

District of: Ontario  
Division No. 09-Toronto  
Court No. 31-2810193  
Estate No. 31-2810193

FORM 68  
Notice of Bankruptcy, First Meeting of Creditors

In the matter of the bankruptcy of  
Vision Institute of Canada  
of the city of Toronto, in the Province of Ontario

Take notice that:

1. Vision Institute of Canada filed an assignment on the 7th day of March, 2022 and the undersigned, Dodick Landau Inc., was appointed as trustee of the estate of the bankrupt by the official receiver; subject to affirmation by the creditors of the trustee's appointment or substitution of another trustee by the creditors.
2. The first meeting of creditors of the bankrupt will be held on the 25th day of March, 2022 at 11:00 a.m. to be held by Zoom videoconference. The link to access the Zoom videoconference is as follows:  
  
<https://us06web.zoom.us/j/89246690929?pwd=bmYybjVLQkdrcTFicUdDN2d6dm9LZz09>
3. To be entitled to vote at the meeting, a creditor must file with the trustee, before the meeting, a proof of claim and, where necessary, a proxy.
4. Enclosed with this notice are a proof of claim form, proxy form and list of creditors with claims amounting to \$25 or more showing the amounts of their claims.
5. Creditors must prove their claims against the estate of the bankrupt to share in any distribution of the proceeds realized from the estate.

Dated at the city of Toronto in the Province of Ontario, this 9<sup>th</sup> day of March, 2022.

Dodick Landau Inc. – Licensed Insolvency Trustee  
Per:



Rahn Dodick – Licensed Insolvency Trustee  
4646 Dufferin St., Suite 6  
Toronto, ON M3H 5S4  
Phone: (416) 645-0542 Fax: (416) 649-7725

District of:  
 Division No.:  
 Court No.:  
 Estate No.:

Original  Amended

-- Form 78 --  
**Statement of Affairs (Business Bankruptcy) made by an entity**  
 (Subsection 49(2) and Paragraph 158(d) of the Act / Subsections 50(2) and 62(1) of the Act)  
 In the Matter of the Bankruptcy of  
**Vision Institute of Canada**  
 of the city of Toronto, in the Province of Ontario

To the bankrupt:  
 You are required to carefully and accurately complete this form and the applicable attachments showing the state of your affairs on the date of the bankruptcy, on the 4th day of March 2022. When completed, this form and the applicable attachments will constitute the Statement of Affairs and must be verified by oath or solemn declaration.

LIABILITIES (as stated and estimated by the officer)	ASSETS (as stated and estimated by the officer)
1 Unsecured creditors as per list "A" .....	1. Inventory .....
508,102.05	0.00
Balance of secured claims as per list "B" .....	2. Trade fixtures, etc. ....
0.00	1,000.00
Total unsecured creditors .....	3. Accounts receivable and other receivables, as per list "E"
508,102.05	Good .....
2. Secured creditors as per list "B" .....	1,000.00
0.00	Doubtful .....
3. Preferred creditors as per list "C" .....	0.00
0.00	Bad .....
4. Contingent, trust claims or other liabilities as per list "D"	0.00
estimated to be reclaimable for .....	Estimated to produce .....
0.00	1,000.00
Total liabilities .....	4. Bills of exchange, promissory note, etc., as per list "F" ...
508,102.05	0.00
Surplus .....	5. Deposits in financial institutions .....
NIL	0.00
	6. Cash .....
	0.00
	7. Livestock .....
	0.00
	8. Machinery, equipment and plant .....
	0.00
	9. Real property or immovable as per list "G" .....
	0.00
	10. Furniture .....
	0.00
	11. RRSPs, RRIIFs, life insurance, etc. ....
	0.00
	12. Securities (shares, bonds, debentures, etc.) .....
	0.00
	13. Interests under wills .....
	0.00
	14. Vehicles .....
	0.00
	15. Other property, as per list "H" .....
	83,960.70
	(If bankrupt is a corporation, add
	Amount of subscribed capital .....
	0.00
	Amount paid on capital .....
	0.00
	Balance subscribed and unpaid .....
	0.00
	Estimated to produce .....
	0.00
	Total assets .....
	85,960.70
	Deficiency .....
	422,141.35

I, Dr. Mira Acs, of the city of Toronto in the Province of Ontario, do swear (or solemnly declare) that this statement and the attached lists are to the best of my knowledge, a full, true and complete statement of the affairs of the Corporation on the 4th day of March 2022 and fully disclose all property of every description that is in my possession or that may devolve on me in accordance with the Act.

