Ministry of Northern Affairs and Mines

Ontario

Report of Work

W8608 5051

42A01SE5090 W8608-00505 OTTO

010

Name and Postal Address of Recorded Holder

BILL BIRNIE P.O. 935 P

KIRKLAND LAKE, ONT.

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed: 10	Mining Claim Prefix	Mining Claim Number	Work Days Cr.	Mining Claim Prefix	Mining Claim Number	Work Days Cr.	Mining Claim Prefix	Mining Claim Number	Work Days Cr.
for Performance of the following work. (Check one only)	L								
☒ Manual Work	[redacted]	643393	10	[redacted]			[redacted]		
☐ Shaft Sinking Drifting or other Lateral Work.									
☐ Compressed Air, other Power driven or mechanical equip.									
☐ Power Stripping									
☐ Diamond or other Core drilling									
☐ Land Survey									

All the work was performed on Mining Claim(s): 642796

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

1986

SEP. - 23 - 8 HRS.
" 24 - 8 "
" 25 - 9 "
" 26 - 12 "
" 27 - 8 "
OCT. 1 - 9 "
" 4 - 6
60 HRS. = 10 DAYS

RECORDED
DEC 8 1986
Receipt # _____

LARDER LAKE MINING DIVISION
RECEIVED
DEC 8 1986

RECORDED
DEC 8 1986
Receipt # _____

Bill Birnie
K. L.

Date of Report	Recorded Holder or Agent (Signature)
DEC-8/86	Birnie

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

Bill Birnie. P.O. 935 Kirkland Lake.

Date Certified	Certified by (Signature)
DEC-8/86	Birnie

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		
Power Stripping	Type of equipment and amount expended. **Note:** Proof of actual cost must be submitted within 30 days of recording.	Names and addresses of owner or operator together with dates when drilling/stripping done.	
Diamond or other core drilling	Signed core log showing; footage, diameter of core, number and angles of holes.		Work Sketch (as above) in duplicate
Land Survey	Name and address of Ontario land surveyer.	Nil	Nil

768 (85/9)

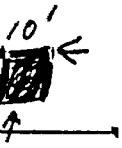
643393

42A01SE5090 W8608-00505 OTTO

900

642796

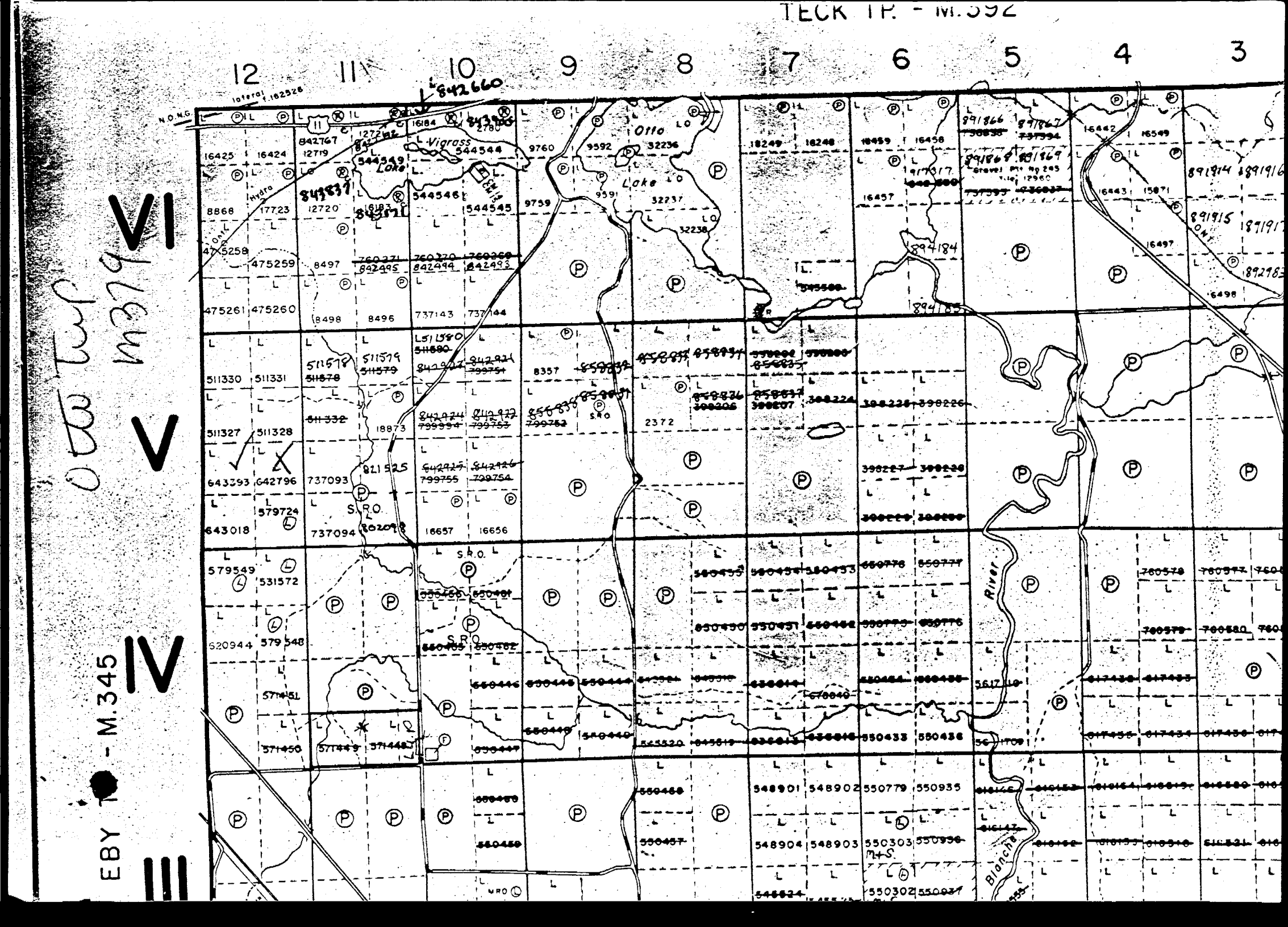
30'X30' STRIPPING AREA.



643018

579724

TECK TP. - M.392


12
11
10
9
8
7
6
5
4
3
VI
V
IV
III
Otter Twp
M.394
EBY TP. - M.345
Vigross Lake
Otto Lake
Hydro
Lateral
N.O.N.R.
S.R.O.
MRO
Blanche River