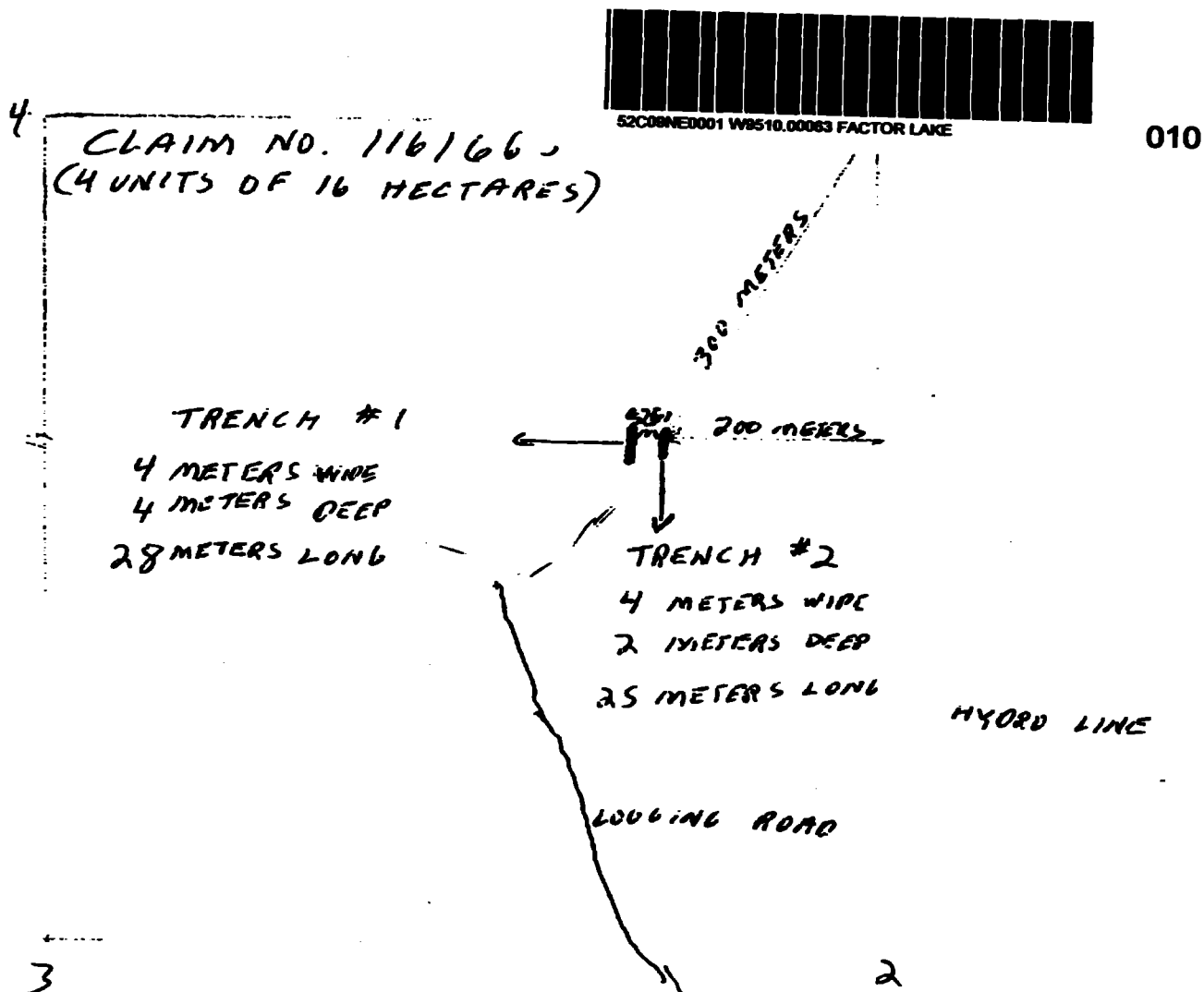


RECORDED HOLDER - DAVID KROOCMO

PROPERTY IS LOCATED NORTH OF GEHL LAKE

THE MATERIAL THAT I DUG THROUGH WAS SAND AND BOULDERS



ON NOVEMBER 5, 6, 7 AND 8 I USED A CASE
W 20 B FRONT END LOADER TO REMOVE OVER BURDEN.
ALL DAYS WERE 8 HOURS AND THE WORK WAS DONE MYSELF.
THE PURPOSE OF THIS PROJECT WAS TO REMOVE
OVER BURDEN COVERING A SIX CHANNEL ANOMALY. I WAS
UNABLE TO DIG DEEP ENOUGH WITH THE FRONT END LOADER
TO REACH THE ROCK, HOWEVER I THINK IT WAS WORTH THE
TRY AND SHOULD BE DONE IN OTHER AREAS ON MY CLAIM
SINCE I HAVE FOUND SULPHIDES NEAR BY IN EXPOSED
ROCK.