SWORN (or SOLEMNLY DECLARED) remotely by Dr. Mira Acs stated as being located in the city of Toronto in the Province of Ontario before me at the city of Toronto in the Province of Ontario, on this 4th day of March 2022 in accordance with provincial Regulation on Administering Oath or Declaration Remotely.

RD  
 Rahn Dodick, Commissioner of Oaths  
 For the Province of Ontario  
 Expires July 20, 2023

M.Acs  
 Dr. Mira Acs

District of:  
 Division No. -  
 Court No.  
 Estate No.

FORM 78 - Continued

In the Matter of the Bankruptcy of  
 Vision Institute of Canada  
 of the city of Toronto, in the Province of Ontario  
 List "A"  
 Unsecured Creditors  
 Vision Institute of Canada

No.	Name of creditor	Address	Unsecured claim	Balance of claim	Total claim
1	Allstream Inc. 1145174	Box 5300, Stn. Main Winnipeg MB R3C 0	199.29	0.00	199.29
2	Alysha Hunsberger	56 Highland Road West Kitchener ON N2M 3B5	1.00	0.00	1.00
3	Bell Canada F-88 - Business Attn: Insolvency Department 108160293	1 Carrefour Alexandre-Graham-Bell, Aile E3 Verdun QC H3E 3B3	13.50	0.00	13.50
4	CIBC Visa c/o TECHCOM Managed Services 4502286064853013	6-6150 Hwy 7, PO Box 486 Woodbridge ON L4H 0R6	233.52	0.00	233.52
5	CIBC Visa c/o TECHCOM Managed Services 4502286930963384	6-6150 Hwy 7, PO Box 486 Woodbridge ON L4H 0R6	1.00	0.00	1.00
6	CIBC Visa c/o TECHCOM Managed Services 4502286931058499	6-6150 Hwy 7, PO Box 486 Woodbridge ON L4H 0R6	1.00	0.00	1.00
7	Colliers Property Management (York Mills Centre)	1400 - 181 Bay Street Toronto ON M5J 2V1	500,000.00	0.00	500,000.00
8	CRA - Tax - Ontario 13816 4330 RC0001	Shawinigan-Sud National Verification and Collection Centre 4695 Shawinigan-Sud Blvd Shawinigan-Sud QC G9P 5H9	1.00	0.00	1.00
9	CRA - Tax - Ontario 13816 4330 RF0001	Shawinigan-Sud National Verification and Collection Centre 4695 Shawinigan-Sud Blvd Shawinigan-Sud QC G9P 5H9	1.00	0.00	1.00
10	CRA - Tax - Ontario 13816 4330 RT0001	Shawinigan-Sud National Verification and Collection Centre 4695 Shawinigan-Sud Blvd Shawinigan-Sud QC G9P 5H9	1.00	0.00	1.00
11	Elavon Canada Co. Attn: Recovery/Collections Department 8035911703	PO Box 9599 Knoxville TN 37940-9599 US	500.00	0.00	500.00
12	Frances MacCusworth	206 - 25 Widdcombe H21 Toronto ON M8R 1B1	1.00	0.00	1.00
13	Hicks Morley Hamilton Stewart Storie LLP	77 King Street West, 39th Fl, TD Centre Toronto ON M5K 2A1	1.00	0.00	1.00
14	Insurance Courier Services	300 Talbot Street Aylmer ON N6H 1K2	122.12	0.00	122.12
15	Intact Insurance Attn: Central Collections Policy #5-286001186755	700 University Avenue, 15th Flr Toronto ON M5G 0A1	1,131.96	0.00	1,131.96
16	Optometric Services Inc.	460 - 4 Place du Commerce Montreal QC H3E 1J4	1,886.36	0.00	1,886.36
17	PocranLaw Professional Corp.	400 - 1500 Don Mills Road Don Mills ON M3B 3K4	1,800.00	0.00	1,800.00
18	Rogers Retail Bankruptcies c/o FCT Default Solutions Attn: Insolvency Department 230-225310309	PO Box 2514, Stn B London ON N6A 4G9	90.30	0.00	90.30

04-Mar-2022

Date

*MAGS*

M Acs (Mar 4, 2022 14:00 EST)

Dr. Mra Acs

District of:  
Division No.  
Court No.  
Estate No.

