



Expenditures.
Refer to Sections 76 and 77, the Mining Act for assessment work requirements and the reverse side of this form for table of information.

Mining Act Report of Work

Name and Address of Recorded Holder <i>GORDON E. FOLGSON</i>	Prospector's Licence No. <i>H11447</i>
<i>1119 HILLSIDE CRES. KENORA ONT. P9N-241</i>	Telephone No. <i>807-468-7443</i>

Mining Division <i>KENORA</i>	Mining Claim			Mining Claim			Mining Claim		
	Prefix	Number	Work Days Cr.	Prefix	Number	Work Days Cr.	Prefix	Number	Work Days Cr.
Township or Area <i>HAYCOCK G.1336</i>	<i>K.</i>	<i>1105606</i>	<i>24</i>						
Total Assessment Credits Claimed <i>24 DAYS</i>									
Type of Work Performed (Check one only)									
<input type="checkbox"/> Manual Work									
<input type="checkbox"/> Shaft Sinking Drifting or other Lateral Work									
<input checked="" type="checkbox"/> Mechanical equipment									
<input type="checkbox"/> Power Stripping other than Manual (maximum credit allowed - 100 days per claim)									
<input type="checkbox"/> Diamond or other Core drilling									
<input type="checkbox"/> Core Specimens									

Dates when work was performed From: <i>APRIL 19/90</i> To: <i>JULY 8/90</i>	Total No. of Days Performed <i>24</i>	Total No. of Days Claimed <i>24</i>	Total No. of Days to be Claimed at a Future Date
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All the work was performed on Mining Claim(s): Indicate no. of days performed on each claim. * (See note No. 1 on reverse side)		Mining Claim	No. of Days	Mining Claim	No. of Days	Mining Claim	No. of Days	Mining Claim	No. of Days
		<i>895879</i>	<i>23</i>	<i>1105606</i>	<i>1</i>				

Required Information eg. type of equipment, Names, Addresses, etc. (See Table on reverse side)
If space below is insufficient, attach schedules with required information and location sketches

*MECHANICAL EQUIPMENT CONSISTING OF POINTYR GAS POWERED ROCK DRILL + TANKA PRESSURE WATER PUMP.
THE WORK WAS PERFORMED ON CLAIMS # 895879 AND 1105606 BUT THE WORK CREDITS ARE TO BE APPLIED TO CLAIM # 1105606.
ALL WORK PERFORMED BY GORDON FOLGSON.*

<i>DAYS WORKED WITH PUMP.</i>	<i>DAYS WORKED WITH ROCK</i>
<i>APRIL 19 - 6 HRS</i>	<i>MAY 11 - 6 HRS</i>
<i>" 21 - 3</i>	<i>16 - 6</i>
<i>" 22 - 6</i>	<i>28 - 6</i>
<i>" 26 - 6</i>	<i>30 - 6</i>
<i>MAY 4 - 3</i>	<i>JUNE 3 - 6</i>
<i>" 10 - 3</i>	<i>4 - 6</i>
<i>JUNE 9 - 3</i>	<i>JULY 8 - 6</i>
<i>TOTAL 30 HRS</i>	<i>42 HRS AT 1 DAY</i>
<i>AT 3 HRS = 1 DAY</i>	<i>FOR 3 HRS = 14 DAYS WORK</i>
<i>= 10 DAYS</i>	<i>> 10</i>
	<i>24 DAYS</i>

Certification of Beneficial Interest * (See Note No. 2 on reverse side)

I hereby certify that, at the time the work was performed, the claims covered in this report or which were recorded in the current recorded holder's name or held under a beneficial interest by the current recorded holder.	Date <i>AUG</i>	Recorded Holder or Agent (Signature) <i>Gordon Folgson</i>
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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 <i>Gordon Folgson 1119 HILLSIDE CRES. KENORA ONT. P9N-241</i>	Telephone No. <i>807-468-7443</i>	Date <i>AUG 20/90</i>	Certified By (Signature) <i>Gordon Folgson</i>
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For Office Use Only

