

CHECKING ACCOUNT

JOHN MARVEN OR
 PATTY MARVEN
 0000 STREET NAME
 BOUCHERVILLE QC 00000

Page: 1
 Statement Date: 00/00/00
 Account Number: 0000000000

All Transactions by Date

Date	Description	Amount	Balance
00/00	Balance Forward		00,000.00
00/00	Deposit	00,000.00	00,000.00
00/00	Interest Paid	0.00	00,000.00

Interest Rate Summary

Rate Paid Based on Balance Level Maintained

DATE 0-	\$0,000	\$0,000	\$00,000	\$00,000	and up
00/00	0.00000%	0.00000%	0.00000%	0.00000%	0.00000%
DATE 0-	\$0,000	\$0,000	\$00,000	\$00,000	and up
00/00	0.00000%	0.00000%	0.00000%	0.00000%	0.00000%

Account Summary

Previous Statement Date: 08/25/04

Beginning	Interest	Service	Ending
Balance	+ Deposits	+ Paid - Withdrawals	- Charge = Balance
00,000.00	00,000.00	0.00	.00 .00 = 00,000.00

Statement from 00/00/00 Thru 00/00/00	Average Stmt Balance	00,000.00
Interest Earned	0.00	*Annual Percentage Yield Earned 0.00%

***** Summary of Deposit Accounts *****

AP ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY	MATURITY
CK 0000000000	00,000.00	.000	00.00		



AVP COMPANY

5698 High boulevard, Ohio, 30567
Tel: (570) 759-3759 Fax: (570) 5780

Received by the companies identified below ("Carrier") the property describe below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said Carrier (the word "Carrier" being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agree to carry to the destination set forth below, it is agreed by Carrier, as to each Carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any or said property, that every service to be performed hereunder shall be subject to the terms and conditions set forth in Appendix B to the Uniform Domestic Straight Bill of Lading (49 CFR Part 1035) Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

Duplicate: 1
Page 1 Of 2

SHIPPER: AVP Company
000 Street name
Suite 500
Boucherville, QC J4B 7M7

SHIP TO: Company
000 BOUL. NAME
Boucherville, QC J4B 7M7

BILL OF LADING NO. 00 000000
ORDER NO. 000000
ORDER DATE 00.00.00
DATE SHIPPED 00.00.00
ARRIVAL DATE 00.00.00
ORIGINATING CARRIER CPU CUSTOMER PICK UP
TRACTOR/CAR INITIALS
TRAILER/SEAL NUMBER 000000/0000000
FREIGHT TERM PRE
SOLD TO: Company
000 BOUL. NAME
Boucherville, QC J4B 7M7

P.O. NO.: 00000000

WAREHOUSE NO.: 00

QTY QTY PRODUCT CODE LOT NO. DESCRIPTION WEIGHT
ORDERED SHIPPED

***** DEPOSITOR MESSAGE *****

Temp Recorder# _____
Reefer Setting
Must maintain 10 degrees or below.
Actual
All OS&D's must be reported within
(overages, shortages, damages, & mis shipments)
24 Hours of receipt of product
Toll Free 0 000 000 0000

Table with 7 columns: QTY ORDERED, QTY SHIPPED, PRODUCT CODE, LOT NO., DESCRIPTION, N/G, WEIGHT. Contains 6 rows of data for F/C GRILLED PATTY.

ITEM FINAL TOTALS

Summary row for F/C GRILLED PATTY: 00CAS 00CAS 0000 0000000 N 0000.00, G 0000.00



Bank RWN

0000, 7^e rue
7^e étage,
Montréal (Québec) J8F N0A

Bank RWN
000 STREET NAME
MONTREAL, QC 000 000

PAYEZ
PAY

-----1 DOLLARS 00 CENTS-----
À L'ORDRE DE - TO THE ORDER OF

Bob Carter
000 Street Name
Montreal, QC 000 000

DATE	MONTANT - AMOUNT
MAY 00, 0000	\$1.00

Bank RWN

Void

Paul Smith
Billy Jones

⑈00000000⑈ ⑆0000000000⑆ 00000000⑈

S'IL VOUS PLAÎT DÉTACHER AVANT D'ENCAISSER - PLEASE DETACH BEFORE DEPOSITING

DATE MAY 00, 0000

N° DE COMPTE / ACCOUNT NO.	BÉNÉFICIAIRE / PAYEE	MONTANT / AMOUNT
0000000	Bob Carter 000 Street Name Montreal, QC 000 000	\$1.00 *

