



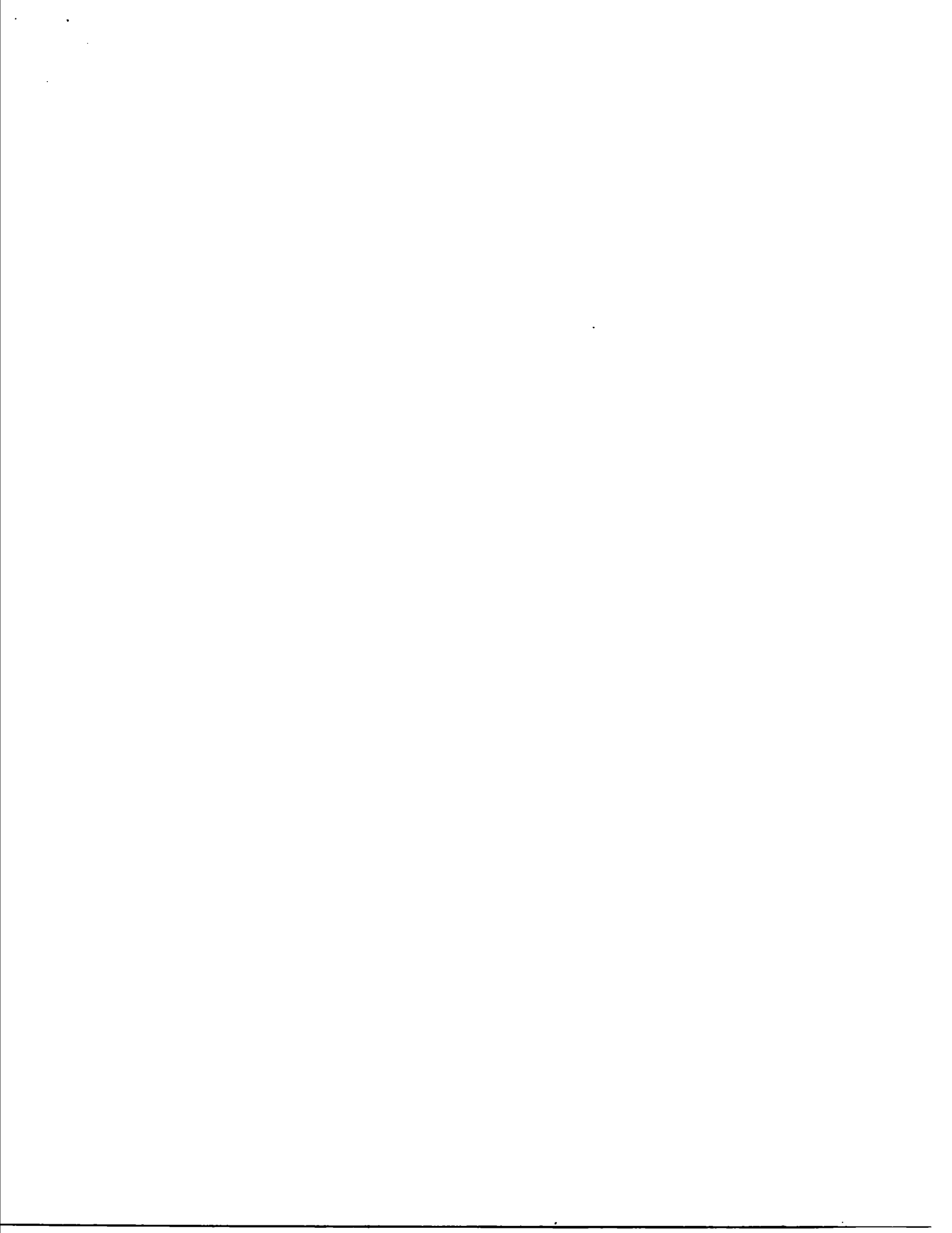
David T. Sunde
Report
1992 & 1993.

