# MINUTES OF ANNUAL GENERAL MEETING SONRISA – LMS 3199

Held: Thursday, April 22nd, 2010 @ 7:00 p.m.

Location: Kyle Recreation Centre (Activity Room), 125 Kyle St., Port Moody, B.C.

#### **CALL TO ORDER**

**Bernadette Trohon**, the Council President, welcomed all of the Owners to the meeting and thanked them for their attendance. She advised the Owners present she would be chairing the meeting with the assistance of **Chris McInnes** from AWM-Alliance Real Estate Group Ltd. The Chairman also introduced the remaining members of the Strata Council.

AWM-Alliance Real Estate Group Ltd. will be minuted as AWM.

The Chairperson handed the floor over to AWM to review the procedures for voting at the meeting and address the administrative requirements under the Act.

The Annual General Meeting of Strata Corporation LMS 3199 was called to order @ 7:30 p.m.

#### **QUORUM**

A total of 41 Owners were represented at the meeting with 37 in person and 4 by proxy. The Strata Property Act states that in order to conduct business at a General Meeting at least thirty-three percent (33%) or ½ of the persons entitled to vote must be present in person or by proxy. If at the time appointed for the General Meeting a quorum is not present, the meeting shall continue ½ hour later with the persons that are entitled to vote, and those present shall constitute a quorum. It was MOVED (208B), SECONDED (115A) and CARRIED to accept the certification of quorum.

#### **CERTIFICATION OF PROXIES**

AWM reviewed with the Owners present the requirements for the certification of the proxies.

It was MOVED (418A), SECONDED (217A) and CARRIED to accept the proxies received as validated and certified.

#### PROOF OF NOTICE

AWM reviewed the proof of notice requirements as per the Strata Property Act for the Owners. There were no returns of the advanced meeting notice, as previously sent to Owners by mail.

It was MOVED (313A), SECONDED (115A) and CARRIED to accept the proof of notice as circulated on April 1st, 2010.

#### APPROVAL OF THE AGENDA

AWM reviewed the agenda for the Owners present.

It was MOVED (213B), SECONDED (110D) and CARRIED to approve the agenda as circulated.

#### APPROVAL OF THE PREVIOUS MINUTES

AWM noted the minutes from the previous Annual General Meeting held on March 26th, 2009. As there were no corrections to be made the following motion was made.

It was MOVED (418A), SECONDED (313A) and CARRIED to accept the Annual General Meeting minutes from the meeting dated March 26th, 2009 as circulated.

### **CERTIFICATE OF INSURANCE**

AWM provided a brief review of the current insurance policy. It was noted any alterations to a Strata Lot including, but not limited to, flooring, window coverings, walls (excluding paint), etc. is considered an alteration or betterment. As a result, these items would require Strata Council's prior approval. Each individual Owner is also responsible to ensure these alterations or betterments are insured under their Homeowners insurance policy.

AWM also reviewed with the Owners the requirement for Owners to ensure annual maintenance is being completed on their appliances, as these do not fall under the responsibility of the Strata Corporation, and damages can be found the responsibility of the Homeowner, should a failure occur from an appliance.

There was discussion regarding the overall deductibles under the policy and Owners ensuring they have appropriate coverage.

After a further discussion, it was MOVED (104A), SECONDED (213B) and CARRIED to approve the certificate of insurance for the building.

## APPROVAL OF THE LONG TERM MAINTENANCE PLAN

AWM reviewed with the Owners present a brief history regarding the long-term maintenance plan and how it had been originally drafted. It noted the intention of the long-term plan was to prepare for future capital expenditures and avoid any large Special Assessments to Owners for these costs. It noted the long-term plan was simply a projection and that before any of the work would be able to be completed it would need to be approved by the Ownership at a General Meeting.

It was noted as a result of changes forthcoming in the Strata Property Act, the long-term maintenance plan would be required to be provided in a different format. This would be reviewed by the Council over the next year and brought forward to the Owners at the next AGM.

#### **APPROVAL OF THE BUDGET FOR 2010/2011**

It was **MOVED** (418A), **SECONDED** (208B) to approve the budget for the fiscal year February 1, 2010 to January 31, 2011 for Strata Plan LMS 3199.

The floor was then open for discussion.

AWM gave a brief overview of the budget, which the Council and AWM noted projected no increase in the overall maintenance fees. It was noted that HST would have an effect on the budget as the Strata will pay HST in dealing with the contractors.

After a further question and answer period, a vote was called and motion CARRIED unanimously.

\*\*\*All Owners are advised there is no change in the Monthly Maintenance Fees. Any Owners on automatic withdrawal will continue to have the fees withdrawn from their account on the 1st of each month. All other Owners are requested to provide cheques to cover the monthly fees. For convenience we have provided the attached Pre-Authorized Debit form for automatic payments to fill in and send to AWM-Alliance Real Estate Group Ltd. Those Owners who are already on the Pre-Authorized debit form need not do anything, as the payment will automatically continue or adjust as necessary.

Please see the attached maintenance fee schedule for further details. Note the maintenance fees attached will be considered as the official fees for the next fiscal year.\*\*\*

### 3/4 VOTE RESOLUTION # 1 – TRANSFER SURPLUS

Be it resolved by the Owners of Strata Plan LMS 3199 to approve that the Strata Corporation transfer any surplus remaining, subject to an audit being completed (if approved by the Council) for the 2009/2010 fiscal year to the Contingency Reserve Fund.

It was MOVED (104A) and, SECONDED (321A) to approve the transfer of the surplus.

A vote was called and the motion was **CARRIED** unanimously.

## 3/4 VOTE RESOLUTION #2 – APPROVAL FOR ENGINEERING SERVICES

Be it resolved by the Owners of Strata Plan LMS 3199 to approve that the Strata Corporation pass a <sup>3</sup>4 Vote Resolution to approve funds for the purpose of having an engineer draft specifications/drawings and tender the recommended repairs to the balconies of the Phase I (3122 St. Johns) building. Details regarding the costs for this are outlined further below:

Work Required	Comments	
Costs for engineering	Cost allowance based on pricing	\$9,300.00
services	included in this notice of meeting.	
GST	Taxes	\$465.00
Total cost of work		\$9,765.00

The above resolution will be due at the time of passing and is to be funded by the Contingency Reserve Fund.

