



Name and Postal Address of Recorded Holder

MARSHALL MINERALS CORP.

A-38077

SUITE 404, 357 BAY ST. TORONTO, ONT.

KEITH TOWNSHIP

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed	Mining Claim		Work Days Cr.	Mining Claim		Work Days Cr.	Mining Claim		Work Days Cr.
	Prefix	Number		Prefix	Number		Prefix	Number	
12060	SEE	ATTACHED	SCHEDULE	"A"					
for Performance of the following work. (Check one only)									
<input type="checkbox"/> Manual Work									
<input type="checkbox"/> Shaft Sinking Drifting or other Lateral Work.									
<input type="checkbox"/> Compressed Air, other Power driven or mechanical equip.									
<input checked="" type="checkbox"/> Power Stripping									
<input type="checkbox"/> Diamond or other Core drilling									
<input type="checkbox"/> Land Survey									

All the work was performed on Mining Claim(s): P-661517, 661518, 688520, 688524, 752137, 789758

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

amendment attached

* USING 12060 DAYS, LEAVING BALANCE UNUSED AT 140 DAYS CREDIT.

(OF W8906.259)

SEE ↑

PLEASE SEND CORRESPONDANCE TO: GERALD K. SANFORD
P.O.Box 211

ONTARIO GEOLOGICAL SURVEY
ASSESSMENT PLGS OFFICE
POM 110

MAY 15 1989

RECEIVED

RECORDED

SEP 20 1988

FORCUPINE MINING DIVISION
RECEIVED
SEP 20 1988

Date of Report
SEPT/19/88

Recorded Holder or Agent (Signature)
Gerald Sanford

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

GERALD K. SANFORD, P.O.Box 211 FOLEYET ONT. POM 110

Date Certified
SEPT/19/88

Certified by (Signature)
Gerald Sanford

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	

SCHEDULE "A"

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

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

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SEP 20 1938