			CH	AIN O	F CU	ISTOD	Y	FORM	I LCC	-013			
	Loring Laboratories Ltd.				Date:				Tel:				
	629 Beaver	29 Beaverdam Rd N.E.				From:				Fax:			
/	Calgary, AB Canada T2K 4W7					Company Name:				Email:			
Tel 403-274-2777 Fax 403-275-0541					Address:				Invoice to:				
Email info@loringlabs.net					Report to:								
File#													
					City: Prov/State: Zip: Signature of Sender:								
Please Specify	Analysis		Assay	Geochem	Umpire	Coal	Sample	DD Core	Rocks	Soil	Coal	Other	
Total Number			Assay	Geochem	Unipite	Coal	Туре	DD Cole	ROCKS	5011	Coal	Other	
Condition of samples when received OK			Damaged	Damaged Sample List Enclosed Y/N Received Date:					ļ	ļ			
Samples received in: Bags Drums					Boxes Other Received B								
					ENTIFICATION				ANALYSIS REQUESTED				
Special Ins	tructions:		re: grey	7 ARFA F(RIAR III	SE ONI V							