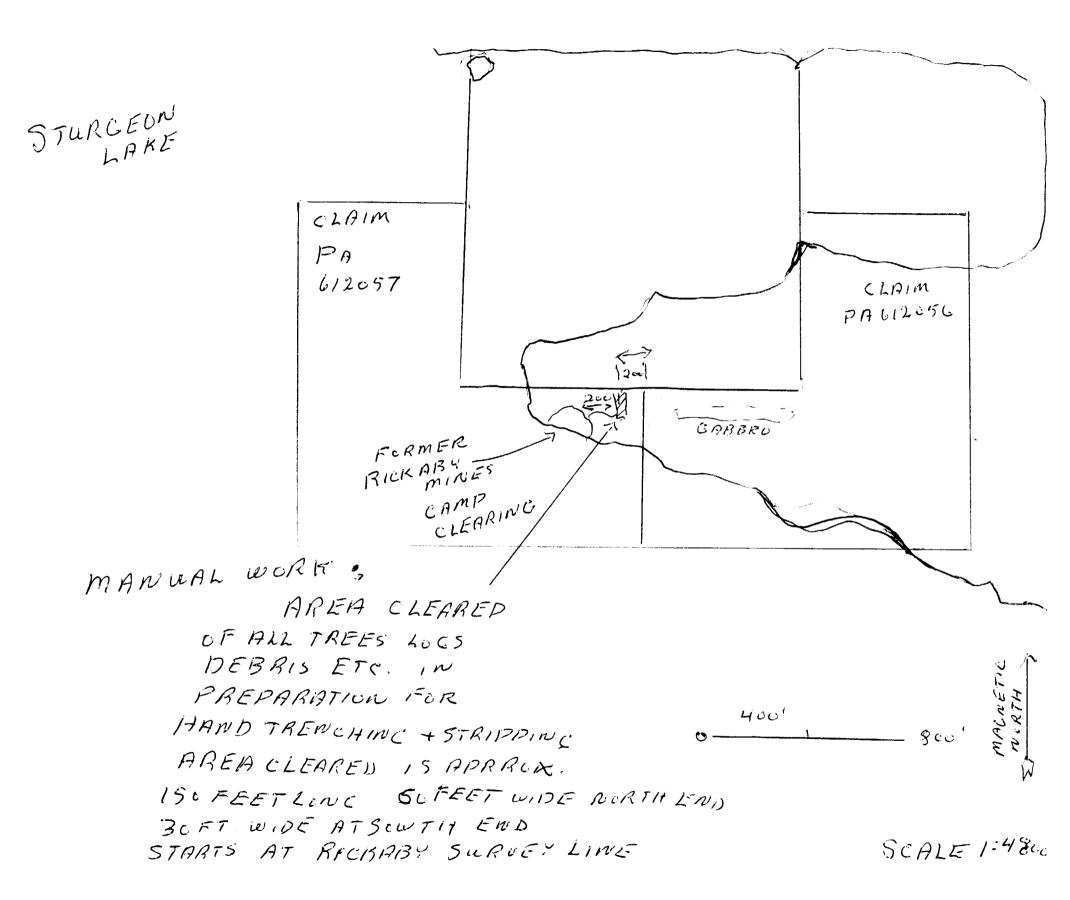


SZ JOZSE DOOB 2 16801 SQUAW LAKE 010 Dates Worked Sept 13/19 Report of mianual work performed on Clami PA 612857 2.16801 An area of approximately 150' × 60' × 30 feet cleaned of all trees, logs debis, etc in preparation for hand strpping and trenchig LOCATION: Opprominately 200 ft. Dest #1 POST CLAIM 612057, Starting on north boundary of claim (Survey line) and continuing for 150 feet South. Purpose of work was an attempt to find a possible parallel sien Simla to Richarly Mine, about 150 to the north.