FORM 78 -- Continued

In the Matter of the Bankruptcy of  
Vision Institute of Canada  
of the city of Toronto, in the Province of Ontario  
List "A"  
Unsecured Creditors

Vision Institute of Canada

No.	Name of creditor	Address	Unsecured claim	Balance of claim	Total claim
19	Shery Power	1206 - 150 Graydon Hall Drive Toronto ON M3A 3B2	1.00	0.00	1.00
20	Victor Insurance D & O Policy #NP-550480/Acct #23	500 1400 Blair Towers Place Ottawa ON K1J 9B8	1,890.00	0.00	1,890.00
21	Workplace Safety and Insurance Board Attn: Eric Kupka 8344426	200 Front St W, 22nd Floor Toronto ON M5V 3J1	1.00	0.00	1.00
22	Xerox Canada Ltd Attn: Chantal Maillet 960118677	3400 Blvd de Maisonneuve O 9e étage Montréal QC H3Z 3G1	225.00	0.00	225.00
<b>Total</b>			<b>508,102.05</b>	<b>0.00</b>	<b>508,102.05</b>

04-Mar-2022

Date

*MAGS*

M. Acs (Mar 4, 2022 14:00 EST)

Dr. Mira Acs

District of:  
Division No. -  
Court No.  
Estate No.

FORM 78 -- Continued

In the Matter of the Bankruptcy of  
Vision Institute of Canada  
of the city of Toronto, in the Province of Ontario  
List "B"  
Secured Creditors

Vision Institute of Canada

No.	Name of creditor	Address	Amount of claim	Particulars of security	When given	Estimated value of security	Estimated surplus from security	Balance of claim
			0.00			0.00	0.00	0.00
		Total	0.00			0.00	0.00	0.00

04-Mar-2022

Date

*M.Acs*

M.Acs (Mar 4, 2022 14:06 EST)

Dr. Mira Acs

District of:  
Division No. -  
Court No.  
Estate No.

FORM 78 -- Continued

In the Matter of the Bankruptcy of  
Vision Institute of Canada  
of the city of Toronto, in the Province of Ontario  
List "C"  
Preferred Creditors for Wages, Rent, etc.

Vision Institute of Canada

No.	Name of creditor	Address and occupation	Nature of claim	Period during which claim accrued	Amount of claim	Amount payable in full	Difference ranking for dividend
<b>Total:</b>					0.00	0.00	0.00

04-Mar-2022

Date

*M Acs*

M Acs (Mar 4, 2022 14:00 EST)

Dr. Mira Acs

District of:  
Division No.  
Court No.  
Estate No.

FORM 78 - Continued

In the Matter of the Bankruptcy of  
Vision Institute of Canada  
of the city of Toronto, in the Province of Ontario  
List "D"  
Contingent or Other Liabilities

Vision Institute of Canada

No.	Name of creditor or claimant	Address and occupation	Amount of liability or claim	Amount expected to rank for dividend	Date when liability incurred	Nature of liability
Total:			0.00	0.00		

04-Mar-2022

Date

*M Acs*

M Acs (Mar 4, 2022 14:00 EST)

Dr. Mira Acs

District of:  
 Division No. -  
 Court No.  
 Estate No.

FORM 78 - Continued

In the Matter of the Bankruptcy of  
 Vision Institute of Canada  
 of the city of Toronto, in the Province of Ontario  
 List "E"  
 Debts Due to the Bankrupt  
 Vision Institute of Canada

No.	Name of debtor	Address and occupation	Nature of debt	Amount of debt (good, doubtful, bad)	Folio of ledgers or other book where particulars to be found	When contracted	Estimated to produce	Particulars of any securities held for debt
1	Accounts Receivable		Accounts Receivable	1,000.00 0.00 0.00		01-Jan-2022	1,000.00	
Total				1,000.00 0.00 0.00			1,000.00	

04-Mar-2022

Date

*MAGS*

M Acs (Mar 4, 2022 14:00 EST)

Dr. Mira Acs



District of:  
Division No. -  
Court No.  
Estate No.