DESCRIPTION
XX TEST
REQ.: XXXXXX AUT.: XXXXXX

MODE DE LIVRAISON / DELIVERY INSTRUCTIONS

Bank RWN

0000000

DATE

N° DE COMPTE / ACCOUNT NO.	BÉNÉFICIAIRE / PAYEE	MONTANT / AMOUNT
0000000	Bob Carter 000 Street Name Montreal, QC 000 000	\$1.00 *

DESCRIPTION
XX TEST
REQ.: XXXXXX AUT.: XXXXXX

MODE DE LIVRAISON / DELIVERY INSTRUCTIONS

Bank RWN

PNDSTG 0/000000/000 CBK QUEBEC 000000 000 0

BANK KDL
BANK KDL 000 STREET NAME
QUEBEC CANADA

ORIGINAL 00/00/00

BALANCE FORWARD

000.00 DR

0000 000000
00000000000/00000000000

00 0000

000.00

0,000.00 DR

BANK KDL

000.00

0.00

0,000.00 DR

BANK KDL
BANK KDL
000 STREET NAME
QUEBEC, CANADA
000 000



INSURANCE COMPANY

CERTIFICATE OF AUTOMOBILE INSURANCE

(HEREINAFTER CALLED THE INSURER)

	AGENT OR BROKER NUMBER																													
	REPLACING POLICY NUMBER										POLICY NUMBER																			
ITEM 1. FULL NAME AND POSTAL ADDRESS OF THE INSURED (INCLUDING COUNTY OR DISTRICT)	PLEASE READ REVERSE SIDE										ALL TIMES ARE LOCAL TIMES AT THE INSURED'S POSTAL ADDRESS STATED HEREIN.																			
	ITEM 2. POLICY PERIOD FROM										TO 12:01 A.M.																			
ITEM 3. PARTICULARS OF THE DESCRIBED VEHICLE(S)	VEH. NO.	MODEL YEAR	TRADE NAME	V.I.N. (SERIAL NUMBER)				BODY	CAR CODE - CC. VALUE - WEIGHT	TERR.	CLASS		SEC. A.	SEC. C.	GROUP															
ITEM 4. INSURING AGREEMENT	SECTION A THIRD PARTY LIABILITY			SECTION B ACCIDENT BENEFITS					SECTION C LOSS OF OR DAMAGE TO INSURED AUTOMOBILE						SECTION D UNINSURED AUTOMOBILE COVERAGE	VEHICLE PREMIUM														
	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY <small>(EXCLUSIVE OF INTEREST AND COSTS) FOR THE LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR DEATH OF ONE OR MORE PERSONS AND FOR LOSS OR DAMAGE TO PROPERTY REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT</small>			PAYMENTS FOR DEATH OR BODILY INJURY FOR SOME PROVINCES THE LIMITS AND AMOUNTS FOR THIS SECTION ARE STATED IN THE APPROVED STANDARD AUTOMOBILE POLICY FOR OTHER PROVINCES, THE LIMITS AND AMOUNTS STATED BELOW APPLY TO THE FOLLOWING PERILS: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MEDICAL PAYMENTS</td> <td style="width: 33%; text-align: center;">DEATH DISMEMBERMENT AND TOTAL DISABILITY</td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">EACH PERSON SUB-SEC 1</td> <td style="text-align: center;">PRINCIPAL SUM SUB-SEC 2</td> <td style="text-align: center;">MAXIMUM WEEKLY BENEFIT</td> </tr> </table>					MEDICAL PAYMENTS	DEATH DISMEMBERMENT AND TOTAL DISABILITY		EACH PERSON SUB-SEC 1	PRINCIPAL SUM SUB-SEC 2	MAXIMUM WEEKLY BENEFIT	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. ALL PERILS</td> <td style="width: 25%;">2. COLLISION OR UPSET</td> <td style="width: 25%;">3. COMPREHENSIVE</td> <td style="width: 25%;">4. SPECIFIED PERILS</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><small>(EXCLUDING COLLISION OR UPSET)</small></td> <td style="text-align: center;"><small>(EXCLUDING COLLISION OR UPSET)</small></td> </tr> </table> <p style="text-align: center;"> AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE </p>						1. ALL PERILS	2. COLLISION OR UPSET	3. COMPREHENSIVE	4. SPECIFIED PERILS			<small>(EXCLUDING COLLISION OR UPSET)</small>	<small>(EXCLUDING COLLISION OR UPSET)</small>	<small>UNINSURED AND UNIDENTIFIED AUTOMOBILE COVERAGE</small> <small>AS STATED IN SECTION D OF THE POLICY</small>	TOTAL PREMIUM PER VEHICLE INCLUDED IF A PREMIUM SPECIFIED IN SECTION A
MEDICAL PAYMENTS	DEATH DISMEMBERMENT AND TOTAL DISABILITY																													
EACH PERSON SUB-SEC 1	PRINCIPAL SUM SUB-SEC 2	MAXIMUM WEEKLY BENEFIT																												
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		<small>(EXCLUDING COLLISION OR UPSET)</small>	<small>(EXCLUDING COLLISION OR UPSET)</small>																											
	VEH. NO.	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM														
	PREMIUM INCLUDED IN TOTAL PER VEHICLE																													
	NAME AND ADDRESS OF LIENHOLDER TO WHOM LOSS MAY BE JOINTLY PAYABLE																													
	DESCRIPTION OF CHANGE OR ENDORSEMENTS																													
MINIMUM RETAINED PREMIUM IF POLICY CANCELLED										ADDITIONAL OR RETURN PREMIUM			TOTAL POLICY PREMIUM		\$															

