Ministry of Northern Development and Mines
Ontario

42A01SE5180 W9308-00025 EBY

010

Transaction Number
W9380.00025
Assess

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.

EBY TWP

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)		Client No.
Ann Black		108784
Address		**Telephone No.**
139 Carter Avenue, Kirkland Lake, Ontario, P2N 2A1		705-567-4696
Mining Division	**Township/Area**	**M or G Plan No.**
Larder Lake	Eby Township	M-345
Dates Work Performed From: June 26, 1992 November 28, 1992	To: June 26, 1992 November 28, 1992	

Work Performed (Check One Work Group Only)

	Work Group	Type
	Geotechnical Survey	Geological Mapping, Report Writing
	Physical Work, Including Drilling	
	Rehabilitation	
	Other Authorized Work	
	Assays	
	Assignment from Reserve	

ONTARIO GEOLOGICAL SURVEY
GIS - ASSESSMENT FILES
MAR 25 1993
RECEIVED

Total Assessment Work Claimed on the Attached Statement of Costs $ 314.

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
Michael Leahy	139 Carter Avenue, Kirkland Lake, Ontario, P2N 2A1
Ann Black	"

(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	Recorded Holder or Agent (Signature)
	February 9, 1993	Ann Black

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		
Ann Black 139 Carter Avenue, Kirkland Lake, Ontario, P2N 2A1		
Telepone No.	**Date**	**Certified By (Signature)**
705-567-4696	February 9, 1993	Ann Black

For Office Use Only

Total Value Cr. Recorded	Date Recorded	Mining Recorder	Received Stamp
314	Feb 10 /93		RECEIVED FEB 10 PM 4 09 LARDER LAKE MINING DIVISION
	Deemed Approval Date: MAY 09 /93	Date Approved	
	Date Notice for Amendments Sent		

0241 (03/91)

Work Report Number for Applying Reserve	Claim Number (see Note 2)	Number of Claim Units	Value of Assessment Work Done on this Claim	Value Applied to this Claim	Value Assigned from this Claim	Reserve: Work to be Claimed at a Future Date
	1185691	2	$ 314.	$ 314.		
	1		$ 314.	$ 314.		
	Total Number of Claims		Total Value Work Done	Total Value Work Applied	Total Assigned From	Total Reserve

0241 (03/91)

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 priorize 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 priorized 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

Ministry of Northern Development and Mines

Ontario

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
W9380.00025

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, 4e 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.	
	Field Supervision Supervision sur le terrain		$ 300.
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.

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: 45km/x 1 day x .30/ day km	$ 13.50	$ 14.
Food and Lodging Nourriture et hébergement			
Mobilization and Demobilization Mobilisation et démobilisation			
		Sub Total of Indirect Costs Total partiel des coûts indirects	$ 14.
		Amount Allowable (not greater than 20% of Direct Costs) Montant admissible (n'excédant pas 20 % des coûts directs)	$ 14.
		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**	$ 314.

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
× 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
× 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 Recorded Holder (Recorded Holder, Agent, Position in Company) I am authorized

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 _____ (titulaire enregistré, représentant, poste occupé dans la compagnie) je suis autorisé

à faire cette attestation.

Signature	Date
Ian Black	February 9, 1993

0212 (04/91)

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