Posh in the stripped area the to be a grante with brands, of gobbo abunt 4 feet wide, narow show. very similar to the Richsly deposit about 150 feet to the north. Sept 18 1946 Sept 19 1996 were spirt on this location with all work dene leg myselve

Ed Robert-

Sept 20 1996

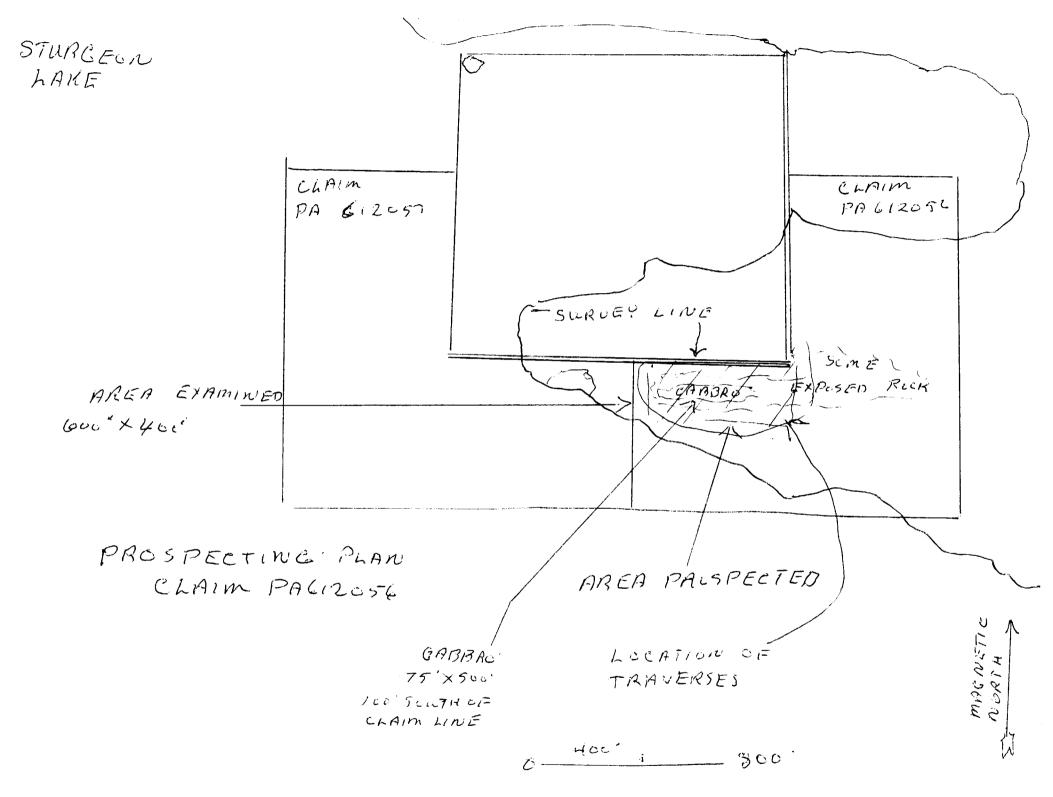


Rospection Report CHAIM PA 612056 LOCATION OF WORR: 2.16801 an onea of about 400 feet x 600 fait Starting at the Richely survey line. and up to claim PA612057 to the West a long narron band af golibre 75' wide * 500 long was located about 150' south of Survey line and purallel will it. Some stearing in the granite to the south, about 10 small I tuch wide guarty venis ARECENVED but appear to be barren : DCT 10 1996 Conclusion: The band of galilion seems to be most interesting, the north and south contacts are not exposed. and should be stripped

Prospesting Report Chrim PA 612056 Dobbro is not common in The immediate area, but can be seen in the Richaley vein to the north Lue days were spent prosperting, all work done by myself. Dates worked were 3 pt 30 1995 and Sept 1995