- (i) In 1992 3 trips were made to claim No. 1196024 - the location of the traverses are shown as areas F1, F2, and F3 on map F1(A)
 - the dates are on my work log.
 - the location of the assays are on the maps.
- (ii) In 1993 2 trips were made and the traverses and assay locations are on map F-1(B)
 - the dates are on my work log
- (iii) The work performed consisted mainly of doing a small amount of stripping at each location and taking a rock for assay. The rocks assayed were all granite with little rust and very little pyrite (< 1%) and little fracturing. The objective of the work is to determine if there is gold in this batholith. If gold values are obtained mine extensive work will be done at the appropriate location.
- (iv) The area traversed was basically a low ~~area~~ forested area with few landmarks and hard to walk in.
- (v) The work was done by David T. Sunde. H 11328

RECEIVED
 DEC 20 1994
 MINING LANDS BRANCH

D. Sunde





Report of Work Conducted After Recording Claim

Mining Act

Transaction Number
W9410 00104
0 15655

Personal information collected on this form is obtained under the authority of the this collection should be directed to the Provincial Manager, Mining Lands, 1 Sudbury, Ontario, P3E 6A5, telephone (705) 670-7264.



- Instructions:**
- Please type or print and submit in duplicate.
 - Refer to the Mining Act and Regulations for requirements of Mining Assessment Work of 900 Recorder.
 - 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 J Sunde		Client No. 191250
Address P.O. Box 538 Fort Frances Ont		Telephone No. 274-9861
Mining Division K...	Township/Area Bluffpoint Lake Area	M or G Plan No. G-2665
Dates Work Performed From: Sept 2/94		To: Aug 2/94

Work Performed (Check One Work Group Only)

Work Group	Type
<input type="checkbox"/> Geotechnical Survey	
<input type="checkbox"/> Physical Work, Including Drilling	
<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Other Authorized Work	
<input checked="" type="checkbox"/> Assays	
<input type="checkbox"/> Assignment from Reserve	

RECEIVED
OCT 2 1994
MINING LANDS BRANCH

Total Assessment Work Claimed on the Attached Statement of Costs \$ 248

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

(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 Sept 22/94	Recorded Holder or Agent (Signature) [Signature]
--	--------------------	---

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 J Sunde P.O. Box 538 Fort Frances Ont		
Telephone No. 274-9861	Date Sept 22/94	Certified By (Signature) [Signature]

For Office Use Only

Total Value Cr. Recorded 248	Date Recorded Sept. 26/94	Mining Recorder [Signature]	Received Stamp
	Deemed Approval Date Dec. 28, 1994	Date Approved	
	Date Notice for Amendments Sent		



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

W9410.00104

2.15655

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		
	Assess 248.44		248.44
Equipment Rental Location de matériel	Type		
			248.44
Total Direct Costs Total des coûts directs			248.44

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)		Valeur totale du crédit d'évaluation (Total des coûts directs et indirects admissibles)	248.44

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
	x 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
	x 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 J. Sunde 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	Date
<u>C. Sunde</u>	<u>Sept 23/94</u>



Report of Work Conducted After Recording Claim

Mining Act

Transaction Number
W9410.00103

[Signature]

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 Lands, Ministry of Northern Development and Mines, Fourth Floor, 159 Cedar Street, Sudbury, Ontario, P3E 6A5, telephone (705) 670-7264.

2.15655

- Instructions:**
- Please type or print and submit in duplicate.
 - Refer to the Mining Act and Regulations for requirements of filing assessment work or consult the Mining Recorder.
 - 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) <i>David J Seade</i>		Client No. <i>191250</i>
Address <i>P.O. Box 538 Fort Frances Ont</i>		Telephone No. <i>274-9861</i>
Mining Division <i>Kennecott</i>	Township/Area <i>Bluff Point Lake Area</i>	M or G Plan No. <i>6-2669</i>
Dates Work Performed From: <i>May 1, 1993</i> To: <i>May 22, 1994</i>		

Work Performed (Check One Work Group Only)

Work Group	Type
Geotechnical Survey	
Physical Work, Including Drilling <input checked="" type="checkbox"/>	<i>Striping and Sampling</i>
Rehabilitation	
Other Authorized Work	
Assays	
Assignment from Reserve	