(Billy Jones) PRESIDENT

In witness whereof, the Insurer has executed and attested these presents but this certificate shall not be valid unless countersigned by a duly authorized representative of the Insurer.

AUTHORIZED REPRESENTATIVE



**Endorsement Declaration
Personal Home Policy**

**Endorsement reason : Change in Coverage
Endorsement effective date : 00/00/0000
Endorsement premium : \$00.00**

(Supercedes any previous declaration bearing the same number for this policy period.)

Policy Number	Policy Period	Coverage Provided By	Agency Code	Producer Code
00000000000	00/00/0000 to 00/00/0000 12:01 a.m. Standard Time	XXXXXXXXXXXXXX	0000	000

Insured Name and Address	Agency Name and Address
ANDY HANKS KATE JOHN 1234 STREET NAME QUEBEC, CA 00000	Insurance Service 0000 Road QUEBEC, CA 00000 (000) 000 0000

Location of Property Insured	Program	Pay Plan	Payor
0000 STREET NAME QUEBEC, CANADA 000 000	XXXXXXXXXXXXXXXXXXXXXX	One Pay	XXXXXXXXXX
Total Policy Premium:			000

Coverage Information					
Property Coverage Section				Liability Coverage Section	
A. RESIDENCE	B. RELATED PRIVATE STRUCTURES	C. PERSONAL PROPERTY	D. ADDITIONAL LIVING COSTS & LOSS OF RENT	L. PERSONAL LIABILITY	M. MEDICAL PAYMENTS
00,000	0,000	00,000	00,000	000,000	0,000
For losses arising under the property section, we will pay only that part of the loss in excess of the deductible(s)					

Rating Information					
DEDUCTIBLE	TERRITORY	CONSTRUCTION	YEAR BUILT	PROTECTION CLASS	
000	0	Frame	0000	0	

Mobile Home Information (if applicable)					
YEAR	MAKE	MODEL	ID / VIN	LENGTH	WIDTH

DISCOUNTS / SURCHARGES	
Alarm Credit	0%
New Home Credit	0%

EXCLUSIONS / RESTRICTIONS / COMMENTS

Additional Interests: Mortgagee, Loss Payee or Other Interests			
TYPE	NAME AND ADDRESS	DESCRIPTION	LOAN NUMBER
XXXXXXXXXX	BANK QC, PO BOX 000 0000000000		
XXXXXXXXXX	BANK PO BOX 598 AMELIA, OH 45102 0000		

