Assess Lib W8708 #4168

Ministry of Northern Development and Mines

Ontario

Report of Work

Mi

42A01SE5092 W8708-00416 OTTO

010

Name and Address of Recorded Holder

WILLIAM K. BIRNIE - P.O. 735 K18722

KIRKLAND LAKE, ONT.

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed: 21

for Performance of the following work. (Check one only)

- [x] Manual Work
- [ ] Shaft Sinking Drifting or other Lateral Work.
- [ ] Compressed Air, other Power driven or mechanical equip.
- [ ] Power Stripping
- [ ] Diamond or other Core drilling
- [ ] Land Survey

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.
L	620944	21						

RECORDED

OCT 21 1987

Receipt #

LARDER LAKE MINING DIV.

RECEIVED

OCT 21 1987

AM 12:00 noon PM

7 8 9 10 11 12 1 2 3 4 5 6

All the work was performed on Mining Claim(s): 620944

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

April 9/87 - 10 HRS.
" 10 - 10 "
" 11 - 10 "
" 12 - 10 "
" 15 - 8 "
" 16 - 10 "
" 17 - 6 "
" 18 - 10 "
" 19 - 10 "
" 20 - 7 "
" 22 - 6 "
97 "

April 23/87 - 8 HRS.
" 30 " - 10 "
MAY 1 " - 13 "
30 "
+ 97
127 "
= 21 DAYS.

ONTARIO GEOLOGICAL SURVEY
ASSESSMENT
RESEARCH OFFICE

NOV 6 1987

RECEIVED

Bill Birnie
K.L.

Date of Report: OCT. 21/87

Recorded Holder or Agent (Signature): W 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

Wm. Birnie . P.O. 935 KIRKLAND LAKE

Date Certified: OCT. 21/87.

Certified by (Signature): W 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 (85/12)

42A01SE5092 W8708-00416 OTTO

BIRNIE-OTTO TWR

T 12 CONC. 4 K18722. - MANUAL.

579549

531572

620944



579548

EBY TP. - M.345

Otto Twp.
M.379

River

Blanche

SCRIP 429

SCRIP

Gravel
83782

S.R.O.