Work Assignments	Received Stamp KENORA MINING DIV. RECEIVED AUG 20 1990 AM 7891011 12123456 PM
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HAYCOCK TWP. 15 CL'S

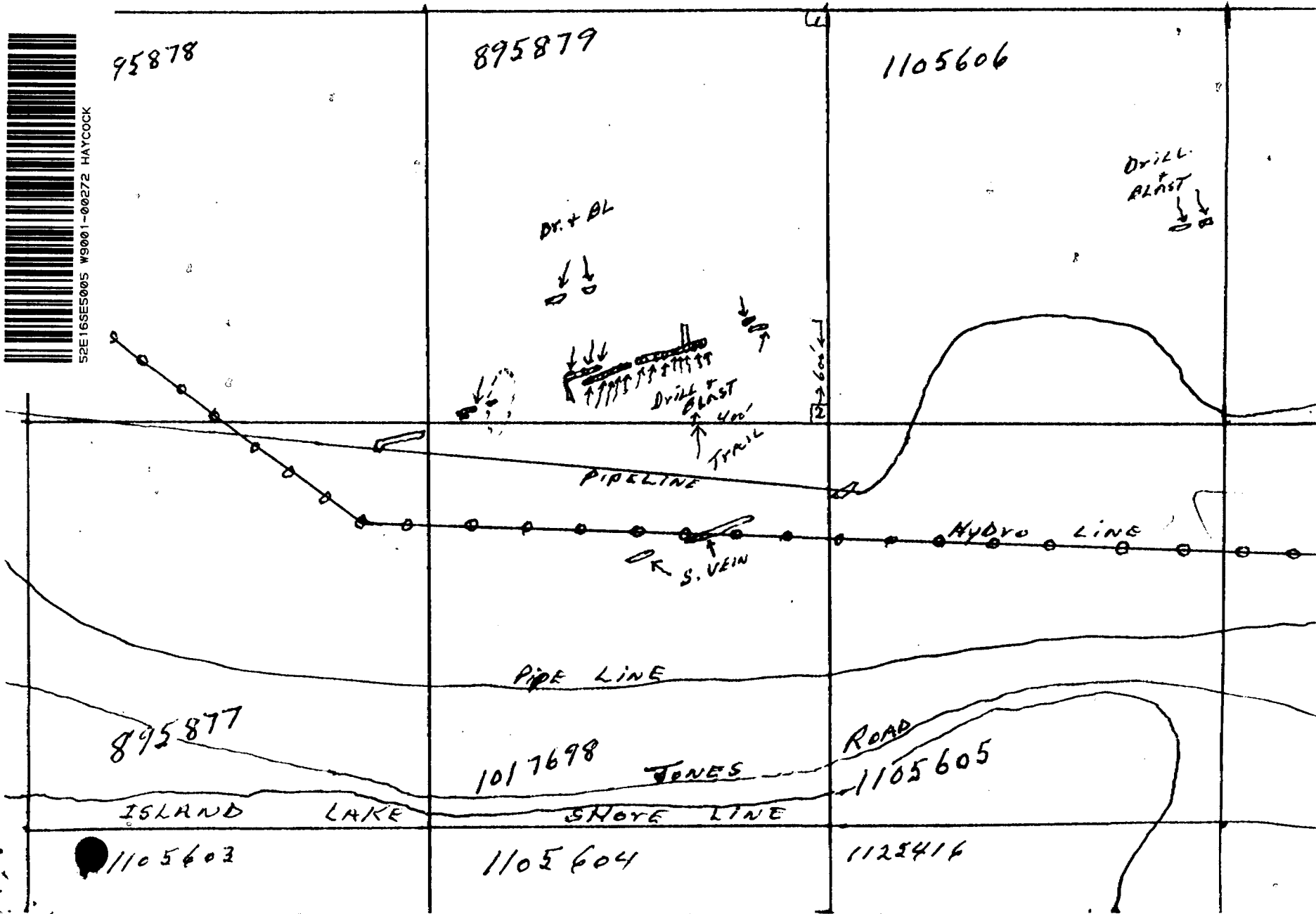
