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		Minist			*	um Resources	M.R. #	
		11M	NERAL RESOU	RCES BRA		S DIVISION	VANCOUVER, B.C.	
STATEM	ENT	OF	EXPLC	RAT	ION	in anita a source	DEVELOPMENT	
I,Ivor I	M. Watsor (Na	n ame)			Agent for	Vanco Ex	plorations Ltd., (Name)	
584.Ę		r Rd., Idress)		•		.Ste. 601	, Box 221,	
. Ņorth	.Vancouve	er, B.(ç	· · ·		Commerce	e Court East, Toronto, On M5L 1E	
Valid subsist	ting F.M.C. No	0.25146	5	••		Valid subsisting	g F.M.C. No238081	ł.
STATE THAT	e e se travera							
1. I have done,	, or caused to t	be done, w	ork on the .5	Lide.L2	.and .13			
			MSL 188.	, an0 , o	Torons		Claim(s)	
	(s) .4545, .4			· · · · · · ·				
Situate at Q	uesnel R	lver, Quesi	15 kms. we nel Forks	B.C.	in the .Ca	ariboo	Mining Division,	
to the value	of at least .\$	8840.4	0		dollars.	Work was done f	rom the	
of.Şepte	mber		19 83	, to the	.20th	. day of .Sept	tember 19 83	
2. The followin			12 months in w				LOWING) and and some of some	
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	(Give det	tails as requ	jired by section	13 of regul	ations.)		COST COST	
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(Signature of Applicant)

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(The itemized cost statement must be part of the report.) COST						v name and record number.)

(For C and D sections, please turn over.)

			SUB-RECOR RECEIVED
	VISION - TITLES BRANCH	223 M.R.	APR 4 19
Ivor M. Watson (Name)	Agent for Vanco	Explorations Ltd. Name	
584 East Braemar Road (Address)	4600 To	oronto Dominion Ce (Address)	ntre
North Vancouver, B.C.	Toronto	o, Ontario	
V7N 1R3 669-6737 (Postal Code) (Telephone Number	M5K 1E: er) (Postal Code)		068 phone Number)
Valid subsisting F.M.C. No. Watsim 274648	Valid subsisting F.M.C. No.	268672	
TE THAT			
1. I have done, or caused to be done, work on the <u>Slide 3</u> ,	4, 5, 6, 10, 11 (SI	Lide A Group)	
Record No(s). 3352, 3353, 3354, 3355, 335	9, 3360		Claim(s)
Situate at Slide Mtn., N bank of Quesnel in	the Cariboo	Mini	ng Division,
River, 55km SE of Quesnel \$20,91	9.57 dollars. Work was d	one from the 6th	day
of <u>September</u> 19 84, to the	30th day of Novembe	er 1	9
2. The following work was done in the 12 months in which such work is	s required to be done:		
[COMPLETE APPROPRIATE SEC	TION(S) A, B, C, D, FOLL	OWING]	
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(Give details as required by section 13 of regulation	ations.)	COST	
	TOTAL PHYSICAL		
I wish to apply \$ of physical work to the (State number of years to be applied to each claim, its month o		by name and record number.)	
PROSPECTING (Details in report submitted as per section 9 c			
(The itemized cost statement must be part of	the report.)	COST	
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