



APPLICATION FOR GROUPING

Pursuant to Section 81 of The Mines and Minerals Act

PLEASE PRINT

1. I/We _____ of
(Holder)

Address _____

(City)

(Province)

(Postal Code)

Phone No. _____

Fax No. _____

hereby apply to have the claims or claims and mineral leases listed on the reverse grouped.

2. The group is covered by these claim map(s). _____

3. The claims and mineral leases are contiguous.

4. A fee of \$6.50 (plus GST) per claim or mineral lease accompanies this application. Make cheque payable to the **Minister of Finance, Manitoba.**

5. The listed claims or claims and mineral leases are not presently included in any group certificate except as shown on the reverse.

(Date)

(Holder)

If the holder is not a resident of Manitoba, the name and address of a resident agent must be supplied.

Resident Agent _____

City _____ Province MANITOBA Postal Code _____ Telephone No. _____

NOTE: If this application is signed by an agent, the authority of the agent must be filed with the Recorder.

OFFICIAL USE ONLY

Cheque/Cash/Auth No. _____

Amount _____

Payer _____

First File _____

Date _____

Receipt No. _____

Amount _____

CLAIMS OR CLAIMS AND MINERAL LEASES

Claim or Mineral Lease Number	Claim Name	Previous Group Cert. No.	Area in Hectares

Application to be filed at the Office of the Recorder

WINNIPEG
 Unit 360
 1395 Ellice Avenue
 WINNIPEG, Manitoba
 R3G 3P2
 Phone: (204) 945-6527
 Fax: (204) 948-2578

FLIN FLON
 Barrow Building
 Room 201, 143 Main Street
 FLIN FLON, Manitoba
 R8A 1K2
 Phone: (204) 687-1630
 Fax: (204) 687-1634