Ed Roberch

Spt 20 1996



SCALE 1: 4800

Ontario Ministry Northern and Ministry	Development
--	-------------

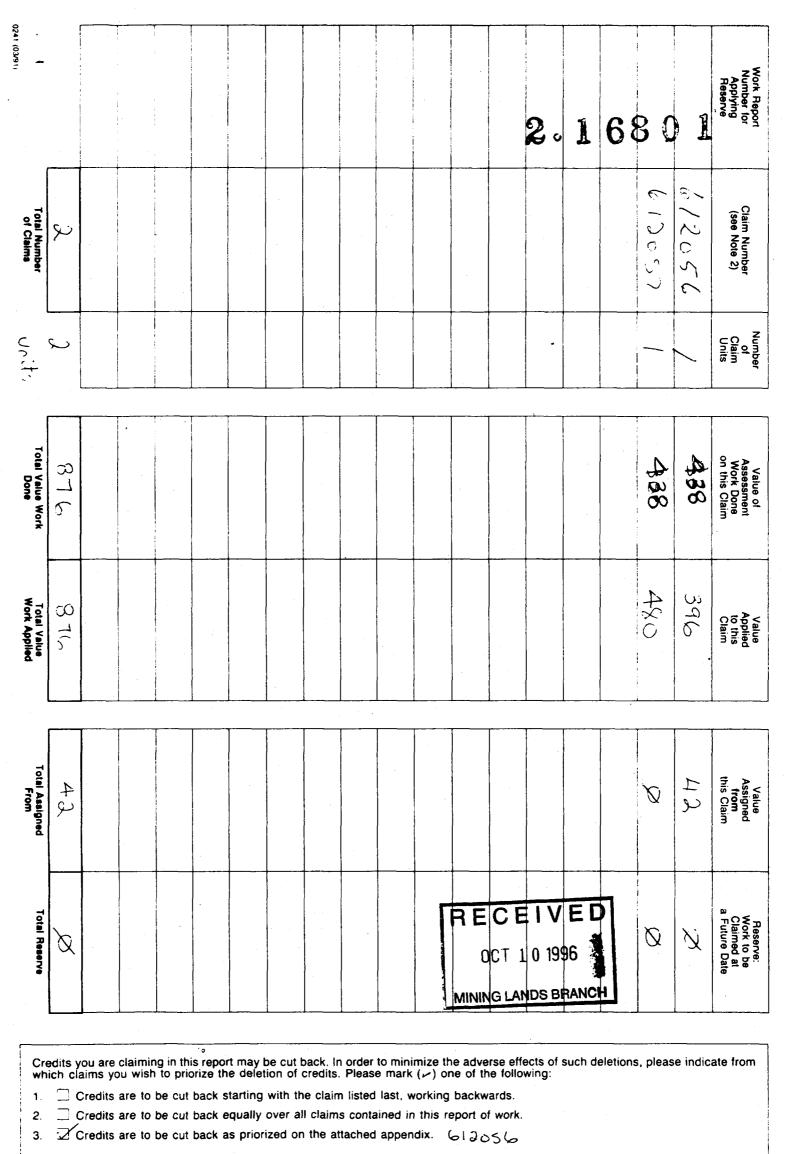
Report of Work Conducted After Recording Claim

Transaction Number W9630.00070

Mining Act

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.

