



#209



52B01NE5022 W8606-00209 KE1TH

010

Name and Postal Address of Recorded Holder

Gail Resource

T-1520

Box 248 Fort Erie Ont P.O. 12A5N9

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed 240	Mining Claim			Work Days Cr.	Mining Claim			Work Days Cr.
	Prefix	Number	Work Days Cr.		Prefix	Number	Work Days Cr.	
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	P	723987	60					
		723988	60					
		723989	60					
		723990	60					

All the work was performed on Mining Claim(s): P752148 - P752149 Aug. 9 to 30, 1985

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

M.J. Labelle Co. Ltd, Box 610, Cochrane, Ont.
Link Belt 2 1/2 yd. Back Hoe @\$117.00 per hr.
Catterpillar D 8 K Tractor @ \$ 125.00 per hr.
Total Bill \$30,000.00 ÷ 10 = 3000 days
Using 240 days Balance 2760 days

ONTARIO GEOLOGICAL SURVEY
ASSESSMENT FILES
RESEARCH OFFICE
AUG 13 1986
RECEIVED

RECORDED
JUL - 4 1986

PORCUPINE MINING DIVISION
RECEIVED
JUN 23 1986
First received.

Recorded July 4/86
(waiting for extension)

Date of Report: June 23, 1986
Recorded Holder or Agent (Signature): G. 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,

Box 211, Foleyet, Ont. Date Certified: June 23 86 Certified by (Signature): G. 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 Mechanical	Names and addresses of owner or operator together with dates when drilling/stripping done.	Work Sketch (as above) in duplicate
Power Stripping	Type of equipment and amount expended. Note: Proof of actual cost must be submitted within 30 days of recording.		
Diamond or other core drilling	Signed core log showing; footage, diameter of core, number and angles of holes.	Nil	Nil
Land Survey	Name and address of Ontario land surveyor.		

PHONE 272-4201

TELEX 087-81558

P.O. BOX 810

CONTRACTORS

M.J. LABELLE CO. LTD.

17 FIRST ST.

EXCAVATING-HAULAGE-BULLDOZING-GRADING
CRUSHED GRAVEL-CRUSHED ROCK
CUSTOM-MIX CONCRETE

COCHRANE, ONT, P.O. 100. Nov 30 19 85

NOM
NAME

Oil Revenue

ADRESSE
ADDRESS

QUANTITE QUANTITY	DESCRIPTION	MONTANT AMOUNT

RC4 60R

RECU PAR RECEIVED BY POST DATED DEC 2/85

TAX TAX

TOTAL 20 00 00

COMMISS CLERK	COMPTANT CASH	P.B.L. C.O.D.	CHARGE	EN ACCT. ON ACCT.	IMPR. RET. IMPR. RET.	DEBOURSE PAID OUT
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