DRILLING
+
BLASTING + pumping



900



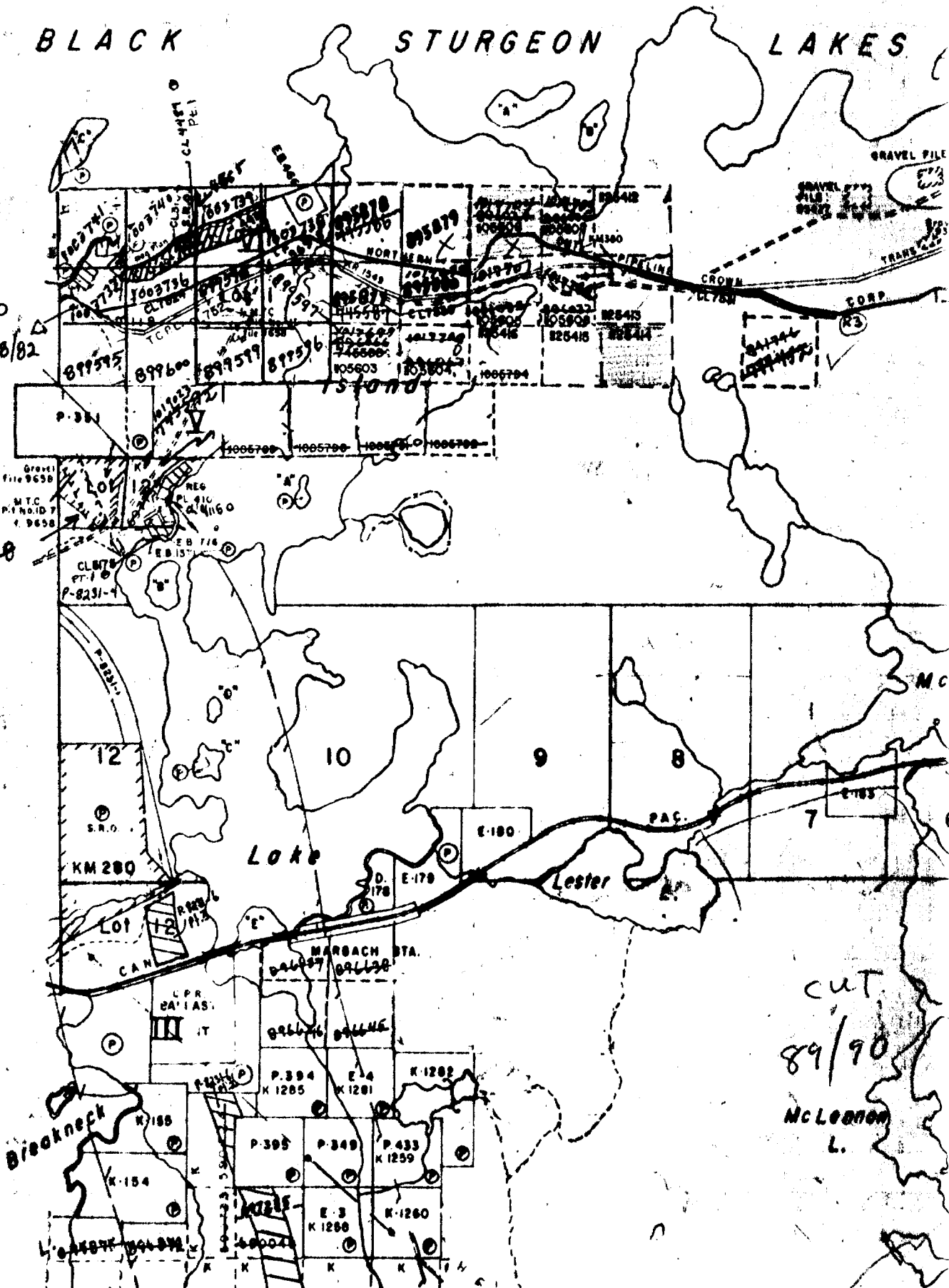
52E16SE5005 W9001-00272 HAYCOCK



BLACK STURGEON LAKES

J A F R A Y

LUP
July 18/82



cut
89/90
McLennon
L.