RECEIVED
OCT 21 1994
MINING LANDS BRANCH

Total Assessment Work Claimed on the Attached Statement of Costs \$ *360.00*

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
<i>David J Seade</i>	<i>P.O. Box 538 Fort Frances Ont.</i>

(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 <i>Sept 22/94</i>	Recorded Holder or Agent (Signature) <i>[Signature]</i>
--	---------------------------	--

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 <i>David J Seade P.O. Box 538 Fort Frances</i>		
Telephone No. <i>274-9861</i>	Date <i>Sept 22/94</i>	Certified By (Signature) <i>[Signature]</i>

For Office Use Only

Total Value Cr. Recorded <i>360</i>	Date Recorded <i>Sept. 26/94</i>	Mining Recorder <i>[Signature]</i>	Received Stamp <i>[Stamp]</i>
	Designated Approval Date <i>Dec. 28, 1994</i>	Date Approved	
	Date Notice for Amendments Sent		

Work Report Number for Applying Reserve	Claim Number (see Note 2)	Number of Claim Units
	1196034	16
Total Number of Claims		1

Value of Assessment Work Done on this Claim	Value Applied to this Claim
360.00	360.00
Total Value Work Done	360.00
Total Value Work Applied	360.00

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:

1. Credits are to be cut back starting with the claim listed last, working backwards.
2. Credits are to be cut back equally over all claims contained in this report of work.
3. 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 Sept 23, 1994
---	---	-----------------------



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

W9410.00103

201

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	300.00	
	Field Supervision Supervision sur le terrain		300.00
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		
Total Direct Costs Total des coûts directs			300.00

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		
	Taxi	143.00	
			143.00
Food and Lodging Nourriture et hébergement			
Mobilization and Demobilization Mobilisation et démobilisation			
Sub Total of Indirect Costs Total partiel des coûts indirects			143.00
Amount Allowable (not greater than 20% of Direct Costs) Montant admissible (n'excedant pas 20 % des coûts directs)			60.00
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)	360.00

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
	x 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
	x 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 J. Sudo 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	Date
	Sud 23/11

Report of Work Conducted Before Recording Claim

Mining Act

Transaction Number
 W9410.00102
2.15655

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 Lands, Ministry of Northern Development and Mines, Fourth Floor, 159 Cedar Street, Sudbury, Ontario, P3E 6A5, telephone (705) 670-7264.

- Instructions:**
- Please type or print and submit in duplicate.
 - Refer to the Mining Act and Regulations for requirements of filing assessment work or consult the Mining Recorder.
 - 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) <i>David J Sude</i>		Client No. <i>191250</i>
Address <i>P.O. Box 538 Fort Frances Ont</i>		Telephone No. <i>274-9861</i>
Mining Division <i>Kennecott</i>	Township/Area <i>Duffpoint Lake Area</i>	M or G Plan No. <i>6-2669</i>
Dates Work Performed From: <i>Oct 5/92</i> To: <i>Nov 5/92</i>		

Work Performed (Check One Work Group Only)

Work Group	Type	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 21 1994 MINING LANDS BRANCH </div>
<input type="checkbox"/> Regional Surveys		
<input checked="" type="checkbox"/> Prospecting	<i>A 3307</i>	

Total Assessment Work Claimed on the Attached Statement of Costs \$ 333

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

(attach a schedule if necessary)

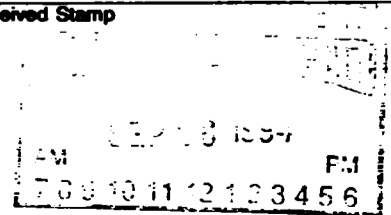
Certification of Beneficial Interest * See Note No. 1 on reverse side

I certify that ^{Subsequent to the work} 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 <i>Sept 23/94</i>	Recorded Holder or Agent (Signature) <i>D. Sude</i>
--	---------------------------	--

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 it during and/or after its completion, and the annexed report is true.		
Name and Address of Person Certifying <i>David J Sude</i>		
Telephone No. <i>274-9861</i>	Date <i>Sept 23/94</i>	Certified By (Signature) <i>D. Sude</i>