PIREL INC.
1225, VOLTA
BOUCHERVILLE, QUE, J4B 7M7

** C O P I E **

Tel.: 0000000 Sans Frais : 000000000000 Telecopieur/Fax: 0000000

VENDU À - SOLD TO
JAMES SMITH
000 STREET NAME
BOUCHERVILLE, QUE
J4B 7M7

FACTURÉ LE INVOICED	FACTURE INVOICE	PAGE
00JAN0000	000000000	1
EXPÉDIÉ LE SHIPPED	N° CLIENT CUSTOMER NO.	# RÉF EN SUS. EXTRA REF. #
00JAN0000	00000000	0
PROJET PROJECT	VOTRE N° COMMANDE YOUR PO. NO.	
#1	000000000000	

EXPÉDIÉ À - SHIPPED TO
JAMES SMITH
000 STREET NAME
BOUCHERVILLE, QUE
J4B 7M7

Bon Livr.: 000000000

N° ENREGISTREMENT TPS. G.S.T. REGISTRATION NO.	N° ENREGISTREMENT TV.Q. P.S.T. REGISTRATION NO.	VOTRE N° TAXE PROVINCIALE CUST. PROVINCIAL TAX NO.	VIA	N° BON TRANSPORT B/L NO.	CONDITIONS TERMS
000000000000	0000000000000000		RAMASSE PAR CLIENT	000	FACTURE

N° LIGNE ITEM NO.	QUANTITÉ / QUANTITY			N° PRODUIT PRODUCT NO.	DESCRIPTION	PRIX LISTE LIST PRICE	U/M	ESCOMPTE DISCOUNT	PRIX NET NET PRICE	TOTAL
	COMM/ORD'D	EXP/SHIP'D	SUS/BKO'D							
000	000	000		000000000000	ETIQUET VIE	0.00	U	00.00	0.00	000.00

N° DE VENDEUR SALESMAN NO.	OPÉRATEUR OPERATOR	TOTAL BRUT GROSS TOTAL	FRAIS DIVERS SUNDRY CHARGES	TPS. / G.S.T	TAXE PROVINCIALE PROVINCIAL TAX	TOTAL
000	Billy Carter	0000000		000.00	0.00	00.00

FRAIS D'ADMINISTRATION CHARGÉS À 24% ANNUELLEMENT (2% PAR MOIS) SUR TOUT COMPTE PASSÉ DÙ.
DES FRAIS DE MANUTENTION MINIMA DE 15% S'APPLIQUENT AUX MARCHANDISES RETOURNÉES AVEC NOTRE AUTORISATION.
ADMINISTRATION FEES CHARGED AT 24% PER ANNUM (2% PER MONTH) ON ALL OVERDUE ACCOUNTS.
HANDLING CHARGE OF 15% MINIMUM APPLICABLE TO MERCHANDISE RETURNED WITH OUR AUTHORIZATION.

Aucun escompte de caisse applicable sur cette facture

S.V.P FAIRE REMISE À: C.P. / P.O. BOX 000
PLEASE REMIT TO: BOUCHERVILLE, QUE, J4B 7M7



PFM Company

BOUCHERVILLE, QUEBEC, CANADA J4B 7M7
TÉL. : (000)000-0000 • FAX (000)000-0000

NUMBER - NUMÉRO

000000

SOLD TO
VENDU À
NAME
000 STREET NAME
BOUCHERVILLE, QC
J4B 7M7

SHIP TO
EXPÉDIÉ À
NAME
000 STREET NAME
BOUCHERVILLE, QC
J4B 7M7

CUSTOMER NO. N° DU CLIENT	SALESMAN VENDEUR	DAY JOUR	MO. MO.	YR. AN.
0000	00	00	APR	00

CLAIM WILL NOT BE HONORED UNLESS SUBMITTED
WITHIN 30 DAYS OF RECEIPT OF GOODS
SEND REMITTANCE TO PFM COMPANY (CANADA)
P.O. BOX 0000
STATION "A"
MONTREAL, PQ, J4B 7M7

