TRUE NORTH

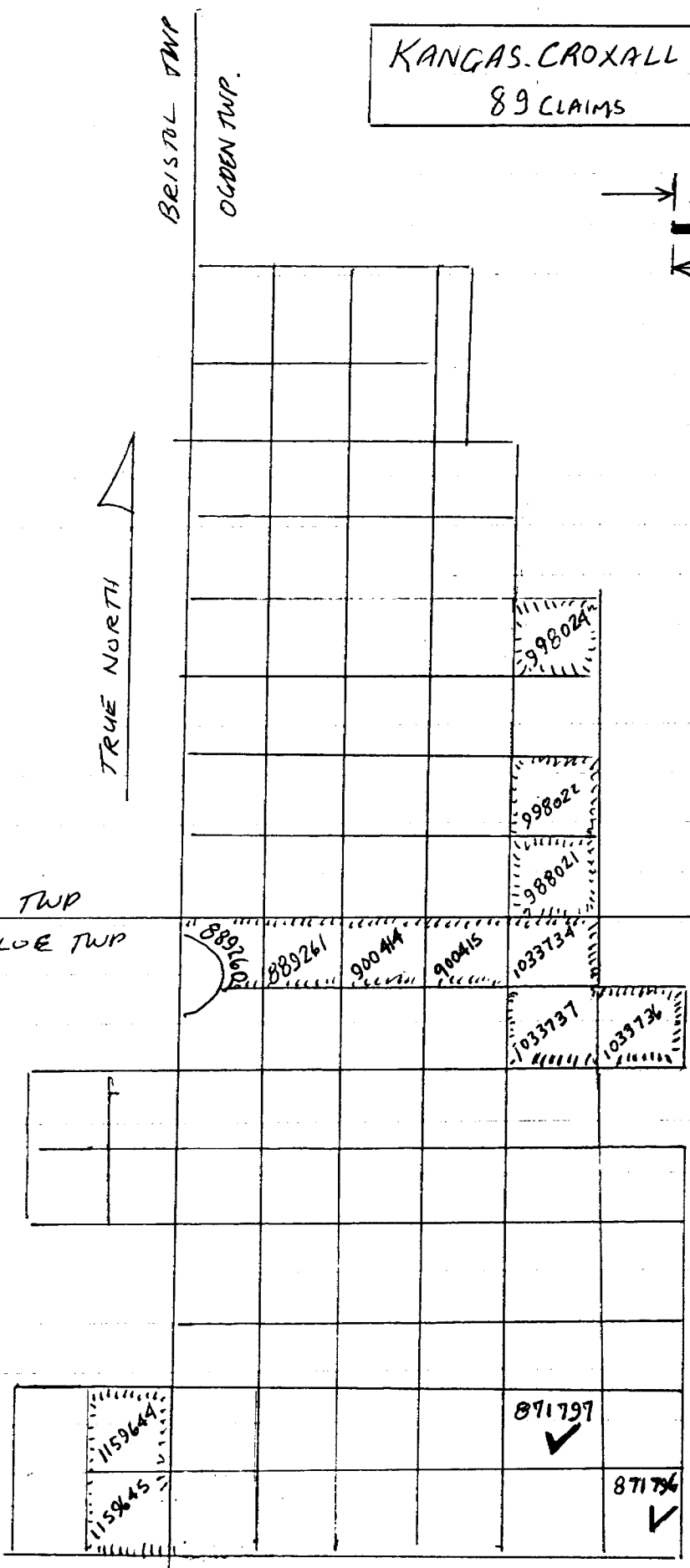
BRISTOL TWP  
OGDEN TWP.

AREA WHERE  
WORK APPLIED

✓ CLAIM  
WORKED.

BRISTOL TWP  
THURNELOE TWP

OGDEN TWP  
PRICE TWP





Ministry of  
Northern Development  
and Mines

Ontario

# Report of Work Conducted After Recording Claim

Mining Act

Transaction Number

W9360.00142

63.6305

Personal information collected on this form is obtained under the authority of the Mining Act. This information will be used for correspondence. Questions about this collection should be directed to the Provincial Manager, Mining Lands, Ministry of Northern Development and Mines, Fourth Floor, 159 Cedar Street, Sudbury, Ontario, P3E 6A5, telephone (705) 670-7264.

**Instructions:**



42A06SW8655 63.6305 PRICE

900

ONTARIO GEOLOGICAL SURVEY  
GIS ASSESSMENT FILES  
filling assessment work or consult the Mining  
ork Group. OCT 8 1993  
uplicate.  
accompany this form.