By the Owners passing this resolution, should there be any monies remaining after the above noted work is completed, these will be deposited back to the Contingency Fund.

Itiwas MOVED (313A), SECONDED (104A) to approve the resolution as noted above.

The floor was open for discussion.

34 5 CO

There were questions from the floor in regard to the necessity for this work to be completed, which the Council and AWM noted this was required before the actual repair figures could be finalized. The Owners and Council reviewed the report from Trow and when an SGM would be held, which Council noted this would be looked to be held in the next 2-3 months.

After a further question and answer period, a vote was called and the motion was **CARRIED** with 2 opposed.

#### 3/4 VOTE RESOLUTION #3 – BYLAW ADMENDMENTS

Be it resolved by the Owners of Strata Plan LMS 3199 to approve that the Strata Corporation amend the current registered bylaws with the bylaw amendments attached.

## Proposed Change Below:

#### HARD SURFACE FLOORING

An owner or owners may, with the prior written approval of the strata council, make changes to the floor finishing of their Strata Lot from carpet to any hard surface floor finish (e.g.: tile or hardwood flooring) and the Council shall give due consideration to the type and quality of the flooring and underlay in relation to the sound transmission between Strata Lots.

An owner or occupant of a Strata Lot with hard floor surfaces including wooden floors or tile floors must take all reasonable steps to satisfy noise complaints from residents within audible range, including without limitation:

- (a) ensuring that no less than sixty percent (60%) of such hard floor surfaces, excepting only kitchens, bathrooms, laundry rooms and entry areas, are covered with area rugs or carpet unless otherwise dictated by a medical condition;
- (b) avoiding walking with hard shoes or dragging furniture or other heavy objects across such floor surfaces;
- (c) chair legs should be fitted with felt pads;
- (d) avoiding activities that will cause unnecessary noise such as, bouncing balls, dancing and stomping feet, and

any noise inducing equipment should be separated from the floor with adequate cushioning.

It was MOVED (321A), SECONDED (217A) to approve the amended bylaws.

The floor was open for discussion.

There was a discussion regarding how this bylaw would be applied and how enforced with existing Owners. The Council reviewed the process in regard the bylaw enforcement and noted this would be reviewed on a case basis by the Council.

Following a further question and answer period the motion was put to a vote, and **CARRIED** with 3 opposed.

#### **ELECTION OF COUNCIL**

AWM advised the Ownership that the current Council would now be stepping down and an election would be held. Before the election took place, AWM asked for a round of applause for the efforts put forward by the Council over the previous year.

AWM advised the Owners present, under the regulations of the Strata Property Act a minimum of 3 and maximum of 7 members could be elected to the Strata Council.

The following Owners/representatives were nominated/volunteered for the Strata Council for the coming year.

Bernadette Trohon, Unit #313A

Gabor Szivos, #213B

Laura Dilley, #104A

Karen Jamison, #405C

Denise Anderson, #208B

Steve Somers, #215A

It was then MOVED by (321A), SECONDED (413A) and CARRIED that the above noted Owners be elected to the Strata Council for 2010/2011.

### **NEW BUSINESS**

AWM advised this was the point in the meeting for the Owners to bring forward any concerns which the Owners wished the Strata Council to address of the next fiscal year.

- Visitor Parking There was discussion in regard to the use and abuse of visitor parking.
   This was noted to be discussed further by the Council.
- Gym Painting It was noted this had been approved and work would be commencing shortly.
- o Rubber Matting There was discussion regarding installation of rubber matting in the gym, which Council would look into as part of improvements at a later date. The Council also reviewed the replacement of the equipment, and noted this was being completed as the equipment failed.
- Gym Weights It was noted there was a need for heavier weights to be brought to the gym.
   This would be priced and brought to the Council for its review.
- o **General Maintenance** The Owners noted a number of general building maintenance items which would be passed onto the Resident Manager to be addressed including drain concerns, interior painting, ants, and possible direction signage for the Phase 1 building.
- Minutes Owners are reminded the minutes are available on-line at: <u>www.awmalliance.com</u>. Click on the Strata Members log-in, and once connected the username is: lms3199 and the password is: sonrisa. If you have any difficulties, please contact AWM for assistance.

#### CONCERNS/COMPLAINTS:

Owners are requested to put their *non-emergency concerns* in writing to AWM-Alliance Real Estate Group Ltd. This will ensure that proper documentation is maintained and that concerns will be addressed at the next Council meeting. Please email, mail or fax correspondence to AWM-Alliance Real Estate Group Ltd. Please note that all letters must be identified by suite address and must be signed and dated; otherwise, Council will not consider them. All correspondence is confidential.

### ADJOURNMENT/NEXT MEETING

There being no further business, the meeting was adjourned @ 8:16 p.m. The next meeting is a Council meeting, which will be announced.

The minutes were taken and respectfully submitted by Chris McInnes of AWM-Alliance Real Estate Group Ltd., (604) 685-3227.

Owners are reminded to keep these documents for their future reference in the event that they wish to sell their suite. Please note that any replacement copies must be purchased from AWM-Alliance Real Estate Group Ltd.

