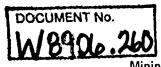


**Power Stripping** 

Report of Work





Resources Of Contario	Work W	W8406.260 Mining						
	ecorded Holder		52801NES000	3 W8906-0026	• KEITH		010	
MARSHALL MINERA	ALS CORP.	·····	· · · · · · · · · · · · · · · · · · ·	· <del> </del>	A-38077		-	
SUITE 404, 357		•	P	EITH	+ TOW	USHIP		
Summary of Work Perform	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>					· · · · · · · · · · · · · · · · · · ·		
Total Work Days Cr. claimed 12060	Mining Clair Prefix Num		Mining Claim refix Number	Work Days Cr.	Prefix		Work ays Cr.	
for Performance of the following work. (Check one only)	SEE ATTA	CHED SCHEDU	_E "A"					
Manual Work					(A-1)			
Shaft Sinking Drifting or								
other Lateral Work.  Compressed Air, other								
Power driven or mechanical equip.		1983 1983 1983						
Power Stripping								
Diamond or other Core		.01 .025	Ç.	*				
Land Survey								
All the work was performed or	Mining Claim(s):	P-661517, 66	51518 .6885	+	524 7521:	39 149115	<u>R</u>	
Required Information eg:				0, 000		lest attack		
*				<del> </del>		A.		
1 USING 12000	DAYS, LEAV	ING BALANCE	UNUSED AT	140 DAY	S CREDIT	•		
(OF WENOL, 259 SEE — I	7)							
SEE - T								
PLEASE SEND	CORRESPONDA	ANCE TO: GEF	RALD K. SANF	ORD			_	
	P.O.Box 211				RECORDED			
ONVALIC GROLOG			HCALFORECET, ONT.					
PORCUPINE MINING DIVISION		ASSESSMENT FEMS 110			SEP 2 0 1988			
DECENS								
Maria Coll		MAY 15 1989		- 1			1	
SEP 20 1988	D	ECEIVED		L			<b>.</b>	
	English management (it in a	Construction of the Company of the C			_		,	
			Date of Report SEPT/19		Recorded House	or Agent (Signa	ture	
Certification Verifying Rep	ort of Work				V Jenne	( far for	<i>W</i>	
I hereby certify that I have a or witnessed same during an	personal and intimate k			f Work annex	ed hereto, having	performed the w	ork	
Name and Postal Address of Pe								
GERALD K. SAN	FORD , P.O.E	Box 211 Fole	Date Certified	-	Cyltified by (S)	natur <i>el)</i>	1	
		·	SEPT/19	/88	Gerold	11 . 1	rel	
Table of Information/Attac						/		
Type of Work	Specific inform	nation per type	Other information (	common to 2	or more types)	Attachment	is	
Manual Work		lii	Name and the state of					
Shaft Sinking, Drifting or other Lateral Work		manual work/ope	Names and addresses of men who performed manual work/operated equipment, together with dates and hours of employment.			hese show d		
Compressed air, other power driven or mechanical equip.	relation					extent of work relation to the nearest claim p		

Names and addresses of owner or operator together with dates when drilling/stripping

Type of equipment and amount expended, Note: Proof of actual cost must be submitted within 30 days of recording.

## SCHEDULE "A"

PLEASE CREDIT THE FOLLOWING 134 CLAIMS WITH 90 WORK DAYS EACH.
TOTAL WORK DAYS: 12060

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P-867749-59 V
P-871697 TO 871711 INCL. V
P-872146 TO 872165 INCL. V
P-872306 TO 872317 INCL. V
P-900417 TO 900445 INCL. V
P-916887 TO 916890 INCL. V
P-921784 TO 921800 INCL. V
P-923401 TO 923405 INCL. V
P-926003 TO 926027 INCL. V
P-926029-30 V
P-930902 TO 930904 INCL. V
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