FORM 78 - Continued

In the Matter of the Bankruptcy of  
Vision Institute of Canada  
of the city of Toronto, in the Province of Ontario  
List "F"

Bills of Exchange, Promissory Notes, Lien Notes, Chattel  
Mortgages, etc., Available as Assets

Vision Institute of Canada

No.	Name of all promissory, acceptors, endorsers, mortgagors, and guarantors	Address	Occupation	Amount of bill or note, etc.	Date when due	Estimated to produce	Particulars of any property held as security for payment of bill or note, etc.
Total:				0.00		0.00	

04-Mar-2022

Date

*M.Acs*

M.Acs (Mar 4, 2022 14:00 EST)

Dr. Mira Acs

District of:  
Division No. -  
Court No.  
Estate No.

FORM 78 - Continued

In the Matter of the Bankruptcy of  
Vision Institute of Canada  
of the city of Toronto, in the Province of Ontario  
List "G"  
Real Property or Immovables Owned by Bankrupt  
Vision Institute of Canada

Description of property	Nature of bankrupt interest	In whose name does title stand	Total value	Particulars of mortgages, hypothecs, or other encumbrances (name, address, amount)	Equity or surplus
Total:			0.00		0.00

04-Mar-2022

Date

*M Acs*

M Acs (Mar 4, 2022 14:00 EST)

Dr. Mira Acs

District of:  
 Division No. -  
 Court No.  
 Estate No.

FORM 78 -- Concluded

In the Matter of the Bankruptcy of  
 Vision Institute of Canada  
 of the city of Toronto, in the Province of Ontario  
 List "H"  
 Property

Vision Institute of Canada  
 FULL STATEMENT OF PROPERTY

Nature of property	Location	Details of property	Original cost	Estimated to produce
(a) Stock-in-trade			0.00	0.00
(b) Trade fixtures, etc.		Fixed Assets	0.00	1,000.00
(c) Cash in financial institutions			0.00	0.00
(d) Cash on hand			0.00	0.00
(e) Livestock			0.00	0.00
(f) Machinery, equipment and plant			0.00	0.00
(g) Furniture			0.00	0.00
(h) Life insurance policies, RRSPs, etc.			0.00	0.00
(i) Securities			0.00	0.00
(j) Interests under wills, etc.			0.00	0.00
(k) Vehicles			0.00	0.00
(l) Taxes			0.00	0.00
(m) Other		Cash on Hand	0.00	29,893.80
		Term Deposit	0.00	7,561.90
		Guaranteed Income Certificate	0.00	46,400.00
		Petty Cash	0.00	105.00
			Total:	84,960.70

04-Mar-2022

Date

*M Acs*

M Acs (Mar 4, 2022 14:00 EST)

Dr. Mira Acs

**Court No.**

**File No.**

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**In the Matter of the Bankruptcy of  
Vision Institute of Canada of the city of  
Toronto, in the Province of Ontario**

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**Form 78 (Bill C-12)  
Statement of affairs (Business bankruptcy)**

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**Dodick Landau Inc. - Licensed Insolvency  
Trustee**

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**4646 Dufferin St., Suite 6  
Toronto ON M3H 5S4  
Phone: (416) 645-0542  
Fax: (416) 649-7725**

# DODICK LANDAU

## PROOF OF CLAIM FORM 31

IN THE MATTER OF THE BANKRUPTCY OF **Vision Institute of Canada** referred to in this form as "the debtor")  
and the claim of \_\_\_\_\_ (referred to in this form as "the creditor")

All notices or correspondence regarding this claim to be forwarded to the creditor at the following address:

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_ Email : \_\_\_\_\_

I, \_\_\_\_\_ residing in the \_\_\_\_\_  
(name of person signing claim) (city, town, etc)  
of \_\_\_\_\_ in the Province of \_\_\_\_\_  
(name of city, town, etc)

Do hereby certify that:

If an officer of the company, state position or title

1. I am the creditor or  I am \_\_\_\_\_ of the creditor.  
(state position or title)

2. I have knowledge of all the circumstances connected with the claim referred to in this form.

The attached statement of account must include invoices or other evidence in support of the claim

3. The debtor was, at the date of the Bankruptcy, namely the **7<sup>th</sup> day of March, 2022** and still is, indebted to the creditor in the sum of \$ \_\_\_\_\_, as specified in the statement of account attached hereto and marked Schedule "A", after deducting any counterclaims to which the debtor is entitled.