# SONRISA - LMS 3199 APPROVED MAINTENANCE FEES FEBRUARY 1, 2010 - JANUARY 31, 2011

SONRISA LMS 3199 3122 St. Johns Street, Port Moody, BC

			T		<u> </u>	<u></u>
Strata Lot	Unit	Туре	U.E.	Operating Contribution	Contingency Contribution	Total Monthly
1	115	Residential	788	\$231.61		Strata Fees
18	101	Residential	559	\$164.30	\$33.66 \$23.88	\$265.28
19	102	Residential	787	\$231.32	\$33.62	\$188.18 \$264.94
20	103	Residential	816	\$239.84	\$34.86	\$204.94
21	104	Residential	800	\$235,14	\$34.18	\$274.70
22	105	Residential	559	\$164.30	\$23.88	\$188.18
23	106	Residential	797	\$234.26	\$34.05	\$268.31
24	107	Residential	564	\$165.77	\$24.09	\$189.87
25	108	Residential	559	\$164.30	\$23.88	\$188.18
26	109	Residential	789	\$231.91	\$33.71	\$265.61
27	110	Residential	559	\$164.30	. \$23.88	\$188.18
28	111	Residential	800	\$235,14	\$34.18	\$269.32
29	112	Residential	816	\$239.84	\$34.86	\$274.70
30	113	Residential	787	\$231.32	\$33.62	\$264.94
31	114	Residential	559	\$164.30	\$23.88	\$188.18
32	221	Residential	799	\$234.85	\$34.13	\$268.98
33	222	Residential	562	\$165.19	\$24.01	\$189.19
34	223	Residential	570	\$167.54	\$24.35	\$191.89
36	224	Residential	804	\$236.32	\$34.35	\$270.66
37	225 226	Residential	711	\$208.98	\$30.37	\$239.35
38	227	Residential	562	\$165.19	\$24.01	\$189.19
39	228	Residential	529	\$155.49	\$22.60	\$178.08
40	229	Residential Residential	594	\$174.59	\$25.37	\$199.97
41	230	Residential	659	\$193.70	\$28.15	\$221.85
42	201	Residential	590 600	\$173.42	\$25.20	\$198.62
43	202	Residential	800	\$176.36	\$25.63	\$201.99
44	203	Residential	826	\$235,14 \$242,78	\$34.18	\$269.32
45	204	Residential	844	\$248.07	\$35.29	\$278.07
46	205	Residential	570	\$167.54	\$36.05 \$24,35	\$284.13
47	206	Residential	807	\$237.20	\$34.47	\$191.89 \$271.67
48	207	Residential	826	\$242.78	\$35.29	\$271.07
49	208	Residential	829	\$243.66	\$35.41	\$279.08
50	209	Residential	799	\$234.85	\$34.13	\$268.98
51	210	Residential	570	\$167.54	\$24.35	\$191.89
52	211	Residential	844	\$248.07	\$36.05	\$284.13
53	212	Residential	826	\$242.78	\$35,29	\$278.07
54	213	Residential	800	\$235.14	\$34.18	\$269.32
55	214	Residential	600	\$176.36	\$25.63	\$201.99
56	215	Residential	590	\$173.42	\$25.20	\$198.62
57	216	Residential	659	\$193.70	\$28.15	\$221.85
58	217	Residential	594	\$174.59	\$25.37	\$199.97
59	218	Residential	529	\$155.49	\$22.60	\$178.08
60	219	Residential	562	\$165,19	\$24.01	\$189.19
62	220	Residential	711	\$208.98	\$30.37	\$239.35
63	321	Residential	799	\$234.85	\$34.13	\$268.98
64	322 323	Residential	572	\$168.13	\$24.44	\$192.56
65	323	Residential	580	\$170.48	\$24.78	\$195.25
66	325	Residential Residential	804	\$236.32	\$34.35	\$270.66
67	326	Residential	- 723 574	\$212.51	\$30.89	\$243.39
68	327	Residential	539	\$168.71	\$24.52	\$193.23
69	328	Residential	604	\$158.43	\$23.03	\$181.45
70	329	Residential	669	\$177.53 \$196.64	\$25.80	\$203.33
71	330	Residential Residential	600	\$176.36	\$28.58	\$225,21
72	301	Residential	600	\$176.36	\$25.63 \$25.63	\$201.99
73	302	Residential	800	\$235.14	\$34.18	\$201.99
74	303	Residential	826	\$242.78	\$34.18	\$269.32
75	304	Residential	844	\$248.07	\$36.05	\$278.07 \$284.13
76				<b>4-</b>	Ψ-20.00 I	a∠a4.13 i

# SONRISA - LMS 3199 APPROVED MAINTENANCE FEES FEBRUARY 1, 2010 - JANUARY 31, 2011

Strata Lot	Unit	Туре	U.E.	Operating Contribution	Contingency Contribution	Total Monthly Strata Fees	
77	306	306	Residential	807	\$237.20	\$34.47	\$271.67
78	307	Residential	838	\$246.31	\$35.80	\$282.11	
79	308	Residential	829	\$243.66	\$35.41	\$279.08	
80	309	Residential	799	\$234.85	\$34.13	\$268.98	
81	310	Residential	570	\$167.54	\$24.35	\$191.89	
82	311	Residential	844	\$248.07	\$36.05	\$284.13	
83	312	Residential	826	\$242.78	\$35.29	\$278,07	
84	313	Residential	800	\$235,14	\$34.18	\$269,32	
85	314	Residential	600	\$176.36	\$25.63	\$201.99	
86	315	Residential	600	\$176.36	\$25.63	\$201.99	
87	316	Residential	669	\$196.64	\$28.58	\$225.21	
88	317	Residential	604	\$177.53	\$25,80	\$203.33	
89	318	Residential	539	\$158.43	\$23.03	\$181,45	
90	319	Residential	574	\$168,71	\$24.52	\$193,23	
91	320	Residential	723	\$212.51	\$30.89	\$243.39	
92	418	Residential	799	\$234.85	\$34.13	\$268.98	
93	419	Residential	572	\$168.13	\$24.44	\$192.56	
94	420	Residential	580	\$170.48	\$24.78	\$195.25	
95	421	Residential	804	\$236.32	\$34.35	\$270.66	
96	422	Residential	723	\$212.51 \$30.89		\$243,39	
97	423	Residential	574	\$168,71			
98	424	Residential	539		\$158,43 \$23,03		
99	425	Residential	604	\$177.53	\$25.80	\$181.45 \$203.33	
100	426	Residential	667	\$196.05	\$28.49	\$224.54	
101	401	Residential	798	\$234.55	\$34,09	\$268.64	
102	402	Residential	826	\$242.78	\$35.29	\$278.07	
. 103	403	Residential	844	\$248.07	\$36.05	\$284.13	
104	404	Residential	570	\$167.54	\$24.35	\$191.89	
105	405	Residential	807	\$237,20	\$34.47	\$271.67	
106	406	Residential	838	\$246.31	\$35.80	\$282.11	
107	407	Residential	829	\$243.66	\$35.41	\$279.08	
108	408	Residential	799	\$234.85	\$34.13	\$268,98	
109	409	Residential	570	\$167.54	\$24.35	\$191.89	
110	410	Residential	844	\$248.07	\$36.05	\$284,13	
111	411	Residential	826	\$242,78	\$35.29	\$278.07	
112	412	Residential	798	\$234.55	\$34.09	\$268.64	
113	413	Residential	667	\$196.05	\$28.49	\$224.54	
114	414	Residential	604	\$177.53	\$25.80	\$203.33	
115	415	Residential	539	\$158.43	\$23.03	\$181.45	
116	416	Residential	574	\$168.71	\$24.52	\$193.23	
117	417	Residential	723	\$212.51	\$30.89	\$243.39	
Sub-Total			70149	\$20,618.56	\$2,996.68	\$23,615.24	