	Please type or Refer to the Min Recorder. A separate cop Technical repor A sketch, show	y of this form m ts and maps mi		2.16801 SQUAW L	AKE		9(00	' the Minin
Recorded Holder(s)	180	BERE	ECKI	<u></u>		c	lient No.	1880	574
Address 13 m	117-)	QUED	TOAL	MAN	l i – ri	·7.00	elephone I		
Mining Division	472	TIVEN	Township/Area	11010	//00	200	or G Plan		5210
PATR/ Dates			Saupu					6-31	
Work Performed	From: SEP1	- 30	1995	To:	SE	PT.	19	19	96
Work Performed		ork Group Only	/)	Тур					
Geotechnical				Y					
Physical Work									
Including Drill	ing Fy	ROSPEC	TINC	+ HA.	NDST	RIP	ind	<u></u>	
Rehabilitation	· · · · · · · · · · · · · · · · · · ·	(W20	- PSTR	P/PRO	SP)				
Other Authori Work	zed				•		·		
Assays									
Assignment fr Reserve	om			<u> </u>		<u></u>		Ŧ	
						JAA1	Tip	<u> </u>	76
	ster may reject annot verify exp	for assessment enditures claime	ed in the state	l or part of the ment of cost	ne assessm s within 30	days of	a reques	st for ver	
holder ca	ster may reject annot verify exp I rvey Company Name	for assessment enditures claime Who Performe	work credit al ed in the state	l or part of the ment of cost Give Name a	ne assessm s within 30 and Address Addr <i>R I V E</i>	days of s of Authoress	a reques or of Re n IN	st for ver port)	
holder ca Persons and Su	ster may reject annot verify exp I rvey Company Name	for assessment enditures claime Who Performe	work credit al ed in the state ed the Work ((l or part of the ment of cost Give Name a	ne assessm s within 30 and Address Addr <i>R I V E</i>	days of s of Authoress R TC R C C	a reques or of Re n IN	st for ver port)	ification.
holder ca Persons and Su	ster may reject annot verify exp I rvey Company Name	for assessment enditures claime Who Performe	work credit al ed in the state ed the Work ((l or part of the ment of cost Give Name a	ne assessm s within 30 and Address Addr <i>R I V E</i>	days of s of Authoress R TC R C C	a reques or of Re n IM Q EC	st for ver port) 17N Rc	ED
holder ca Persons and Su	ster may reject annot verify exp irvey Company Name CLBERE	for assessment enditures claime Who Performe	work credit al ed in the state ed the Work ((l or part of the ment of cost Give Name a	ne assessm s within 30 and Address Addr <i>R I V E</i>	days of R of Authors R TC R C C R	a reques or of Re n IM 2 EC 0CT	st for ver port) P 77 N R 6 E I V 1 0 199	ED
holder ca Persons and Su IF D K	ster may reject annot verify exp nrvey Company Name C. B. E. R. E e if necessary)	for assessment enditures claime Who Performe	work credit al ed in the state ed the Work ((l or part of the ment of cost Give Name a 4 7 2 everse side	ne assessm s within 30 and Address Addr <i>R I V E</i>	days of s of Authoress R T C R C R Mil	a reques or of Re n 17 2 E C 0CT	st for ver port) 17 12 EIV 1 0 199	ED 6 ANCH
holder ca Persons and Su IFD K attach a schedul Certification of I certify that at the	ster may reject annot verify exp irvey Company Name C. B E R E C. B E R E Beneficial Inter time the work was p d in the current holde	for assessment enditures claime Who Performe C K [C K] rest See No erformed, the claims	work credit al ed in the state ed the Work (B c × te No. 1 on ra	everse side	ne assessm s within 30 and Address Addr <i>R I V E</i>	days of s of Authoress R TC R C C R MII Recorded H	a reques or of Re n 17 2 E C 0CT	st for ver port) 17 12 EIV 1 0 199 NDS BR	ED 6 ANCH
holder ca Persons and Su IFD K attach a schedul Certification of I certify that at the report were recorde	ster may reject annot verify exp nevey Company Name C. B E R E B E R E B E R E B E B E B E B E B E B E	for assessment enditures claime Who Performe C K [C K] rest See No erformed, the claims	work credit al ed in the state ed the Work (B c × te No. 1 on ra	everse side	ne assessm s within 30 and Address Addr <i>R I V E</i>	days of s of Authoress R TC R C C R MII Recorded H	a reques or of Re n 17 2 E C 0CT	st for ver port) 17 12 EIV 1 0 199 NDS BR	ED 6 ANCH
holder ca Persons and Su FD FD Attach a schedul Certification of I certify that at the report were recorded by the current recorded by the current recorded Certification of I certify that I have	ster may reject annot verify exp nevey Company Name C. B E R E B E R E B E R E B E B E B E B E B E B E	for assessment enditures claime Who Performe C K (rest See No erformed, the claime of s name or held unc	work credit all ed in the state ed the Work (I $B c \times$ te No. 1 on re- s covered in this w for a beneficial inte	everse side	ne assessm s within 30 and Address Addr <i>RIVE</i>	days of s of Authors R T C R T C R C C R MII Recorded H 199 C	a reques or of Re rc IN 2 EC 0CT NING LA	st for ver port) 777 RC EIV 10199 NDS BR	ED 6 ANCH
holder ca Persons and Su FD FD Attach a schedul Certification of I certify that at the report were recorded by the current recorded by the current recorded Certification of I certify that I have	ster may reject annot verify exp arvey Company Name CBERE be if necessary) Beneficial Inter time the work was p do in the current holder borded holder. Work Report e a personal knowle annexed report is of Person Gertifying	for assessment enditures claime Who Performe C K [rest * See No erformed, the claims in's name or held unc dge of the facts set true.	work credit all ed in the state ed the Work (I $B c \times$ te No. 1 on re- s covered in this w for a beneficial inte	everse side	ne assessm s within 30 and Address Addr <i>RIVE</i>	days of s of Authors R T C R T C R C C R MII Recorded H 199 C	a reques or of Re rc IN 2 EC 0CT NING LA	st for ver port) /7// EIV I 0 199 NDS BR gent (Signa	ED 6 ANCH