**RECEIVED**

Recorded Holder(s) <b>MATTI KANGAS / Jim CROKALL</b>		Client No. <b>M-20585</b>
Address <b>128 QUEEN AVE., TIMMINS, ONT., P4N4L6</b>		Telephone No. <b>(705)-267-6175</b>
Mining Division <b>PORCUPINE</b>	Township/Area <b>PRICE TWP / OGDEN THORNELDE</b>	M or G Plan No.
Dates Work Performed From: <b>MAY 23/93</b>		To: <b>JULY 11/93</b>

**Work Performed (Check One Work Group Only)**

Work Group	Type
<input type="checkbox"/> Geotechnical Survey	
<input checked="" type="checkbox"/> Physical Work, Including Drilling	<b>MECHANICAL OVERBURDEN STRIPPING</b>
<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Other Authorized Work	
<input type="checkbox"/> Assays	
<input type="checkbox"/> Assignment from Reserve	

Total Assessment Work Claimed on the Attached Statement of Costs \$ 6000

**Note:** The Minister may reject for assessment work credit all or part of the assessment work submitted if the recorded holder cannot verify expenditures claimed in the statement of costs within 30 days of a request for verification.

**Persons and Survey Company Who Performed the Work (Give Name and Address of Author of Report)**

Name	Address
<b>MATTI KANGAS</b>	<b>128 QUEEN AVE., TIMMINS, ONT., P4N4L6</b>
<b>JAMES CROKALL</b>	<b>152 BROCK AVE., TIMMINS, ONT., P4N7P1</b>

RECORDED

JUL 20 1993

(attach a schedule if necessary)

**Certification of Beneficial Interest \* See Note No. 1 on reverse side**

I certify that at the time the work was performed, the claims covered in this work report were recorded in the current holder's name or held under a beneficial interest by the current recorded holder.	Date	Recorded Holder or Agent (Signature) Receipt
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**Certification of Work Report**

I certify that I have a personal knowledge of the facts set forth in this Work report, having performed the work or witnessed same during and/or after its completion and annexed report is true.

Name and Address of Person Certifying <b>MATTI KANGAS, 128 QUEEN AVE., TIMMINS, ONT., P4N4L6</b>		
Telephone No. <b>(705)-267-6175</b>	Date <b>JULY 12/93</b>	Certified By (Signature) <b>Matti Kangas</b>

**For Office Use Only**

Total Value Cr. Recorded <b>\$6,000</b>	Date Recorded <b>JULY 20, 1993</b>	Mining Recorder <b>[Signature]</b>	Received By <b>RECEIVED</b> JUL 20 1993 9:50 (C) [Signature]
	Deemed Approval Date <b>OCT. 18, 1993</b>	Date Approved <b>AUG. 17, 1993</b>	
	Date Notice for Amendments Sent <b>JULY 26, 1993 - REC'D AUG. 13/93</b>		

Work Report Number for Applying Reserve	Claim Number (see Note 2)	Number of Claim Units
FWD CLAIMS	871796	1
WORKED	871797	1
WORK APPLIED TO:	1159644	1
	889260	1
	900414	1
	889261	1
	900415	1
	998024	1
	998021	1
	1159645	1
	998022	1
	1033734	1
	1033736	1
	1033737	1
	14	

Total Number of Claims

Value of Assessment Work Done on this Claim	Value Applied to this Claim
650 + 100 = 750	∅
4550 + 700 = 5250	∅
↑ DIRECT    ↑ INDIRECT	
∅	400
∅	400
∅	400
∅	400
∅	400
∅	400
∅	400
∅	400
∅	400
∅	400
∅	800
∅	800
∅	800
5200 + 800 = 6000	6000

Total Value Work Done

Total Value Work Applied

Value Assigned from this Claim	Reserve: Work to be Claimed at a Future Date
750	∅
5250	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
∅	∅
6000	∅

Total Assigned From

Total Reserve

Credits you are claiming in this report may be cut back. In order to minimize the adverse effects of such deletions, please indicate from which claims you wish to prioritize the deletion of credits. Please mark (✓) one of the following:

- 1.  Credits are to be cut back starting with the claim listed last, working backwards.
- 2.  Credits are to be cut back equally over all claims contained in this report of work.
- 3.  Credits are to be cut back as prioritized on the attached appendix.

In the event that you have not specified your choice of priority, option one will be implemented.

Note 1: Examples of beneficial interest are unrecorded transfers, option agreements, memorandum of agreements, etc., with respect to the mining claims.