# SONRISA - LMS 3199 APPROVED MAINTENANCE FEES

FEBRUARY 1, 2010 - JANUARY 31, 2011

Strata Lot	Unit	Туре	U.Ė.	Operating Contribution	Contingency Contribution	Total Monthl Strata Fees
2136 St Tahn	s Street, Port					
128	101	Residential	633	\$186.05	\$27.04	\$213.10
129	102	Residential	824	\$242.19	\$35.20	\$277.39
130	103	Residential	719	\$211,33	\$30.71	\$242.05
118	104	Residential	707	\$207.81	\$30.20	\$242.03
119	105	Residential	824	\$242.19	\$35.20	\$277.39
120	106	Residential	633	\$186.05	\$27.04	\$213.10
121	107	Residential	936	\$275.11	\$39.98	\$315.10
122	108	Residential	978	\$287.46	\$41.78	\$329.24
123	109	Residential	950	\$279.23	\$40.58	\$319.81
124	110	Residential	628	\$184.59	\$26.83	\$211.41
125	111	Residential	950	\$279.23	\$40.58	\$319.81
126	112	Residential	978	\$287.46	\$41.78	\$319.81
127	113	Residential	936	\$275.11	\$39.98	\$325.24
141	201	Residential	598	\$175.77	\$25.55	\$201.31
142	202	Residential	981	\$288.34	\$41.91	\$330.25
143		Residential	795	\$233.67	\$33.96	
131	203 204	Residential	795 706	\$233.67	\$30.16	\$267.63 \$237.67
132	204	Residential	833	\$207.31		\$237.67
					\$35.58	
133	206	Residential Residential	897 654	\$263.65 \$192.23	\$38.32	\$301.97
	207				\$27.94	\$220.17
135	208	Residential	825	\$242.49	\$35.24	\$277.73
136	209	Residential	797	\$234.26	\$34.05	\$268.31
137	210	Residential	628	\$184.59	\$26.83	\$211.41
138	211	Residential	797	\$234.26	\$34.05	\$268.31
139	212	Residential	825	\$242.49	\$35.24	\$277.73
140	213	Residential	783	\$230.14	\$33.45	\$263.59
154	301	Residential	598	\$175.77	\$25.55	\$201.31
155	302	Residential	981	\$288.34	\$41.91	\$330.25
156	303	Residential	795	\$233.67	\$33.96	\$267.63
144	304	Residential	706	\$207.51	\$30.16	\$237.67
145	305	Residential	833	\$244.84	\$35.58	\$280.42
146	306	Residential	897	\$263.65	\$38.32	\$301.97
147	307	Residential	654	\$192.23	\$27.94	\$220.17
148	308	Residential	825	\$242.49	\$35.24	\$277.73
149	309	Residential	797	\$234,26	\$34.05	\$268.31
150	310	Residential	628	\$184.59	\$26.83	\$211.41
151	311	Residential	797	\$234.26	\$34.05	\$268.31
152	312	Residential	825	\$242,49	\$35.24	\$277.73
153	313	Residential	783	\$230.14	\$33.45	\$263.59
167	401	Residential	665	\$195.46	\$28.41	\$223.87
168	402	Residential	833	\$244.84	\$35.58	\$280.42
169	403	Residential	809	\$237.79	\$34.56	\$272.35
157	404	Residential	716	\$210.45	\$30.59	\$241.04
158	405	Residential	833	\$244.84	\$35.58	\$280.42
159	406	Residential	665	\$195.46	\$28.41	\$223.87
160	407	Residential	594	\$174.59	\$25.37	\$199.97
161	408	Residential	834	\$245.13	\$35.63	\$280.76
162	409	Residential	806	\$236.90	\$34.43	\$271.34
163	410	Residential	628	\$184.59	\$26.83	\$211,41
164	411	Residential	806	\$236.90	\$34.43	\$271.34
165	412	Residential	834	\$245.13	\$35.63	\$280.76
166	413	Residential	594	\$174.59	\$25.37	\$199.97
Sub-Total			40551	\$11,918.96	\$1,732.29	\$13,651.25

