Assess. Library

Ministry of Northern Development and Mines

Ontario

Report of Work

W8708 4571

567-7533 Minir

42A01SE5093 W8708-00457 OTTO

010

Name and Postal Address of Recorded Holder

WILLIAM K. BIRNIE - P.O. 935 | K18722

KIRKLAND LAKE, ONT.

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed: 63

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.
L	643018	63

JAN 4 1988

RECEIVED

RECORDED

NOV 12 1987

Receipt # _____

All the work was performed on Mining Claim(s): 643018

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

MAY 2/87	-	10 HRS.	MAY 29/87	-	16 HRS.
" 3	-	10 "	" 30	-	20 "
" 4	-	12 "	" 31	-	20 "
" 5	-	12 "	JUNE 1	-	10 "
" 6	-	8 "	" 2	-	10 "
" 10	-	8 "	" 4	-	20 "
" 11	-	8 "	" 5	-	24 "
" 12	-	12 "	" 6	-	20 "
" 13	-	12 "	" 10	-	24 "
" 14	-	6 "			20
" 16	-	24 "			184 "
" 17	-	24 "			
" 18	-	24 "			
" 24	-	8 "			
" 25	-	10 "			
" 26	-	8 "			
		197			

LARDER LAKE MINING DIV. RECEIVED NOV 12 1987 AM 3 10 PM 7 8 9 10 11 12 1 2 3 4 5 6

+184
197
381 HRS
= 63 DAYS

Bill Birnie K.L.
Reg. Mansion
1 Queen St.
K.L.

Date of Report: NOV. 12/87

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

W Birnie. P.O. 935 KIRKLAND LAKE.

Date Certified: NOV. 12/87

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

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TWP. 5

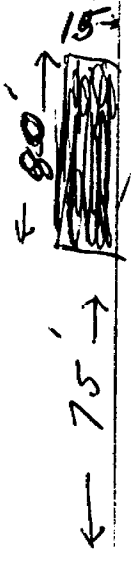
MANUAC.

643393.

642796

643018

579724



TECK TP. - M.392

EBY TP. - M.345

12 11 10 9 8 7 6 5

VI V IV III