Check and complete appropriate category.

4. A **Unsecured claim of \$ \_\_\_\_\_**  
In respect to the said debt, I do not hold any assets of the debtor as security and

Check appropriate description and attach a separate sheet to detail and support priority claim, if applicable.

(i) I do not claim a right to a priority  
or  
(ii)  I do claim a right to a priority under section 136 of the Bankruptcy and Insolvency Act (the "Act").

Give full particulars of the claim, including the calculations upon which the claim is based.

B **Claim of landlord for disclaimer of a lease of \$ \_\_\_\_\_**  
That I hereby makes a claim under subsection 65.2(4) of the Act, particulars of which are as follows: \_\_\_\_\_

Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents.

C **Secured claim of \$ \_\_\_\_\_**  
In respect of the said debt, I hold assets of the debtor valued at \$ \_\_\_\_\_ as security, particulars of which are as follows: \_\_\_\_\_

Attach a copy of sales agreement and delivery receipts.

D **Claim by farmer, fisherman, or aquaculturist of \$ \_\_\_\_\_**  
That I hereby makes a claim under subsection 81.2(1) of the Act for the unpaid amount \$ \_\_\_\_\_.

Check and complete appropriate category.

E **Claim by Wage Earner of \$ \_\_\_\_\_**

Check appropriate description.

(i) That I hereby make a claim under subsection 81.3(8) of the Act in the amount of \$ \_\_\_\_\_  
(ii)  That I hereby make a claim under subsection 81.4(8) of the Act in the amount of \$ \_\_\_\_\_

**PROOF OF CLAIM  
FORM 31  
PAGE TWO**

To be filed when a proposal provides for the compromise of claims against directors.

F **Claim against Director of \$** \_\_\_\_\_  
That I hereby make a claim under subsection 50(13) of the Act, particulars of which are as follows: \_\_\_\_\_

Give full particulars of the claim, including the calculations upon which the claim is based.

G **Claim of a Customer of a Bankrupt Securities Firm of \$** \_\_\_\_\_  
That I hereby make a claim as a customer for net equity as contemplated by section 262 of the Act, particulars of which are as follows: \_\_\_\_\_

Strike out "is" or "is not".

5. To the best of my knowledge, the creditor ~~is~~ / ~~is not~~ related to the debtor within the meaning of section 4 of the Act.

Attach a separate schedule if necessary.

6. The following are the payments that the creditor has received from and the credits that the creditor has allowed to the debtor within the three months (or, if the creditor and the debtor are related within the meaning of section 4 of the Act, within the twelve months) immediately before the date of the initial bankruptcy event (March 7, 2022) within the meaning of section 2 of the Act.

_____	_____
_____	_____

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Must be signed and witnessed

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Signature of individual completing this form)

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Notes:** All references to "the Act" refer to the Bankruptcy and Insolvency Act. If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed in Form 1.1, must be added at the end of the document.

If an affidavit or solemn declaration is attached, it must have been made before a person qualified to take affidavits or solemn declarations.

**Warning:** A trustee may, pursuant to subsection 128(3) of the Act, redeem a security on payment to the secured creditor of the debt or the value of the security as assessed, in a proof of security, by the secured creditor. Subsection 201(1) of the Act provides severe penalties for making any false claim, proof, declaration or statement of account.

## Instructions for completing proof of claim forms

Every creditor who does not prove his claim is not entitled to share in any distribution. Claims not completed correctly in every respect will be returned. As well, in order to vote at a meeting of creditors, a properly completed Proof of Claim must be returned to the Trustee's office before the time of the meeting.