## SONRISA - LMS 3199

## APPROVED MAINTENANCE FEES FEBRUARY 1, 2010 - JANUARY 31, 2011

					6 "	<u></u>
Strata Lot	Unit	Туре	U.E.	Operating Contribution	Contingency Contribution	Total Monthly Strata Fees
3142 St. John	ıs Street, Port	Moody, BC		<del>!</del>		<b>1</b>
170	104	Residential	797	\$234.26	\$34.05	\$268.31
171	105	Residential	823	\$241.90	\$35.16	\$277.06
172	106	Residential	617	\$181.35	\$26.36	\$207.71
173	107	Residential	771	\$226.62	\$32.94	\$259.55
174	108	Residential	797	\$234.26	\$34.05	\$268.31
175	109	Residential	825	\$242.49	\$35.24	\$277.73
176	110	Residential	567	\$166.66	\$24.22	\$190.88
177	111	Residential	567	\$166.66	\$24.22	\$190.88
178	112	Residential	825	\$242.49	\$35.24	\$277.73
179	113	Residential	797	\$234.26	\$34.05	\$268.31
180	114	Residential	771	\$226.62	\$32.94	\$259.55
181	101	Residential	617	\$181.35	\$26.36	\$207.71
182	102	Residential	823	\$241.90	\$35.16	\$277.06
183	103 205	Residential	883 797	\$259.54	\$37.72 \$34.05	\$297.26
185		Residential		\$234.26		\$268.31
186	206 207	Residential Residential	833 735	\$244.84 \$216.04	\$35.58 \$31.40	\$280.42 \$247.43
187	208	Residential	779	\$218.04	\$33.28	\$247.43
188	209	Residential	806	\$236.90	\$34.43	\$202.23
189	210	Residential	825	\$242.49	\$35.24	\$277.73
190	211	Residential	567	\$166.66	\$24.22	\$190.88
191	212	Residential	567	\$166.66	\$24.22	\$190.88
192	213	Residential	825	\$242.49	\$35.24	\$277.73
193	214	Residential	806	\$236.90	\$34.43	\$271,34
194	215	Residential	779	\$228.97	\$33.28	\$262.25
195	201	Residential	735	\$216.04	\$31.40	\$247.43
196	202	Residential	833	\$244.84	\$35.58	\$280.42
197	203	Residential	844	\$248.07	\$36.05	\$284.13
198	204	Residential	786	\$231.03	\$33.58	\$264.60
199	305	Residential	806	\$236.90	\$34.43	\$271.34
200	306	Residential	833	\$244.84	\$35.58	\$280.42
201	307	Residential	735	\$216.04	\$31.40	\$247.43
. 202	308	Residential	779	\$228.97	\$33.28	\$262.25
203	309	Residential	806	\$236.90	\$34.43	\$271.34
204	310	Residential	834	\$245.13	\$35.63	\$280.76
205	311	Residential	576	\$169.30	\$24.61	\$193.91
206	312	Residential	576	\$169.30	\$24.61	\$193.91
207	313 314	Residential	834 806	\$245.13 \$236.90	\$35.63	\$280.76
209	314	Residential Residential	779	\$236.90	\$34.43	\$271.34
210	301	Residential	735	\$226.97	\$33.28 \$31.40	\$262.25 \$247.43
211	302	Residential	833	\$244.84	\$35.58	\$280.42
212	303	Residential	853	\$250.72	\$35.36 \$36.44	\$287.16
213	304	Residential	797	\$234.26	\$34.05	\$268.31
214	405	Residential	806	\$236.90	\$34.43	\$271,34
215	406	Residential	833	\$244.84	\$35.58	\$280.42
216	407	Residential	656	\$192.81	\$28.02	\$220.84
217	408	Residential	611	\$179.59	\$26.10	\$205.69
218	409	Residential	806	\$236.90	\$34.43	\$271.34
219	410	Residential	834	\$245.13	\$35.63	\$280.76
220	411	Residential	576	\$169.30	\$24.61	\$193.91
221	412	Residential	576	\$169.30	\$24.61	\$193.91
222	_413	Residential	834	\$245.13	\$35.63	\$280.76
223	414	Residential	806	\$236.90	\$34.43	\$271.34
224	415	Residential	611	\$179.59	\$26.10	\$205.69
225	401	Residential	656	\$192.81	\$28.02	\$220,84
226	402	Residential	833	\$244.84	\$35.58	\$280.42
227	403 404	Residential Residential	853 797	\$250.72 \$234.26	\$36.44	\$287.16
Sub-Total	404	Residentiai	44667		\$34.05 \$1.908.12	\$268.31 \$15.036.88
DRIO, TOTAL			4400/	\$13,128.76	\$1,908.12	\$15,036.88

## SONRISA - LMS 3199

## APPROVED MAINTENANCE FEES FEBRUARY 1, 2010 - JANUARY 31, 2011

				Operating	Contingency	Total Monthly
Strata Lot	Unit	Type	U.E.	Contribution	Contribution	Strata Fees