0000000000 000000

0000000000 000000

WHSE RLSE

STATEMENT NO 0000

SHIPPED VIA EXPÉDIÉ PAR	PURCHASE ORDER NO. N° DE BON D'ACHAT	DATE SHIPPED DATE EXPÉDIÉE	C.S. NO. N° D.R.	SLIP NO. N° DE FICHE	TERMS 10 DAYS - SEE BELOW FOR CASH DISCOUNTS TERMS 10 JOURS - VOIR CI-DESSOUS POUR ESCOMPTE AU COMPTANT
Xxxx xxxx xxxxx 00000	00000	000000	AA	000000	

DESCRIPTION

QUANTITY
QUANTITE

UNIT PRICE
PRIX UNITAIRE

AMOUNT
MONTANT

0000000000 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

0X0 LB

00

00.000

TOTAL

000

00.000

000.000

GST REGISTRATION # 000000000000

TOTAL GST/HST

00

INVOICE
FACTURE

SHIPPER'S RESPONSIBILITY CEASES
UPON DELIVERY TO CARRIER.
LA RESPONSABILITÉ DE L'EXPÉDITEUR CESSE
À SA REMISE DES MARCHANDISES AU LIVREUR.

FOR PAYMENT BEFORE
POUR PAIEMENT AVANT

DAY	MO.	YR.
00	00	00
JOUR	MO.	AN.

DEDUCT
DÉDUCTION

0.00

INVOICE
AMOUNT
MONTANT DE
LA FACTURE

\$ 000.00

Employer's name - Nom de l'employeur: **HDK**

Canada Customs and Revenue Agency / Agence des douanes et du revenu du Canada

Year / Année: **0000**

For Departmental Use / Réserve au Ministère

T4 STATEMENT OF REMUNERATION PAID / ÉTAT DE LA RÉMUNÉRATION PAYÉE

Employment income - line 101 / Revenus d'emploi - ligne 101: **0.000,00**

Income tax deducted - line 437 / Impôt sur le revenu retenu - ligne 437: **000,00**

Business Number / Numéro d'entreprise: **54**

Province of employment / Province d'emploi: **10 QC**

Employee's CPP contributions - line 308 / Cotisations de l'employé au RPC - ligne 308: **0.000,00**

El insurable earnings / Gains assurables d'AE: **0.000,00**

Social insurance number / Numéro d'assurance sociale: **12 000 000 000**

Exempt - Exemption / CPP - QPP / EI: **28**

Employment Code / Code d'emploi: **29**

Employee's QPP contributions - line 308 / Cotisations de l'employé au RRQ - ligne 308: **0.000,00**

CPP/QPP pensionable earnings / Gains donnant droit à pension - RPC/RRQ: **0.000,00**

Employee's EI premiums - line 312 / Cotisations de l'employé à l'AE - ligne 312: **00,00**

Union dues - line 212 / Cotisations syndicales - ligne 212: **00,00**

RPP contributions - line 207 / Cotisations à un RPA - ligne 207: **0.000,00**

Charitable donations - Schedule 1 / Dons de bienfaisance - Annexe 1: **0.000,00**

Pension adjustment - line 206 / Facteur d'équivalence - ligne 206: **0.000,00**

RPP or DPSP registration number / N° d'agrément d'un RPA ou d'un RPDB: **50**

Employee's name and address - Nom et adresse de l'employé

SMITH, PAUL
1234 STRET NAME
MONTREAL QC
000 000

ATTACH TO YOUR TAX DECLARATION / VOTRE DÉCLARATION D'IMPÔT

Other information (seefollowback) / Autres renseignements (voiràvers) T4 (01)

Box - Case / Amount - Montant

HDK **0000** **RELEVÉ 1** **Revenus d'emploi Et revenus divers** RL-1 (2001-10)

A - Revenus d'emploi	B - Cotisations au RRQ	C - Cot. d'assurance-emploi	D - Cotisations à un RPA	E - Impôt du Québec retenu	F - Cotisations syndicales
0.000,00		00,00		000,00	00,00
G - Salaire admissible au RRQ	H - Nourriture et logement	I - Véhicule à moteur	J - Régime privé d'ass.-maladie	K - Voyages (région éloignée)	L - Autres avantages
M - Commissions	N - Dons de bienfaisance	O - Autres revenus	P - Régime d'ass. interentreprises	Q - Salaires différés	R - Revenues exonéré (Indien)
S - Pourboires	T - Pourboires attribués	U - Retraite progressive	Code - (case 0)		
			RA 000.00		