For Office Use Only

Total Value Cr. Recorded <i>333</i>	Date Recorded <i>Sept. 26/94</i>	Mining Recorder <i>[Signature]</i>	Received Stamp 
	Deemed Approval Date <i>Dec. 28/94</i>	Date Approved	
	Date Notice for Amendments Sent		



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

W/9410.0902

2.15815

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		
	<i>Assess</i>	<i>333</i>	
Equipment Rental Location de matériel	Type		
Total Direct Costs Total des coûts directs			

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'excédant pas 20 % des coûts directs)			
Total Value of Assessment Credit (Total of Direct and Allowable indirect costs)		Valeur totale du crédit d'évaluation (Total des coûts directs et indirects admissibles)	<i>333</i>

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
	<i>x 0.50 =</i>

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
	<i>x 0,50 =</i>

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 J. Sander* 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	Date
<i>[Signature]</i>	<i>[Date]</i>



Report of Work Conducted Before Recording Claim

Mining Act

Transaction Number

W 94 10 00101

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 Lands, Ministry of Northern Development and Mines, Fourth Floor, 159 Cedar Street, Sudbury, Ontario, P3E 6A5, telephone (705) 670-7264.

2.15655

- Instructions:**
- Please type or print and submit in duplicate.
 - Refer to the Mining Act and Regulations for requirements of filing assessment work or consult the Mining Recorder.
 - 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) <i>David J Sunde</i>		Client No. <i>191250</i>
Address <i>P.O. Box 538 Fort Frances Ont</i>		Telephone No. <i>274-9861</i>
Mining Division <i>Kennecott</i>	Township/Area <i>Bluffpoint Lake Area</i>	M. or G. Plan No. <i>6-2669</i>
Dates Work Performed From: <i>Sept 27/94</i>		To: <i>Oct 23/94</i>

Work Performed (Check One Work Group Only)

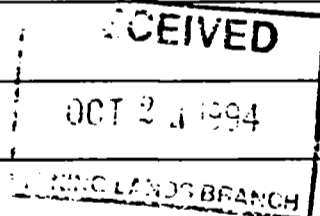
Work Group	Type
<input type="checkbox"/> Regional Surveys	
<input checked="" type="checkbox"/> Prospecting	<i>Stopping & Sampling</i>

Total Assessment Work Claimed on the Attached Statement of Costs \$ *540*

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
<i>David J Sunde</i>	<i>P.O. Box 538 Fort Frances Ont.</i>



(attach a schedule if necessary)

Certification of Beneficial Interest * See Note No. 1 on reverse side

I certify that ^{Subsequent to the work} 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 <i>Sept 27/94</i>	Recorded Holder or Agent (Signature) <i>[Signature]</i>
--	---------------------------	--

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 it during and/or after its completion, and the annexed report is true.		
Name and Address of Person Certifying <i>David J Sunde P.O. Box 538 Fort Frances Ont</i>		
Telephone No. <i>274-9861</i>	Date <i>Sept 27/94</i>	Certified By (Signature) <i>[Signature]</i>

For Office Use Only

Total Value Cr. Recorded <i>540</i>	Date Recorded <i>Sept. 26/94</i>	Mining Recorder <i>Just Print</i>	Received Stamp <i>[Stamp]</i>
	Deemed Approval Date <i>Dec. 28/94</i>	Date Approved	
	Date Notice for Amendments Sent		

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

W9410.00101

2.15655

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	450	
	Field Supervision Supervision sur le terrain		450
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		
Total Direct Costs Total des coûts directs			450

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		
	Truck	215	
			215
Food and Lodging Nourriture et hébergement			
Mobilization and Demobilization Mobilisation et démobilisation			
Sub Total of Indirect Costs Total partiel des coûts indirects			215
Amount Allowable (not greater than 20% of Direct Costs) Montant admissible (n'excédant pas 20 % des coûts directs)			90
Total Value of Assessment Credit (Total of Direct and Allowable indirect costs)			540
 Valeur totale du crédit d'évaluation (Total des coûts directs et indirects admissibles)			540