Strata Lot	Unit	Туре	U.E.	Operating Contribution	Contingency Contribution	Total Monthly Strata Fees
229	101	Residential	726	\$213.39	\$31.01	\$244.40
230	102	Residential	823	\$241.90	\$35.16	\$277.06
231	103	Residential	640	\$188.11	\$27.34	\$215.45
232	104	Residential	771	\$226.62	\$32.94	\$259.55
233	105	Residential	825	\$242.49	\$35.24	\$277.73
234	106	Residential	797	\$234.26	\$34.05	\$268.31
235	107	Residential	628	\$184.59	\$26.83	\$211.41
236	108	Residential	797	\$234.26	\$34.05	\$268.31
237	109	Residential	825	\$242.49	\$35.24	\$277.73
238	110	Residential	771	\$226.62	\$32,94	\$259.55
239	111	Residential	640	\$188.11	\$27.34	\$215.45
240	112	Residential	823	\$241.90	\$35.16	\$277.06
241	113	Residential	713	\$209.57	\$30.46	\$240.03
242	201	Residential	796	\$233.96	\$34.00	\$267.97
243	202	Residential	981	\$288.34	\$41.91	\$330.25
244	203	Residential	613	\$180.18	\$26.19	\$206.36
245	204	Residential	777	\$228.38	\$33.19	\$261.57
246	205	Residential	834	\$245,13	\$35.63	\$280.76
247	206	Residential	797	\$234.26	\$34.05	\$268.31
248	207	Residential	628	\$184.59	\$26.83	\$211.41
249	208	Residential	797	\$234.26	\$34.05	\$268.31
250	209	Residential	834	\$245.13	\$35.63	\$280.76
251	210	Residential	659	\$193.70	\$28.15	\$221.85
252	211	Residential	882	\$259.24	\$37.68	\$296.92
253	212	Residential	834	\$245.13	\$35.63	\$280.76
254	213	Residential	713	\$209.57	\$30.46	\$240.03
255	301	Residential	811	\$238.37	\$34.64	\$273.02
256	302	Residential	981	\$288.34	\$41.91	\$330.25
257	303	Residential	613	\$180.18	\$26.19	\$206.36
258	304	Residential	777	\$228.38	\$33.19	\$261.57
259	305	Residential	834	\$245.13	\$35.63	\$280.76
260	306	Residential	806	\$236.90	\$34.43	\$271.34
261	307	Residential	628	\$184,59	\$26.83	\$211.41
262	308	Residential	806	\$236.90	\$34.43	\$271.34
263	309	Residential	834	\$245.13	\$35.63	\$280.76
264	310	Residential	659	\$193.70	\$28.15	\$221.85
265	311	Residential	882	\$259.24	\$37.68	\$296.92
266	312	Residential	834	\$245.13	\$35.63	\$280.76
267	313	Residential	722	\$212.21	\$30.84	\$243.06
268	401	Residential	812	\$238.67	\$34.69	\$273.35
269	402	Residential	834	\$245.13	\$35.63	\$280.76
270	403	Residential	655	\$192.52	\$27.98	\$220.50
271	404	Residential	589	\$173.12	\$25.16	\$198.28
272	405	Residential	834	\$245.13	\$35.63	\$280.76
273	406	Residential	806	\$236.90	\$34.43	\$271.34
274	407	Residential	628	\$184.59	\$26.83	\$211.41
275	408	Residential	806	\$236.90	\$34.43	\$271.34
276	409	Residential	834	\$245.13	\$35.63	\$280.76
277	410	Residential	589	\$173.12	\$25.16	\$198.28
278	411	Residential	655	\$192.52	\$27.98	\$220.50
279	412	Residential	833	\$244.84	\$35.58	\$280.42
280	413	Residential	721	\$211.92	\$30.80	\$242.72
200	712	1 contaction,	121	Ψ2.1.72	<b>\$30.00</b>	422.,22

Total Annual Fees-Residential

\$788,046.00

\$100,000.00

\$688,046.00

## SONRISA - LMS 3199 APPROVED MAINTENANCE FEES FEBRUARY 1, 2010 - JANUARY 31, 2011

				Operating	Contingency	Total Monthly
Strata Lot	Unit	Туре	U.E.	Contribution	Contribution	Strata Fees

3130 St. Johns Street, Port Moody, BC (Commercial)

Strata Lot	Strata Lot Unit		U.E.	Operating Contribution	Contingency Contribution	Total Monthly Strata Fees
2	Com9	Commercial	1174	\$298.65	\$30.36	\$329.01
3	Com10	Commercial	717	\$182.40	\$18.54	\$200.94
4	Com11	Commercial	591	\$150.34	\$15.28	\$165.63
5	Com12	Commercial	672	\$170.95	\$17.38	\$188.33
6	Com13	Commercial	636	\$161.79	\$16.45	\$178.24
7	Com14	Commercial	734	\$186.72	\$18.98	\$205.70
8	Com15	Commercial	548	\$139.41	\$14.17	\$153.58
9	Com16	Commercial	765	\$194.61	\$19.78	\$214.39
10	Com1	Commercial	789	\$200.71	\$20.40	\$221.12
11	Com2	Commercial	539	\$137.12	\$13.94	\$151.05
12	Com3	Commercial	721	\$183.42	\$18.64	\$202.06
13	Com4	Commercial	672	\$170.95	\$17.38	\$188.33
<b>1</b> 4	Com5	Commercial	636	\$161.79	\$16.45	\$178.24
15	Com6	Commercial	591	\$150.34	\$15.28	\$165.63
16	Com7	Commercial	717	\$182.40	\$18.54	\$200.94
17	17 Com8 Commercial		1174	\$298.65	\$30.36	\$329.01
Total Comm	Total Commercial			\$2,970.26	\$301.91	\$3,272.17
Total Annua	Total Annual Fees-Commercial			\$35,643.09	\$3,622.91	\$39,266.00

Residential/Commercial Combined U/E	206750	check	\$39,266.00
Residential %	94.4%		
Commercial %	5.6%		