holder ca Persons and Su FD FD Attach a schedul Certification of I certify that at the report were recorded by the current recorded by the current recorded the curren	ster may reject annot verify exp invey Company Name C.BERE Beneficial Inter time the work was p id in the current holde orded holder. Work Report e a personal knowle annexed report is	for assessment enditures claime Who Performe C K [rest See No erformed, the claims m's name or held unc dge of the facts set true.	work credit all ed in the state ed the Work ($\frac{1}{B_{C}} \times$ te No. 1 on re- s covered in this w for a beneficial inter t forth in this Work	everse side work rrest breport, having	ne assessm s within 30 and Address Addr <i>RIVE</i>	days of s of Authors R T C R T C R C C R MII Recorded H 199 C	a reques or of Re rc IN 2 EC 0CT NING LA	st for ver port) /7// EIV I 0 199 NDS BR gent (Signa	ED 6 ANCH
holder ca Persons and Su F D K attach a schedul Certification of I certify that at the report were recorded by the current recorded by the current recorded the current	ster may reject annot verify exp arvey Company Name CBERE be if necessary) Beneficial Inter time the work was p do in the current holder borded holder. Work Report e a personal knowle annexed report is of Person Gertifying	for assessment enditures claime Who Performe C K [rest See No erformed, the claims m's name or held unc dge of the facts set true.	work credit all ed in the state ed the Work (I $B c \times$ te No. 1 on re- s covered in this w for a beneficial inte	everse side work rrest breport, having	performed th	days of s of Authors R T C R T C R C C R MII Recorded H 199 C	a reques or of Re rc IN 2 EC 0CT NING LA	st for ver port) /7// EIV I 0 199 NDS BR gent (Signa	ED 6 ANCH
holder ca Persons and Su F D K attach a schedul Certification of I certify that at the report were recorded by the current recorded by the current recorded to certification of I certify that I have its completion and Name and Address of Telepone No. For Office Use	ster may reject annot verify exp Invey Company Name C. B E R E B E R E R E B E R E B E R E R E R E B E R E R E R E R E R E R E R E R E R E	for assessment enditures claime Who Performe C K [rest See No erformed, the claims in's name or held unc dge of the facts set true.	work credit all ed in the state ed the Work ($\frac{1}{B_{C}} \times$ te No. 1 on re- s covered in this w for a beneficial inter t forth in this Work	everse side work rrest Date brook treport, having	performed th	days of s of Authores R TC C C R C C R MII Recorded H 1992	a reques or of Re n IM 2 EC OCT NING LA	st for ver port) /7// EIV I 0 199 NDS BR gent (Signa	ED 6 ANCH
holder ca Persons and Su D R D R attach a schedul Certification of I certify that at the report were recorded by the current recorded by the current recorded to certification of I certify that I have its completion and Name and Address of Certification No.	ster may reject annot verify exp invey Company Name CBERE be if necessary) Beneficial Inter time the work was p od in the current holded orded holder. Work Report e a personal knowled annexed report is of Person Sertifying CCC Date Reco	for assessment enditures claime Who Performe C K I rest See No erformed, the claims m's name or held unc dge of the facts set true. Date Mach 2 Date	work credit all ed in the state ed the Work ($\frac{1}{B_{C}} \times$ te No. 1 on re- s covered in this w for a beneficial inter t forth in this Work	everse side work rrest Date brook treport, having	performed th	days of s of Authors R T C R T C R C C R MII Recorded H 199 C	a reques or of Re n IM 2 EC OCT NING LA	st for ver port) /7// EIV I 0 199 NDS BR gent (Signa	ED 6 ANCH
holder ca Persons and Su F D K attach a schedul Certification of I certify that at the report were recorded by the current recorded by the current recorded to certification of I certify that I have its completion and Name and Address of Telepone No. For Office Use	ster may reject annot verify exp invey Company Name CBERE CBERE de if necessary) Beneficial Inter time the work was p do in the current holde orded holder. Work Report e a personal knowle annexed report is of Person Sentifying Corded Date Reco Qnly corded Date Reco	for assessment enditures claime Who Performe C K [rest * See No erformed, the claims or's name or held und dge of the facts sel true. With the facts sel true.	work credit all ed in the state ed the Work ($\frac{1}{B_{C}} \times \frac{1}{2}$ te No. 1 on re- s covered in this w for a beneficial inter t forth in this Work $\frac{1}{2}EPT 2$ 1996 A	everse side vork rest Bate vork rest Certified E	performed th	days of s of Authores R TC C C R C C R MII Recorded H 1992	a reques or of Re n IM 2 EC OCT NING LA	st for ver port) 77 N RC EIV 10 199 NDS BR gent (Signa V NDS BR	ED 6 ANCH
holder ca Persons and Su F D K attach a schedul Certification of I certify that at the report were recorded by the current recorded by the current recorded to certification of I certify that I have its completion and Name and Address of Telepone No. For Office Use	ster may reject annot verify exp invey Company Name CEBERE de if necessary) Beneficial Inter time the work was p d in the current holde orded holder. Work Report e a personal knowle annexed report is of Person Sentifying Corded Date Reco Only corded Date Reco Q Deemed A	for assessment enditures claime Who Performe C K 1 rest See No erformed, the claims or s name or held und dge of the facts set true. Mate Mate Mate SE P 2 S	work credit all ed in the state ed the Work (($B c \times$ te No. 1 on re- s covered in this work for a beneficial inter the forth in this Work S E P T 2 I = 9 G A = 1 Mining L Date Ap	everse side vork rest Bate vork rest Certified E	performed th	days of s of Authores R TC C C R C C R MII Recorded H 1992	a reques or of Re n IM 2 EC OCT NING LA	st for ver port) 77 N RC EIV 10 199 NDS BR gent (Signa V NDS BR	ED 6 ANCH