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
	x 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	Evaluation totale demandée
	x 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 J. Searle 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	Date
<u>[Signature]</u>	<u>8.2.2014</u>

Ministry of
Northern Development
and Mines

Ministère du
Développement du Nord
et des Mines

Geoscience Approvals Section
933 Ramsey Lake Road
6th Floor
Sudbury, Ontario
P3E 6B5

Telephone: (705) 670-5853
Fax: (705) 670-5863

December 29, 1994

Our File: 2.15655
Transaction: #W9410.00101
#W9410.00102
#W9410.00103
#W9410.00104

Mining Recorder
Ministry of Northern Development & Mines
808 Robertson Street
Box 5200
Kenora, Ontario
P9N 3X9

Dear Mr. Rivett:

**Subject: APPROVAL OF ASSESSMENT WORK CREDITS ON MINING CLAIM
1196024 IN BLUFFPOINT LAKE AREA**

The deficiencies in the original submission have been rectified.

Assessment work credits have been approved as outlined on the report of work forms for the submission. The credits have been approved under Section 9, Prospecting, Mining Act Regulations.

The approval date is December 28, 1994.

Please indicate this approval on the claim record sheets.

If you have any questions regarding this correspondence, please contact Bruce Gates at (705) 670-5856.

ORIGINAL SIGNED BY:

Yours sincerely,



Ron C. Gashinski
Senior Manager, Mining Lands Section
Mining and Land Management Branch
Mines and Minerals Division

 BIG/dl

cc: Resident Geologist
Kenora, Ontario

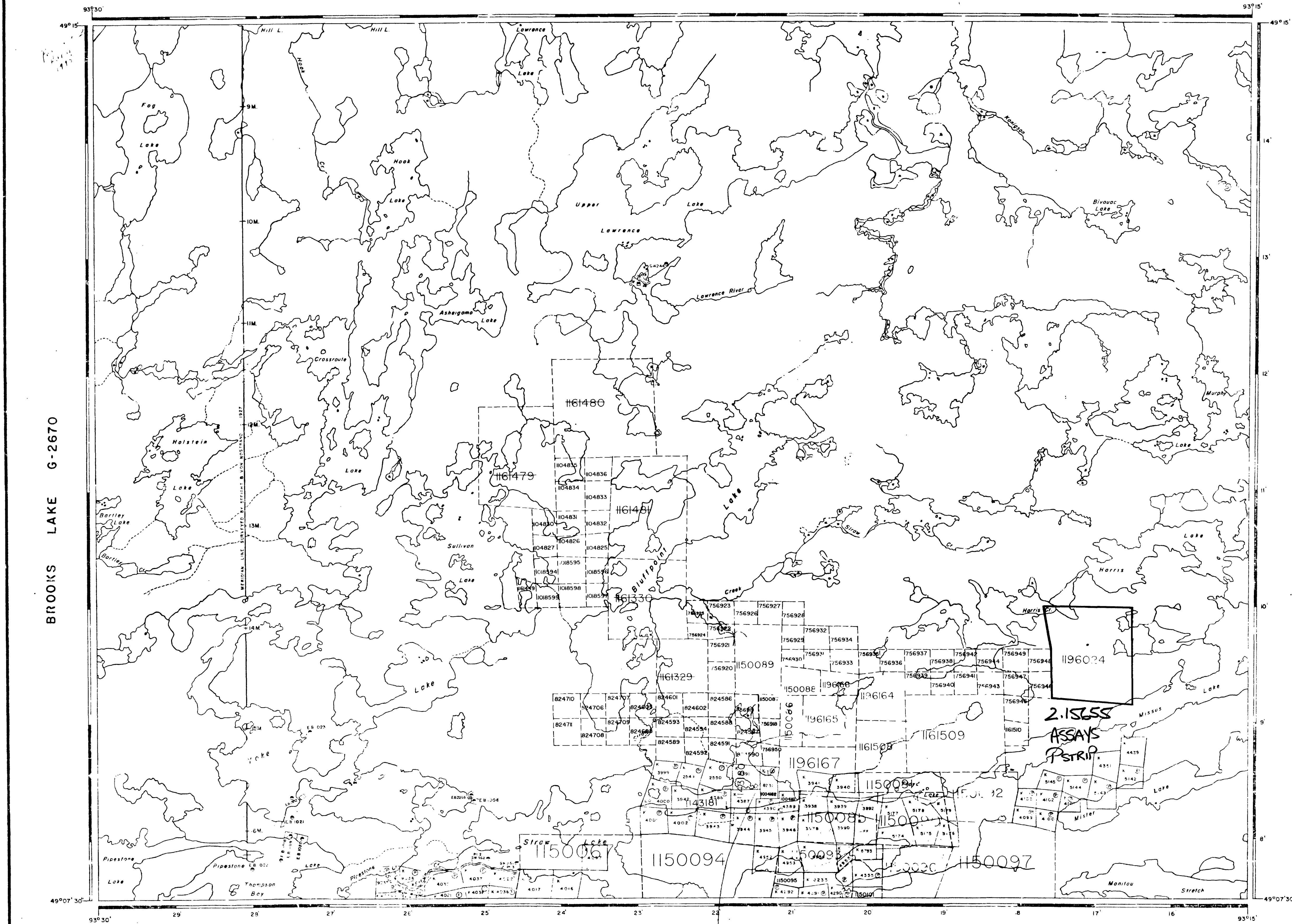
Assessment Files Library ✓
Sudbury, Ontario