Voquez l'explication des cases au verso. Formulaire prescrit par le sous-ministre du Revenu

Nom légal, prénom et adresse complète du particulier: **SMITH, PAUL**
1234 STRET NAME
MONTREAL QC
000 000

Numéro d'assurance sociale: **000 000 00**

Numéro de référence: **00000**

Cotisation de l'employé à une assurance privée

Nom et adresse complète de l'employeur ou du payeur: **HDK**
000 MAIN AVENUE
MONTREAL
000 000 **QUEBEC**

Copie 3 : A

Employer's name - Nom de l'employeur: **HDK**

Canada Customs and Revenue Agency / Agence des douanes et du revenu du Canada

Year / Année: **0000**

For Departmental Use / Réserve au Ministère

T4 STATEMENT OF REMUNERATION PAID / ÉTAT DE LA RÉMUNÉRATION PAYÉE

Employment income - line 101 / Revenus d'emploi - ligne 101: **0.000,00**

Income tax deducted - line 437 / Impôt sur le revenu retenu - ligne 437: **000,00**

Business Number / Numéro d'entreprise: **54**

Province of employment / Province d'emploi: **10 QC**

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CPP/QPP pensionable earnings / Gains donnant droit à pension - RPC/RRQ: **0.000,00**

Employee's EI premiums - line 312 / Cotisations de l'employé à l'AE - ligne 312: **00,00**

Union dues - line 212 / Cotisations syndicales - ligne 212: **00,00**

RPP contributions - line 207 / Cotisations à un RPA - ligne 207: **0.000,00**

Charitable donations - Schedule 1 / Dons de bienfaisance - Annexe 1: **0.000,00**

Pension adjustment - line 206 / Facteur d'équivalence - ligne 206: **0.000,00**

RPP or DPSP registration number / N° d'agrément d'un RPA ou d'un RPDB: **50**

Employee's name and address - Nom et adresse de l'employé

SMITH, PAUL
1234 STRET NAME
MONTREAL QC
000 000

ATTACH TO YOUR TAX DECLARATION / VOTRE DÉCLARATION D'IMPÔT

Other information (seefollowback) / Autres renseignements (voiràvers) T4 (01)

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0.000,00		00,00		000,00	00,00
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S - Pourboires reçus	T - Pourboires attribués	U - Retraite progressive	Code - (case 0)		
			RA 000.05		

Voquez l'explication des cases au verso. Formulaire prescrit par le sous-ministre du Revenu

Nom légal, prénom et adresse complète du particulier: **SMITH, PAUL**
1234 STRET NAME
MONTREAL QC
000 000

Numéro d'assurance sociale: **000 000 000**

Numéro de référence: **000000**

Cotisation de l'employé à une assurance privée

Nom et adresse complète de l'employeur ou du payeur: **HDK**
000 MAIN AVENUE
MONTREAL
000 000 **QUEBEC**

Copie 2 : A



PIREL

GRUPE INFORMATIQUE PIREL INC

AVIS D'ÉVALUATION LOCATIVE

1

Rôle triennal 0000 à 0000	Année 0000	Date de l'avis 0000-00-00
------------------------------	---------------	------------------------------

Matricule

Div.	Sec.	Empl.	Bât.	Loc.	Emplacement	535, SAMUEL-DE-CHAMPLAIN BOUCHERVILLE
0000	00	0000	0	000	0000	Organisme responsable de l'évaluation COMMUNAUTÉ URBAINE DE MONTRÉAL

Occupant			Répartition fiscale					
PIREL INC. DENIS PIGEON 535, SAMUEL-DE-CHAMPLAIN BOUCHERVILLE, QC J4B 6B6			Source législative			Code d'imposition		
			Loi N°	Article N°	Al.	Partie d'immeuble Montant	T Terrain B Bâtisse I Immeuble	1 Imposable 2 Non imposable 3 Ex. agricole 4 Ex. golf 5 T. vague dess. 6 Presbytère 7 Org. fédéral
N° client 00000000						000,000	I	1
Superficie 00,000.00 p2	Date du marché 0000-00-00	Proportion médiane 000.00						
Valeur totale inscrite 000,000	Facteur comparatif 0.0000	Valeur uniformisée 000,000						
Demande de révision								
Date limite	PROCÉDURES À SUIVRE VOIR VERSO		Adresse de l'endroit déterminé pour déposer une demande de révision					
Montant à joindre	Référence au règlement							