In completing the attached form, your attention is directed to the marginal notes on the form and to the following requirements:

### Proof of Claim:

1. The form must be completed by an individual and not by a corporation. If you are acting for a corporation or other person, you must state the capacity in which you are acting, such as, "Credit Manager", "Treasurer", "Authorized Agent", etc.
2. The person signing the form must have knowledge of the circumstances connected with the claim.
3. The debtor's name and date of the bankruptcy must be filled in and a Statement of Account containing details of the claim must be attached and marked "Schedule A". The date at which claims are to be calculated and the correct name of the debtor may be found as well on the Notice sent to the creditor.
4. The nature of the claim must be indicated by placing a check mark at the type of claim which applies, for example:

Check mark at A indicates the claim is unsecured and

Check mark at A(i) indicates that the creditor is not claiming any priority or

Check mark at A(ii) indicates the creditor is claiming preferred status under section 136 of the Act. Details to support the priority claim must be set out on an attached schedule.

Check mark at B indicates a claim of landlord for disclaimer of a lease under subsection 65.2(4) of the Act. Details to support this claim must be set out on an attached schedule.

Check mark at C indicates the claim is secured and the value at which the creditor assesses the security must be inserted. Details of each item of security held should be attached as a separate schedule and submitted with a copy of the chattel mortgage, conditional sales contract, security agreement, etc.

Check mark at D indicates that the creditor is a farmer, fisherman or aquaculturist who supplied goods within 15 days prior to the date of receivership or bankruptcy and has not yet been paid for those goods.

Check mark at E indicates that the creditor is a wage earner under subsection 81.3(8) or 81.4(8) of the Act. Details to support this claim must be set out on an attached schedule.

Check mark at F indicates the claim is against a director under subsection 50(13) of the Act. It is applicable only in the case of a proposal which provides for the compromise of claims against directors. Details to support this claim must be set out on an attached schedule.

Check mark at G indicates the claim is of a Customer of a Bankrupt Securities Firm, who is a customer for net equity as contemplated by section 262 of the Act. Details to support this claim must be set out on an attached schedule.

5. The person signing the form must indicate (by striking out "is" or "is not") whether the creditor and the debtor are related. Section 4 of the Act defines persons related to a debtor. If the creditor is related by blood or marriage to the debtor, the creditor should consider itself to be a related person. If the debtor is a corporation, a creditor would be related if it was controlled by the same shareholders as the debtor.

6. The person signing the form must provide full details of all payments and credits received from or allowed to the debtor during the period indicated. Leaving a blank will indicate that there were no such payments and credits.

7. The person signing the form must insert the place and date and the signature must be witnessed. If an affidavit is attached, it must have been made before a person qualified to take affidavits.

### General Proxy:

If it is desired to appoint a proxy, the proxy form must be completed and signed by the creditor; if the creditor is a corporation, the proxy form must be signed in the corporate name (not necessarily by the individual signing the proof of claim form) and the proxy must be witnessed.

If there are any questions in completing the proof of claim, please write, email or telephone the office of the trustee:

**Dodick Landau Inc.**  
6 – 4646 Dufferin Street  
Toronto, ON M3H 5S4  
Telephone: 416-645-0542  
Fax: 416-649-7725  
Email: [brenda.mcknight@dodick.ca](mailto:brenda.mcknight@dodick.ca)

District of: Ontario  
Division No. 09 – Toronto  
Court No. 31-2810193  
Estate No. 31-2810193

FORM 36  
PROXY  
(Paragraph 102(2) and paragraphs 51(1)(e) of the Act)

In the Matter of the Bankruptcy of  
Vision Institute of Canada  
of the City of Toronto, in the Province of Ontario

I, \_\_\_\_\_, creditor (or I, \_\_\_\_\_, representative of  
\_\_\_\_\_, (creditor) of \_\_\_\_\_ (name of city),  
appoint \_\_\_\_\_ of \_\_\_\_\_ to be my  
proxyholder in the above matters, except as to the receipt of dividends, \_\_\_\_\_ (with or without)  
power to appoint another proxyholder in his or her place.

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Individual Creditor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Corporate Creditor

Per:

\_\_\_\_\_  
Name and Title of Signing Officer

Return to:  
Dodick Landau Inc. – Licensed Insolvency Trustee  
4646 Dufferin Street, Suite 6  
Toronto, ON M3H 5S4  
Phone: (416) 645-0542 Fax: (416) 649-7725  
Email: [brenda.mcknight@dodick.ca](mailto:brenda.mcknight@dodick.ca)