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	Signature	Date
or leased land at the time the work was performed.		

Ministry of Northern Development and Mines

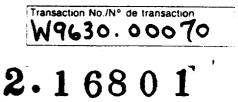
1. Direct Costs/Coûts directs

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



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 quesiton sur la collece 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.

2. Indirect Costs/Coûts indirects

	· · · · · · · · · · · · · · · · · · ·		
Туре	Description	Amount Montant	Totais Totai global
Wages Salaires	Labour 4 DAIS & #150 Main-d'oeuvre	600	
	Field Supervision Supervision sur le terrain	-	600
Contractor's and Consultant's	Туре 3		
Fees Droits de l'entrepreneur			
et de l'expert- conseil			
Supplies Used Fournitures utilisées	Туре		
Equipment Rental	Esit Kide	130	
Location de matériel			
			130
	Total Dir Total des coû	ect Costs ts directs	130 730

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.

Filing Discounts

Work filed within two years of completion is claimed at 100% of the above Total Value of Assessment Credit.

 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 =	

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.

to make this certification

 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.

Туре	Description	Amount Montant	Totals Total global
Transportation Transport	Miling	300	
	· · · · · · · · · · · · · · · · · · ·		
			300
Food and Lodging Nourriture et hébergement	Ford	100	100
Mobilization and Demobilization Mobilisation et démobilisation			
	Sub Total of Indi Total partiel des coût		400
Mount Allowable	400		
otal Value of Asse Total of Direct and a Indirect costs)	876		
	et indirects	admissibles	

Note : Le titulaire enregistré sera tenu de vérifier les dépenses demandées dans le présent étandes cons les 30 jours privant une demande à cet effet. Si la verification des pas electuée, le ministre peut rejeter tout ou une partie des travaux d'évaluation présentés.

OCT 1 0 1996

Remises pour dépôt

- MINING LANDS BRANCH
- Les travaux deposés dans les deux ans suivant leur achèvement sont remboursés à 100 % de la valeur totale susmentionnée du crédit d'évaluation.
- 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 =	

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)