Occupant			COMPTÉ DE TAXES D'AFFAIRES			
PIREL INC. DENIS PIGEON 535, SAMUEL-DE-CHAMPLAIN BOUCHERVILLE, QC J4B 6B6			N° facture 0XX000000	Date d'envoi 0000-00-00	N° certificat	
			N° client 00000000	Exercice financier 0000	Période d'imposition 0000-00-00 au 0000-00-00	
Détail des taxes				Arrérages		
Taxe AFFAIRES	Base de taxe Eval TXL	Valeur base 000,000	Taxe 0.000000	Montant 00,000.00	En date du	
				Arrérages		
				Intérêts		
				Pénalité		
				Montant dû		
1er versement	00,000.00	Dû le	0000-00-00	Total	00,000.00	
2e versement	00,000.00	Dû le	0000-00-00			

Taux d'intérêts de 00.00%/an
Taux de pénalité de 0.00%/mois
max. 0.00%/an

VEUILLEZ RETOURNER CES COUPONS AVEC VOS PAIEMENTS - DÉTACHER ICI

PAYABLE À L'HÔTEL DE VILLE



1^{er} VERSEMENT

N° facture
0AA000000

Date d'échéance
0000-00-00

Matricule
0000-00-0000-0-000-0000

Arrérages

N° client
0000000

Courant
00,000.00

Montant dû
00,000.00

VOTRE CHÈQUE SERT DE REÇU

00000000000

PAYABLE À L'HÔTEL DE VILLE



2^e VERSEMENT

N° facture
0AA000000

Date d'échéance
0000-00-00

Matricule
0000-00-0000-0-000-0000

N° client
0000000

Montant dû
00,000.00

VOTRE CHÈQUE SERT DE REÇU

00000000000



TRAVEL INSURANCE CERTIFICATE

CONTRACT NUMBER : **P000010**

CARDHOLDER

PAUL JAMES
000 STREET NAME BOUCHERVILLE QC J4B 7M7

DISTRIBUTOR

DISTRIBUTOR NAME : TRAVEL INSURANCE CERTIFICATE
DISTRIBUTOR NUMBER : 000-00000

PRODUCT : DAILY TRAVEL INSURANCE

TYPE OF PLAN : FAMILY

EFFECTIVE DATE : 00-00-0000

TERMINATION : 00-00-0000

STATUS : APPLICATION

MAXIMUM STAY : 4 DAYS

PURCHASE DATE : 00-00-0000

TRANSACTION DATE : 06-06-2004

COVERED PERSONS		
PAUL	JAMES	00
PAUL	JAMES	00

BENEFIT	COVERAGE	PREMIUM	DISCOUNT	TAX	TOTAL
MEDICAL/HOSPITAL ACC.DEATH/DISMEMBERMENT INCL.	0 000 000 00.00	00.00			
	TOTAL PREMIUM	00.00			

PAID BY : VISA					
AUTHORIZATION NUMBER : 000000		TOTAL PREMIUM :			\$ 00.00
PAYER'S NAME : PAUL JAMES		AMOUNT PAID TO DATE :			\$ 00.00
AMOUNT OF TRANSACTION :					\$ 0.00

It is VERY IMPORTANT that you read your policy over carefully as it contains certain restrictions. In addition, please take note of all **exclusions**.

In the event of hospitalization or **medical consultation**, you must contact CANASSISTANCE IMMEDIATELY. Failure to do so may result in REFUSAL of your claims.

BON VOYAGE !



POLICY HOLDER :
PAUL JAMES

CONTRACT :
0000000

MEDICARE :
1234567890



DETACH THIS CARD AND KEEP IT WITH YOU THROUGHOUT THE DURATION OF YOUR TRIP.

PRESENT IT EACH TIME YOU HAVE A MEDICAL CONSULTATION.