Report of Work Conducted After Recording Claim

Mining Act

Transaction Number

W9510.00063

Entia

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 Land, Sudbury, Ontario, P3E 6A5, telephone (705) 670-7284.

Instructions:

- Please type or print and submit in duplicate
- Refer to the Mining Act and Regulations 1 Recorder.



S2C08NE0001 W9510.00063 FACTOR LAKE

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- A separate copy of this form must be completed for each work group.
- Technical reports and maps must accompany this form in duplicate.
- A sketch, showing the claims the work is assigned to, must accompany this form.

Recorded Holder(s) DAVID KROOCMD		Client No. 154169
Address P.O. BOX 7 ATIKOKAN ONT.		Telephone No. (807) 597-2874
Mining Division KENORA	Township/Area FACTOR LAKE 6527	M or G Plan No. 6527
Date Work Performed From: NOV. 5 1993	To: NOV. 8 1993	

Work Performed (Check One Work Group Only)

Work Group	Type
Geotechnical Survey	
Physical Work, including Drilling	POWER STRIPPING
Rehabilitation	
Other Authorized Work	POWER STRIPPING
Assays	
Assignment from Reserve	

Total Assessment Work Claimed on the Attached Statement of Costs \$ **1600.00**

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
DAVID KROOCMD	P.O. BOX 7 ATIKOKAN ONT.

(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 June 23/95	Recorded Holder or Agent (Signature) <i>D M Kroocmd</i>
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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 DAVID KROOCMD		
Telephone No. (807) 597-2874	Date June 23/95	Certified By (Signature) <i>D M Kroocmd</i>

For Office Use Only

Total Value Cr. Recorded	Date Recorded JUNE 23, 1995	Mining Recorder <i>[Signature]</i>	
	Deemed Approval Date SEPT. 21, 1995	Date Approved AUG. 24, 1995	
	Date Notice for Amendments Sent		

Work Report Number for Applying Reserve	Claim Number (see Note 2)	Number of Claim Units
	1161665	4
Total Number of Claims		1

Value of Assessment Work Done on the Claim	Value Applied to this Claim
\$1600.00	\$1600.00
Total Value Work Done	
\$1600.00	
Total Value Work Applied	
\$1600.00	

Value Assigned from this Claim	Reserve: Work to be Claimed at a Future Date
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:

- Credits are to be cut back starting with the claim listed last, working backwards.
- Credits are to be cut back equally over all claims contained in this report of work.
- 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
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Ministry of
Northern Development
and Mines

Ministère du
Développement du Nord
et des mines

**Statement of Costs
for Assessment Credit**

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

Mining Act/Loi sur les mines

Transaction No./N° de transaction

W9510.00063

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^e 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		
Supplies Used Fournitures utilisées	Type		
Equipment Rental Location de matériel	Type CASE W20B	\$500.00	
	FRONT END	X32 hours	
	LOADER	\$1600.00	\$1600.00
Total Direct Costs Total des coûts directs			\$1600.00

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 démobilisation			
Sub Total of Indirect Costs Total partiel des coûts indirects			
Amount Allowable (not greater than 20% of Direct Costs) Montant admissible (n'excedant pas 20 % des coûts directs)			
Total Value of Assessment Credit (Total of Direct and Allowable Indirect costs)		Value totale du crédit d'évaluation (Total des coûts directs et indirects admissibles)	

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	Évaluation 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 DAVID KARDECNO 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 David Kardecno Date June 23/95

