



reter to bections /b and //, the Mining Act for assessment Work" requirements and the reverse side of this form for table of information.

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Mining Act		Repor	t of Work		roquionisi				
Name and Address of Recorded Holder To h N SEREDI	JEAN	/,					Prospector's Li		
	1	1	1/10	- 1/40	JE D.		Telephone No.	1-988	9. NORTHUR
<u>38 MuwD</u> Summary of Distribution of Credits		VE k Performan	KANU ice	SKASI	NO. W	7.	<u></u> 235	435	4
Mining Division	······································	lining Claim	Work		lining Claim	Work		ining Claim	Work
Township or Area	Prefix	Number	Days Cr	Prefix	Number	Days (		Number	Days Cr.
McCOWAN TWR. Total Assessment Credits Claimed	P	9508		P	950 881	100			
10tal Assessment Credits Claimed	<u>P</u>	950 8-			950 882	-100			
Type of Work Performed (Check one only)	_?		23/00	P	950 883	100			
Manual Work	$\mathcal{P}$	950 8		<i>P</i>	958,884.	100	·		
Shaft Sinking Drifting or other	P	9508			۹.				
Lateral Work	P	950 B							
Mechanical equipment     Power Stripping other than Manual	$\mathcal{P}$	950 5	27 100.						
Power Stripping other than Manual (maximum credit allowed - 100 days per claim)	$\mathcal{P}$	950 8	18 100						
Diamond or other Core drilling	P	950 81	19.100.						
Core Specimens	P	950 88	0 100						
Dates when work was performed	,		Total No. of Da	vs Performed	Total No. of Da	vs Claim	ed   Total No.	of Days to be C	laimed at a
From: MAY 1/89 To:	MAY	20/89	168	•	148-1	.140	Future Da		1
All the work was performed on Mining	Claim(s):			Mining Claim	No. of Days Minim	g Claim	No. of Days	Mining Claim	No. of Days
Indicate no. of days performed on each * (See note No. 1 on reverse side) Mining Claim No. of Days Mining Claim		950 88		Mining Claim	No. of Days Minin	a Claim	No. of Dave	Mining Claim	No. of Days
	No. of Day	ys mining Ciain	NO. OF DAYS	Mining Ciain	No. of Days Minin	g Claim	NO. OF Days	Mining Clash	NO. OF Days
Required Information eg. type of	equipmer	nt, Names, A	ddresses, et	c. (See Ta	ble on reverse s	side)			
If space below is insufficient, attach s				d location s				,	
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Certification of Beneficial Interest	·····			<u> </u>	$\wedge$				
I hereby certify that, at the time the work w of work were recorded in the current recorded by the current recorded holder.					x 14/8	-9 Be		or Agent (Sig	nature)
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 Address of Person Certifying									
R. G. Sm 1Th									0
P.O. Box 1368	Time	Telepi	hoле No. 2 (2 Ф 9	889	ate SEPT /	4/89	Certified By	(Signature)	n
For Office Use Only								14C*1/120-4	
Work Assignments	[	REC	ORDE	D	Received	JIST(		SM .	
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36 Emerand St., off Highway 101 West, P.O. Box 1368

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42G16NW5002 W9006-00067 MCCOWAN

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) 264-9889 ) 267-4242

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TIMMINS, ONTARIO P4N 7N2

## INVOICE/STATEMENT

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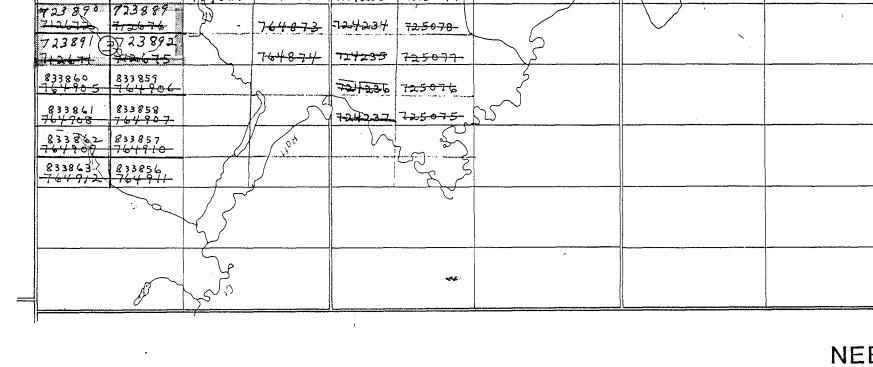
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ę		PLEASE PAY FROM THIS INVOICE. YOU WILL					
		NOT BE RECEIVING A STATEMENT.		SUB TO	IAL		
TERMS: N	ET 15 DAY	S A FINANCE CHARGE OF 2% PER MONTH (ANNUAL RATE HARGED ON BALANCES OVER 30 DAYS.		TOTAL		16.820	ι²ċ