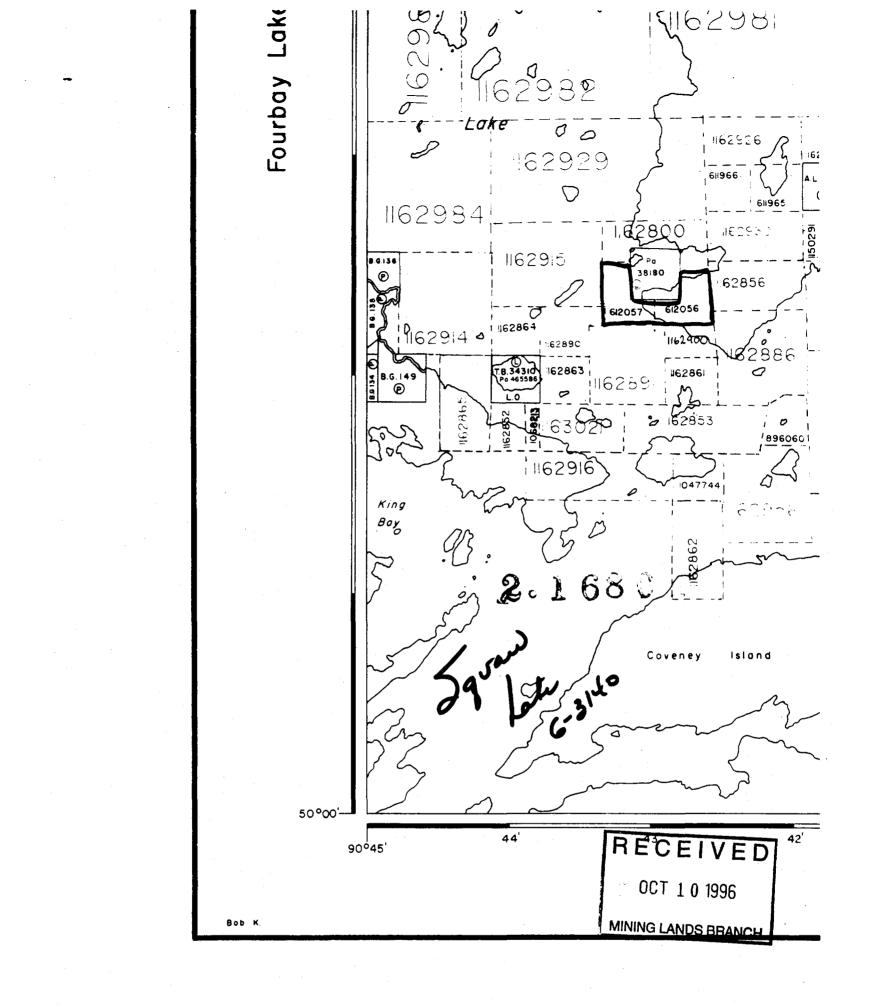
à faire cette attestation

Signature Date 20 Ser 1

0212 (04/91

Nota : Dans cette formule, lorsqu'il désigne des personnes. le masculin est utilisé au sens neutre

0 G1



. |

Ministry of Northern Development and Mines

۰.,

Ministère du Développement du Nord et des Mines

November 25, 1996

Sharon Kemash Mining Recorder Queen and Fourth P.O. Box 3000 Sioux Lookout, ON P8T 1C6



Geoscience Assessment Office 933 Ramsey Lake Road 6th Floor Sudbury, Ontario P3E 6B5

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

Dear Sir or Madam:

Submission Number: 2.16801

Subject: Transaction Number(s): W9630.00070

After reviewing the Work Report(s) we have prepared this letter and the attached summary, which lists the results of our review. Requirements of the Assessment Work Regulation may not have been fully met. Please examine the summary to determine the next course of action concerning the identified Work Report(s).

NOTE: The 90 day deemed approval provision, subsection 6(7) of the Assessment Work Regulation, is no longer in effect for this submission.

PLEASE NOTE ANY REQUESTED REVISIONS MUST BE SUBMITTED IN DUPLICATE.

If the anniversary dates for the mining claims affected by this correspondence have not passed, a number of options are available. Please contact the Mining Recorder to discuss these options.

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

Yours sincerely,

Paccal.

ORIGINAL SIGNED BY Ron C. Gashinski Senior Manager, Mining Lands Section Mines and Minerals Division

> Correspondence ID: 10380 Copy for: Assessment Library

Work Report Assessment Results

Submission Number: 2.168	01			
Date Correspondence Sent:	November 25, 1996	Assessor: Bruce Gat	les	
Transaction First Claim Number Number	ı Township(s) / Area(s)	Status	Approval Date	
W9630.00070 612056	SQUAW LAKE	Approval After Notice	November 21, 1996	
Section:				
10 Physical PSTRIP 9 Prospecting PROSP				
Correspondence to:		Recorded Holder	s) and/or Agent(s):	
Mining Recorder Sioux Lookout, ON		EDWARD ARTHUR R RIVERTON, MANITOB		
Resident Geologist Sioux Lookout, ON				
Assessment Files Library Sudbury, ON				

Page: 1

Correspondence ID: 10380

APr 29/92 R

