assess Lib

Ministry of Natural Resources

Report of Work

Ontario

Otto

(Mile L531572)

The M

42A01SE5063 W8308-00363 OTTO

010

Name and Postal Address of Recorded Holder

BILL BIRNIE. P.O.B. 935 K.L. ONT P8P 1Z2
Kirkland Lake ONT

Summary of Work Performance and Distribution of Credits

Total Work Days Cr. claimed	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.
21									
for Performance of the following work. (Check one only)									
☒ Manual Work		531572	21						
☐ Shaft Sinking Drifting or other Lateral Work.									
☐ Compressed Air, other Power driven or mechanical equip.									
☐ Power Stripping									
☐ Diamond or other Core drilling									
☐ Land Survey									

ONTARIO GEOLOGICAL SURVEY
ASSESSMENT FILES
RESEARCH OFFICE
NOV 21 1983
RECEIVED

All the work was performed on Mining Claim(s): 579549

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

LARDER LAKE MINING DIV.
RECEIVED
NOV - 7 1983
AM 7|8|9|10|11|12|1|2|3|4|5|6 PM

SEPT. 24 - 10 HRS. X2 = 20 HRS.
" 25 - 10 " X2 = 20 "
" 26 - 10 " X2 = 20 "
" 28 - 12 " X2 = 24 "
" 29 - 12 " X2 = 24 "
OCT. 3 - 10 " X2 = 20 "
128 HOURS. = 21 DAYS.

RECORDED NOV - 7 1983
REC. No.

DANIEL RENAUD - 44A PROSPECT. K.L.
BILL BIRNIE - K.L.

Date of Report: NOV. 7/83
Recorded Holder or Agent (Signature): Bill Birnie

Certification Verifying Report of Work

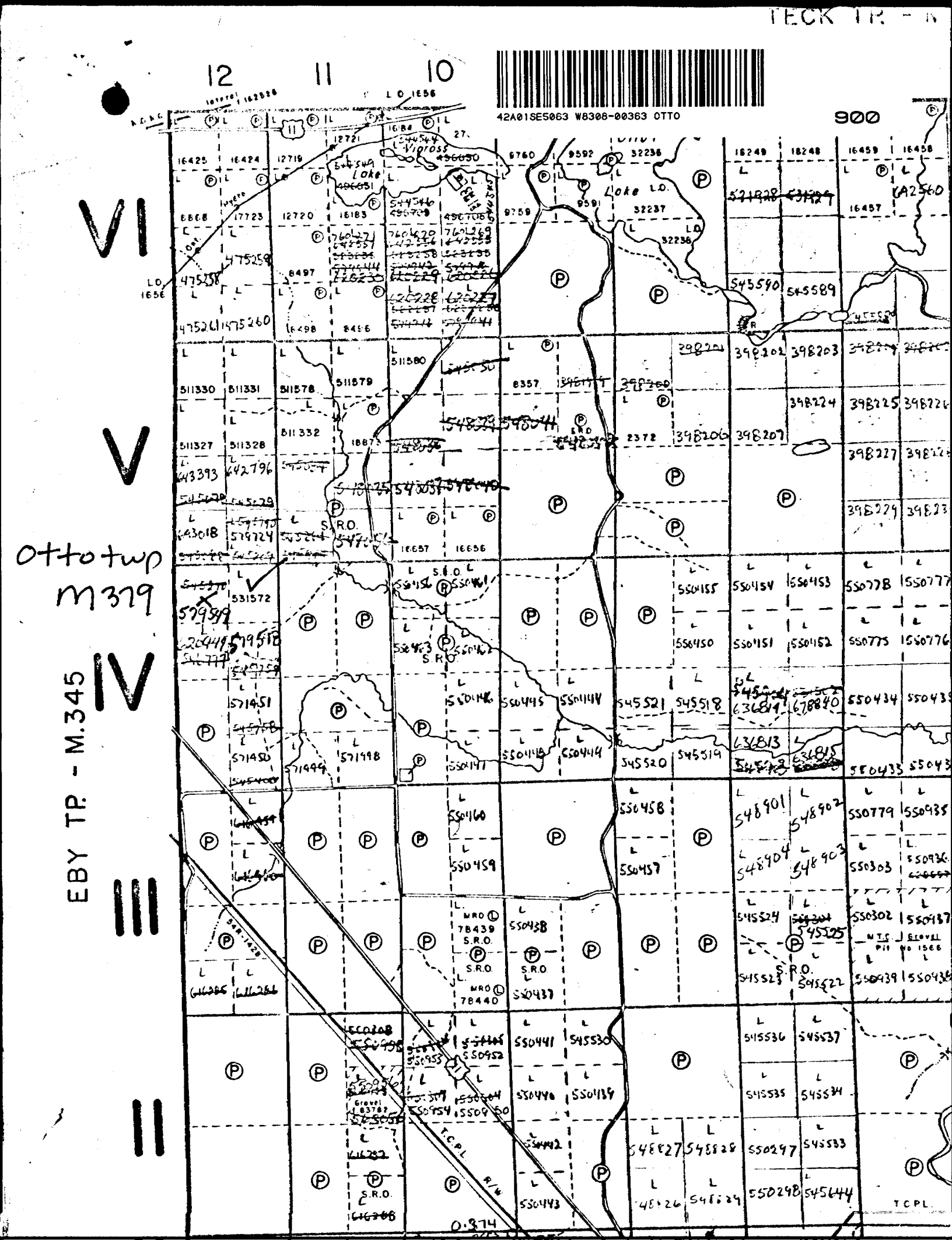
I hereby certify that I have a personal and intimate knowledge of the facts set forth in the Report of Work annexed hereto, having performed the work or witnessed same during and/or after its completion and the annexed report is true.