G-2669

BLUFFPOINT LAKE

G-2669

LAWRENCE LAKE G-2681



KAIARSKONS LAKE G-2679

2679

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 RECORDS DIVISION OF THE MINISTRY OF NORTHERN DEVELOPMENT AND MINES FOR ADDITIONAL INFORMATION ON THE STATUS OF THE LANDS SHOWN HEREON.

EFFECTIVE

LEGEND

- PATENTED LAND Ⓢ
- CROWN LAND SALE Ⓢ
- LEASES Ⓢ
- LOCATED LAND Ⓢ
- LICENSING OF OCCUPATION Ⓢ
- MINING RIGHTS ONLY M.R.O.
- SURFACE RIGHTS ONLY S.R.O.
- ROADS —
- IMPROVED ROADS —
- KING'S HIGHWAYS —
- RAILWAYS —
- POWER LINES —
- MARSH OR MUSKEG —
- MINES —
- PATENTED for S.R.O. Ⓢ
- LEASED for S.R.O. Ⓢ
- CANCELLED Ⓢ

REFERENCES

AREAS WITHDRAWN FROM DISPOSITION

M.R.O. - MINING RIGHTS ONLY
 S.R.O. - SURFACE RIGHTS ONLY
 M.S. - MINING AND SURFACE RIGHTS

Description	Order No.	Date	Description	File

DATE OF ISSUE

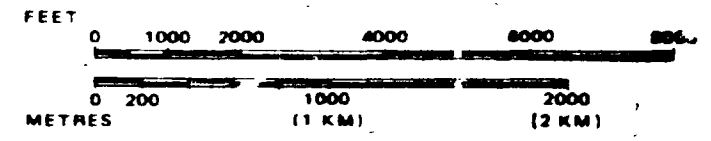
FEB - 3 1995

KENORA MINING DIVISION

RECEIVED

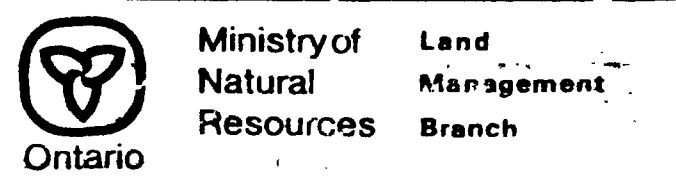
FEB 9 1995

SCALE: 1 INCH = 40 CHAINS



AREA BLUFFPOINT LAKE

M.N.R. ADMINISTRATIVE DISTRICT
 FORT FRANCES
 MINING DIVISION
 KENORA
 LAND TITLES / REGISTRY DIVISION
 KENORA



Date FEBRUARY 1995

Number G-2669

G-2669

BLUFFPOINT LAKE

G-2669