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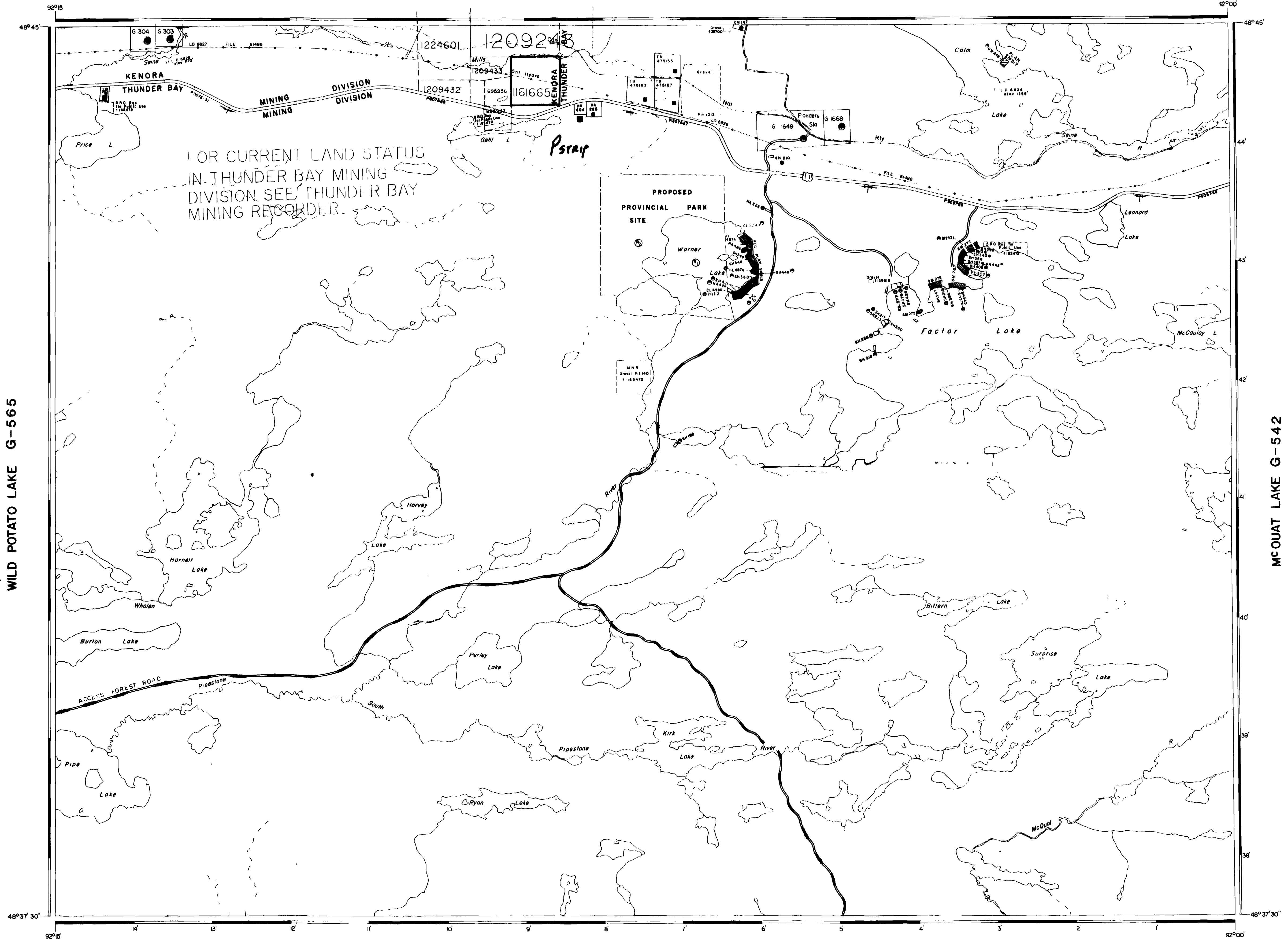
FACTOR LAKE

G-251

FACTOR LAKE

G-251

HEPBURN LAKE G-532



BEAVERHOUSE LAKE

NOTES

AREAS WITHDRAWN FROM DISPOSITION

SR - SURFACE RIGHTS MR - MINING RIGHTS

Description	Order No	Date	Disposition	File

LEGEND

TYPE OF DOCUMENT	SYMBOL
PATENT	●
LEASE	○
ORDER IN COUNCIL	OC
RESERVATION	○
CANCELLED	○
SARNS & CO.	○

DISPOSITION OF CROWN LANDS

TYPE OF DOCUMENT	SYMBOL
PATENT	●
LEASE	○
ORDER IN COUNCIL	OC
RESERVATION	○
CANCELLED	○
SARNS & CO.	○

SCALE 1 INCH = 40 CHAINS

AREA FACTOR LAKE

M.N.R. ADMINISTRATIVE DISTRICT
ATIKOKAN & FORT FRANCES
 MINING DIVISION
THUNDER BAY & KENORA

LAND TITLES / REGISTRY DIVISION
RAINY RIVER DATE OF ISSUE
JUN 28 1988

Ministry of Natural Resources
 Ontario
 Kenora Mining Division

Date NOVEMBER 1981 Number
G-527

THE INFORMATION THAT APPEARS ON THIS MAP HAS BEEN COMPILED FROM VARIOUS SOURCES AND ACCURACY IS NOT GUARANTEED. THOSE WISHING TO STAKE MINING CLAIMS SHOULD CONSULT WITH THE MINING RECORDER, MINISTRY OF NORTHERN DEVELOPMENT AND MINES FOR ADDITIONAL INFORMATION ON THE STATUS OF THE LANDS SHOWN HEREON.