POWER NG. Mc Couran Township Property. SW14 LOTS CONCI OCTOBER, 1989 R. Collins

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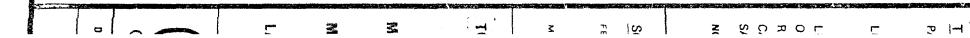
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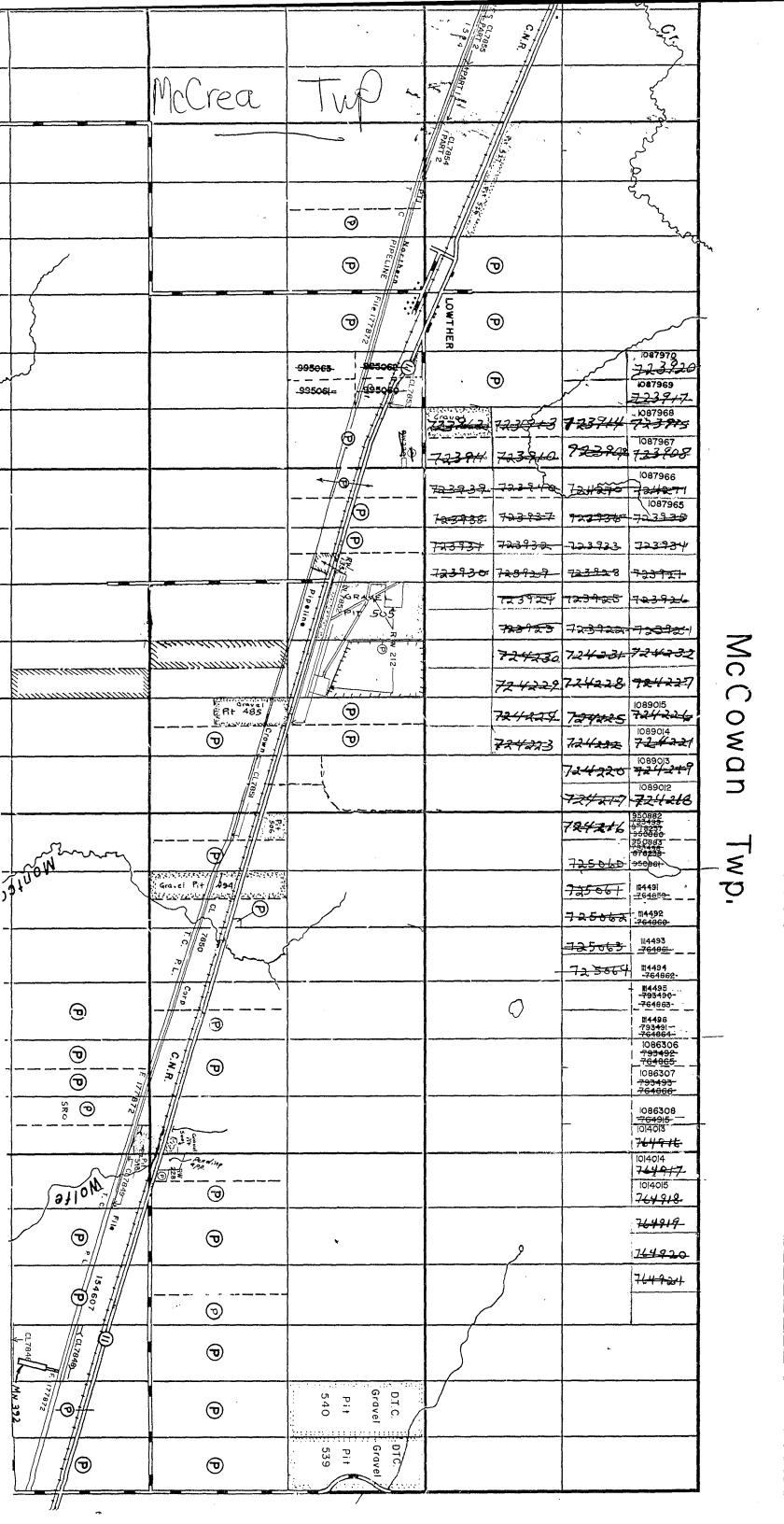
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