# CUSTOMER PRE-AUTHORIZED DEBIT PLAN AUTHORIZATION

Company Name: AVM - Alliance Real Estate Group Ltd.  IN TRUST  Address: \$40-220 Camble Street  Gip: Vancouver  Province: 8.C Postal Code: V68 2M9  Telephone Number: 604-685-3227  Fast Number: 604-883-1721  FINANCIAL INSTITUTION  Name:  Address: Strata fees paying for)  Telephone Number: 504-686-3227  Fast Number: 604-883-1721  FINANCIAL INSTITUTION  Name:  Address: Strata fees paying for)  Telephone Number: 528	F	<del></del>	PAYEE			ACCOUNT HOLDER
Name   Marker   Mar	Company Name:	WM - Allia			Surname:	
Coy Vanceuver B.C. Postal Code: VSB 2M9  Takpinere harbers: 604-685-3227 Fast Number: 604-685-31721  Temphose Number: Final Code: VSB 2M9  Neece: 7ex Number: 7ex Nu	I	N TRUST				
Province:    Bould Code: VBB 2M9   Province:   Bould -685-3227   Sold-685-3227   Park Nervice:   Bould -685-3227   Sold-685-3227   Park Nervice:   Bould -685-3227   Park Nervice:   Bould -685-3227   Park Nervice:   Bould -685-3227   Park Nervice:   Park	Address: 5	40-220 Ca	mbie Street		Address:	
Takeyowe Namber:  604-685-1721  *Address (Strata fees paying for)  FINANCIAL INSTITUTION  Name:  *Address (Strata fees paying for)  Telephone Namber:  *Address (Strata fees paying for)  Telephone:  *Address (Strata fees paying for)  Telephone Namber:  *Address (Strata fees paying for)  *Telephone Namber:  *Addr	City: \	/ancouver			City:	
Financial Institution  ATTACH A VOID CHEQUE AND RETURN TO OUR OFFICE 10 DAY  BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE  MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ATTACH A VOID CHEQUE AND RETURN TO OUR OFFICE 10 DAY  BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE  MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  AND THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE THE HIS DATE  MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  AND THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  WHEN YOUR FIRST  PAYMENT SHALL START. FORMS RECEIVED A THE FIRST OF THE MONTH WHEN YOUR FIRST  WHEN YOUR FIRST  WHEN YOUR FIRST  THE WASHINGTON OF THE FORM AND THE FORM AND THE FIRST OF THE MONTH WHEN YOUR FIRST  WHEN YOUR FIRST  WHEN YOUR FIRST  WHEN YOUR F	Province: B	3.C	Postal Code: V6B 2M9		Province:	Postal Code:
FINANCIAL INSTITUTION  Name:  ***INFORMATION***  ***INFORMATION***  ***INFORMATION***  PREASE FULLY COMPLETE ALL SECTIONS OF THE FORM AND ATTACH A VOID CHEQUE AND RETURN TO OUR OFFICE 10 DAY BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***INFORMATION***  PLEASE FULLY COMPLETE ALL SECTIONS OF THE FORM AND ATTACH A VOID CHEQUE AND RETURN TO OUR OFFICE 10 DAY BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***INFORMATION***  PLEASE FULLY COMPLETE ALL SECTIONS OF THE FORM AND ATTACH A VOID CHEQUE AND RETURN TO OUR OFFICE 10 DAY BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***OFFICE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***OFFICE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***OFFICE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***OFFICE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***OFFICE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***OFFICE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE  ***OFFICE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE  ***OFFICE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE  ***OFFICE THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE  ***OFFICE THE FIRST OF THE MONT	Telephone Number:		604-685-3227		* Address (Strata f	ees paying for)
FINANCIAL INSTITUTION  Name:  Address:    Possis Cody   PEASE FULLY COMPLETE ALL SECTIONS OF THE FORM AND ATTACH A VOID CHEQUE AND RETURN TO OUR OFFICE 10 DAY BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  AVA as the account holder(s), suthorize the Payee and the above noted financial institution to debit my/our account, at the above indicated or area of the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notics to the conditions by me/us with the Payee until such time as written notics to the conditions with this authorization.  A debit, in paper, electronic or other form in the amount of \$ with a reasonable Isstitude for adjustments may be drawn on my/ (Note Information box above) with the pre-authorized debit.  We will notly the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date (the pre-authorized debit, and the account of the proper of the conditions of the proper of the conditions with the payee of the conditions of the proper of the conditions with the account of the branch of account within 90 days under any of the following one-fittions.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.	Fax Number.		604-893-1721			
Network Address:    Peeding digit   Transit is, (sidgles)   Products:   Peeding digit   Transit is, (sidgles)   Products:   Peeding   Peeding ones:   PLEASE FULLY COMPLETE ALL SECTIONS OF THE FORM AND ATTACH A VOID CHEQUE AND RETURN TO QUR OFFICE 10 DAY BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  We as the account holder(s), authorize the Payee and the above noted financial institution to debit my/our account, at the above indicated oranch of the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notice to the oranch of the financial institution at which I/We maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.  A debit, in paper, electronic or other form in the amount of \$, with a reasonable isflude for adjustments may be drawn on my/ (Note Information box above)  We will notify the Payee in writing of any changes in the secount information or termination of this authorization prior to the next due date of the pre-authorized debit.  Gens charged will be reimbursed subject to notification by me/us to the branch of account within 90 days under any of the following ontitions:  (a) I/We never provide the authorization to the Payee or payer controlled debit was not drawn in accordance with this authorization as supplied by the Payes  We understand that a written declaration to this effect must be given to my/ our financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution ignature of Account Holder   Date			· ·		Telephone Number,	
Institution of the financial institution at which I/We maintain the account information or termination of this authorization provide the authorization to the Payee in writing of any changes in the account information or termination of this authorization to the Payee in writing of any changes in the account information supplied by the Payee  We understand the lat a written declaration to the Payee  When the Payee in writing of any changes in the account information supplied by the Payee  We understand the size from the contraction to the payee  When the Payee in writing of any changes in the account information or termination of this authorization prior to the roat due date  were charged will be reimbursed subject to notification by me/us to the branch of account within 90 days under any of the following onditions.  When he was provide the authorization to the Payee  When mever provide the authorization to the Payee  We understand that a written declaration to this seffect must be given to my/ our financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by ma/us to the above noted financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by ma/us to the above noted financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by ma/us to the above noted financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by ma/us to the above noted financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by ma/us to the above noted financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by ma/us to the above noted financial institution.	<u> </u>	INANG	CIAL INSTITUTION		Fax Number:	
Provides Provides Provide code:  ***INFORMATION***  PLEASE FULLY COMPLETE ALL SECTIONS OF THE FORM AND ATTACH A VOID CHEQUE AND RETURN TO OUR OFFICE 10 DAY BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  ***MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH**  ***MAY NOT BE PROCESSED UNTIL THE FOLLOWING MAY IN THE FOLLOWING MAY IN THE PROPERTY OF THE MONTH MAY I	Name:				Account #;	
Prevenuese Possat code Possat	Address;				Inst #:(3 digit #)	Transil #: (5 digil#)