Note 2: If work has been performed on patented or leased land, please complete the following:

I certify that the recorded holder had a beneficial interest in the patented or leased land at the time the work was performed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Costs for Assessment Credit**

**État des coûts aux fins du crédit d'évaluation**

Transaction No./N° de transaction  
**W9360.00142**

**Mining Act/Loi sur les mines**

Personal information collected on this form is obtained under the authority of the Mining Act. This information will be used to maintain a record and ongoing status of the mining claim(s). Questions about this collection should be directed to the Provincial Manager, Minings Lands, Ministry of Northern Development and Mines, 4th Floor, 159 Cedar Street, Sudbury, Ontario P3E 6A5, telephone (705) 670-7264.

Les renseignements personnels contenus dans la présente formule sont recueillis en vertu de la Loi sur les mines et serviront à tenir à jour un registre des concessions minières. Adresser toute question sur la collecte de ces renseignements au chef provincial des terrains miniers, ministère du Développement du Nord et des Mines, 159, rue Cedar, 4<sup>e</sup> étage, Sudbury (Ontario) P3E 6A5, téléphone (705) 670-7264.

**1. Direct Costs/Coûts directs**

Type	Description	Amount Montant	Totals Total global
Wages Salaires	Labour Main-d'oeuvre		
	Field Supervision Supervision sur le terrain		
Contractor's and Consultant's Fees Droits de l'entrepreneur et de l'expert-conseil	Type <i>EQUIVALENT CONTRACTOR'S</i>		
	<i>POWER STRIPPING FEES</i>		<i>\$ 5,200</i>
Supplies Used Fournitures utilisées	Type		
Equipment Rental Location de matériel	Type		
<b>Total Direct Costs Total des coûts directs</b>			<b><i>\$ 5,200</i></b>

**2. Indirect Costs/Coûts indirects**

\*\* Note: When claiming Rehabilitation work Indirect costs are not allowable as assessment work. Pour le remboursement des travaux de réhabilitation, les coûts indirects ne sont pas admissibles en tant que travaux d'évaluation.

Type	Description	Amount Montant	Totals Total global
Transportation Transport	Type		
Food and Lodging Nourriture et hébergement			
Mobilization and Demobilization Mobilisation et démoblisation	<i>EQUIV. CONTRACTOR'S MOBE/MOUE/ DEMOBE FEES</i>		<i>\$ 800</i>
<b>Sub Total of Indirect Costs Total partiel des coûts indirects</b>			<b><i>\$ 800</i></b>
<b>Amount Allowable (not greater than 20% of Direct Costs) Montant admissible (n'excédant pas 20 % des coûts directs)</b>			<b><i>\$ 1,040</i></b>
<b>Total Value of Assessment Credit (Total of Direct and Allowable indirect costs) Valeur totale du crédit d'évaluation (Total des coûts directs et indirects admissibles)</b>			<b><i>\$ 6,240</i></b>

Note: The recorded holder will be required to verify expenditures claimed in this statement of costs within 30 days of a request for verification. If verification is not made, the Minister may reject for assessment work all or part of the assessment work submitted.

Note : Le titulaire enregistré sera tenu de vérifier les dépenses demandées dans le présent état des coûts dans les 30 jours suivant une demande à cet effet. Si la vérification n'est pas effectuée, le ministre peut rejeter tout ou une partie des travaux d'évaluation présentés.

**Filing Discounts**

1. Work filed within two years of completion is claimed at 100% of the above Total Value of Assessment Credit.
2. Work filed three, four or five years after completion is claimed at 50% of the above Total Value of Assessment Credit. See calculations below:

Total Value of Assessment Credit	Total Assessment Claimed
	× 0.50 =

**Remises pour dépôt**

1. Les travaux déposés dans les deux ans suivant leur achèvement sont remboursés à 100 % de la valeur totale susmentionnée du crédit d'évaluation.
2. Les travaux déposés trois, quatre ou cinq ans après leur achèvement sont remboursés à 50 % de la valeur totale du crédit d'évaluation susmentionné. Voir les calculs ci-dessous.

Valeur totale du crédit d'évaluation	Evaluation totale demandée
	× 0,50 =

**Certification Verifying Statement of Costs**

I hereby certify: that the amounts shown are as accurate as possible and these costs were incurred while conducting assessment work on the lands shown on the accompanying Report of Work form.

that as RECORDED HOLDER I am authorized (Recorded Holder, Agent, Position in Company)

to make this certification

**Attestation de l'état des coûts**

J'atteste par la présente : que les montants indiqués sont le plus exact possible et que ces dépenses ont été engagées pour effectuer les travaux d'évaluation sur les terrains indiqués dans la formule de rapport de travail ci-joint.

Et qu'à titre de \_\_\_\_\_ je suis autorisé (titulaire enregistré, représentant, poste occupé dans la compagnie)

à faire cette attestation.

Signature <i>M. Kanga</i>	Date <i>JULY 12/93</i>
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