Name and Postal Address of Person Certifying
Bill Birnie P.O.B. 935 Kirkland Lake.

Date Certified: Nov 7/83
Certified by (Signature): Bill Birnie

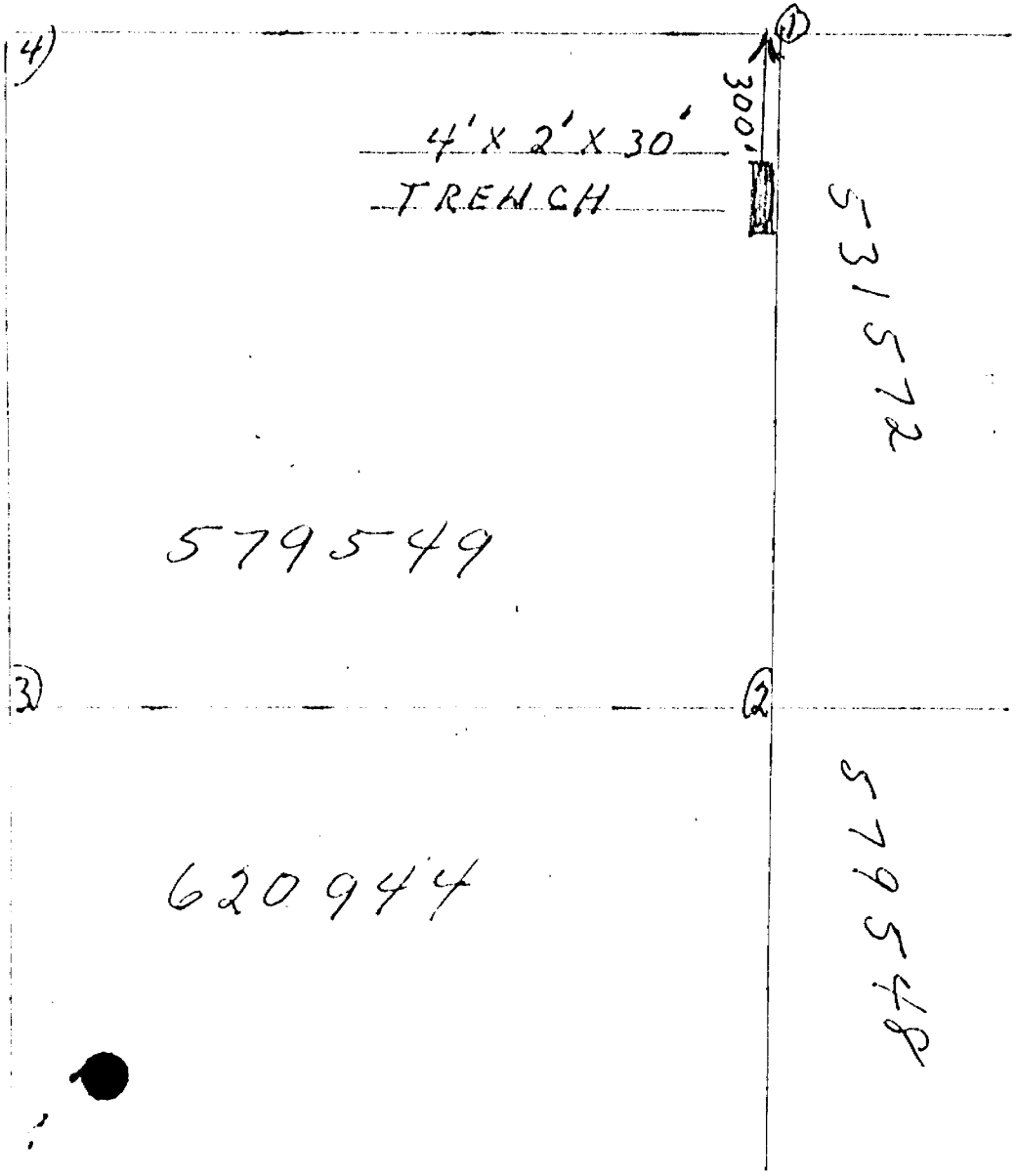
Table of Information/Attachments Required by the Mining Recorder

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.	Work Sketch (as


TECK TR. - A
12
11
10
42A01SES063 W8308-00363 OTTO
900
VI
V
IV
III
II
Otto twp
M379
EBY TP. - M.345
Lake
Lake L.O.
S.R.O.
MRO
78439
78440
T.C.P.L.
R/W
0.374

K 18722- BILL BIRNIE, NOV. 7/83

OTTO TWP. LOT-12 CONC. 4



K18722 NOV. 7/83

BILL BIRNIE - LOT 12 CONC. 4 - OTTO