ATTACH A VOID CHEQUE AND RETURN TO OUR OFFICE 10 DAY BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  AVE as the account holder(s), authorize the Payee and the above noted financial institution to debit mylour account, at the above indicated varanch of the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notice to the posturary is given by me/us the Payee.  The branch of the financial institution at which I/We maintain the account is not required to verify that the paymant(e) are drawn in account with this authorization.  A debit, in paper, electronic or other form in the amount of S, with a reasonable latitude for adjustments may be drawn on my/ (Note Information box above)  We will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date  of the pre-authorized debit.  The pre-authorized debit was not crawn in accordance with this authorization  (b) I/We never provide the authorization to the Payee  (b) The pre-authorized debit was not crawn in accordance with this authorization  (b) I/We never provide the authorization to the Payee  (b) The pre-authorized debit was not crawn in accordance with this authorization  (b) I/We never provide the authorization to the Payee  (b) The pre-authorized debit was not crawn in accordance with this authorization  (c) I/We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  The debit was posted to the word account Holder  Date  The Date  The Date The MONTH Holder  Date	City:			***INFORI	MATION***	
BEFORE THE FIRST OF THE MONTH WHEN YOUR FIRST PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  The processed until the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notice to the contrary is given by me/us the Payee.  The branch of the financial institution at which I/We maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.  A debit, in paper, electronic or other form in the amount of \$	Province:		Postal code;	PLEASE I	FULLY COMPLE	TE ALL SECTIONS OF THE FORM AND
PAYMENT SHALL START. FORMS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  We as the account holder(s), authorize the Payee and the above noted financial institution to debit my/our account, at the above indicated oranch of the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notice to the contrary is given by me/us the Payee.  The branch of the financial institution at which LWe maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.  A debit, in paper, electronic or other form in the amount of \$, with a reasonable latitude for adjustments may be drawn on my/ (Note Information box above)  We will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.  The pre-authorized debit was not drawn in accordance with this authorization  We will never provide the authorization to the Payee  The debit was posted to the wrong account due to invalidincorrect account information supplied by the Payee  We understand finat a written declaration to this effect must be given to my/ our financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  The debit was posted to the wrong account due to invalidincorrect account information supplied by the Payee  We understand finat a written declaration to this effect must be given to my/ our financial institution.  The acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  The acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.	Telephone Number.	~		ATTACH /	A VOID CHEQUE	AND RETURN TO OUR OFFICE 10 DAYS
MAY NOT BE PROCESSED UNTIL THE FOLLOWING MONTH  We as the account holder(s), authorize the Payee and the above noted financial institution to debit mylour account, at the above indicated oranch of the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notice to the contrary is given by me/us the Payee.  The branch of the financial institution at which I/We maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.  A debit, in paper, electronic or other form in the amount of \$				BEFORE:	THE FIRST OF T	HE MONTH WHEN YOUR FIRST
We as the account holder(s), authorize the Payee and the above noted financial institution to debit mylour account, at the above indicated branch of the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notice to the contrary is given by me/us the Payee.  The branch of the financial institution at which I/We maintain the account is not required to verify that the paymant(s) are drawn in accordance with this authorization.  A debit, in paper, electronic or other form in the amount of \$				l l		
practs of the financial institution, under terms and conditions agreed to by me/us with the Payee until such time as written notice to the contrary is given by me/us the Payee.  The branch of the financial institution at which I/We maintain the account is not required to verify that the payment(s) are drawn in eccordance with this authorization.  A debit, in paper, electronic or other form in the amount of \$, with a reasonable latitude for adjustments may be drawn on my/ (Note Information box above)  We will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.  erms charged will be reimbursed subject to notification by me/us to the branch of account within 90 days under any of the following onditions.  By I/We never provide the authorization to the Payee  The pre-authorization was revoked  The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee  We understand that a written declaration to this effect must be given to my/ our financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  Fignature of Account Holder  Date  Thick Use Only			•	MAY NOT	BE PROCESSE	D UNTIL THE FOLLOWING MONTH
We will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.  ems charged will be reimbursed subject to notification by me/us to the branch of account within 90 days under any of the following conditions.  (a) I/We never provide the authorization to the Payee (b) The pre-authorized debit was not drawn in accordance with this authorization (c) My/Our authorization was revoked (d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee  We understand that a written declaration to this effect must be given to my/ our financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  Ignature of Account Holder  Date  Date  The debit was posted to the next due date of the payee constitutes delivery by me/us to the above noted financial institution.  Date					ı reasonable latitude	
ignature of Account Holder    Account Holder	/We will notify th	e Payee in			nination of this autho	·
The pre-authorized debit was not drawn in accordance with this authorization  Wy/Our authorization was revoked  The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee  We understand that a written declaration to this effect must be given to my/ our financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  Date  The pre-authorization was revoked  The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee  The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee  The debit was posted to the wrong account account information supplied by the Payee  The payee  The debit was posted to the wrong account account information supplied by the Payee  The payee  The debit was posted to the wrong account account information supplied by the Payee  The debit was posted to the wrong account a	lems charged wi conditions,	ll be reimbi	ursed subject to notification by me/us	to the branch of ac	count within 90 days	under any of the following
We understand that a written declaration to this effect must be given to my/ our financial institution.  We acknowledge that delivery of this authorization to the Payee constitutes delivery by me/us to the above noted financial institution.  ignature of Account Holder  Date  Fince Use Only	b) The pre-authors) My/Our author	rized debit ization was	was not drawn in accordance with this revoked		nation supplied by the	e Pavee
ignature of Account Holder  Date  Date  Grant Holder  Date  Date						,
ignature of Account Holder Date  ffice Use Only	We acknowledge	e that delive	ery of this authorization to the Payee o	constitutes delivery	by me/us to the abo	ve noted financial institution.
ffice Use Only	ignature of A	ccount H	older		Date	
			older		Date	
₽ Date i interi		у	Date Received:		Date F	ntered: