



MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY
Ministère des Services au public et aux entreprises

APOSTILLE

(Convention de La Haye du 5 Octobre 1961)

1. Country: / Pays :

Canada

This public document / Le présent acte public

2. has been signed by / a été signé par



3. acting in the capacity of / agissant en
qualité de

Notary Public

4. bears the seal / stamp of / est revêtu du
sceau / timbre de

Notary Public

Certified
Attesté

5. at / à

Toronto, Ontario

6. the / le **2025-07-04**

7. by / par



8. N° / sous n°



9. Seal / stamp / Sceau / timbre :

10. Signature / Signature :



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Job Application Terms and Conditions

In using this JAL to hire a foreign worker, you are agreeing to the Terms and Conditions outlined below.

By submitting this form, I/we understand and attest that:

- I am the owner of the business (the "Business"), or an employee with a confirmed hiring authority within the Business, or a licensed immigration recruiter hired by the Business as per The Foreign Worker Recruitment and Immigration Services Act (FWRISA), or someone providing the Business with recruitment services that is exempted from licensing under FWRISA.
- All the information that is provided by the Business to the Government of Saskatchewan is, and will continue to be, complete and accurate.
- All persons who receive job offers have been assessed by the Business to ensure the applicant(s) have the language abilities, skills and work experience to perform the duties of the job they are offered, to a level satisfactory to the Business.
- The Business may be contacted directly by the Government of Saskatchewan during the assessment of the job for verification and/or additional information.
- The Job Approval Form may be rejected if a discrepancy is found in any information provided by the Business.
- I/we have read and understand the requirements for employers and understand that to obtain approval, all jobs submitted must meet these requirements.
- The Business needs to hire the foreign national for a current employment vacancy.
- I/we understand that the employee must meet minimum requirements. If the worker who is recruited meets the Saskatchewan Immigrant Nominee Program's (SINP) criteria for applicants, they will be approved and issued a nomination for permanent residency.
- The employee/nominee that the Business is hiring must begin working for the Business as soon as the nominee has a work permit. If the nominee does not have a work permit, the nominee must apply for one immediately after nomination by the SINP. If the nominee does not have a valid work permit, the Business will pay an Employer Compliance Fee (\$230) to Immigration, Refugees and Citizenship Canada (IRCC) through the Employer Portal. This will enable the nominee to obtain a work permit or to extend their current work permit.
 - I/we understand that the nomination may be revoked if the nominee does not apply for a work permit within six months, or if the nominee does not arrive in Saskatchewan within six months of the work permit being issued by IRCC. Subsequently, the nominee would not be able to immigrate through the SINP and arrive to the Business.
- The Business is aware of its responsibilities under The Saskatchewan Employment Act ("SEA") and FWRISA.
- The employment of the nominee does not conflict with any existing bargaining agreements, the settlement of any labour dispute or the employment of a person involved in such a dispute.
- The Business has disclosed and provided copies of all contracts and offers of employment that the Business requires employees to sign prior to and while employed with the Business and that all contracts comply with all laws of Saskatchewan and Canada.
- The Business will maintain all employment records for a minimum of five years.
- Until the Business's commitment to the foreign worker is complete, the foreign worker becomes a permanent resident or their employment with the Business ceases, the Business

I certify that this
saskatchewan.ca
Date: July 2025

Barrister, Solicitor, Notary Public

the employment conditions approved by the Ministry of Immigration and Career Training in the Job Approval Letter ("JAL").

- a. The hours of work, job duties and skill level of the job cannot change without prior approval by the International Recruitment Unit of the Ministry of Immigration and Career Training. Only full-time (30 or more hours per week), permanent positions are eligible.
 - b. The wage can increase but it cannot be decreased. It must match or be greater than the wages and benefits outlined in the Job Approval Form. As per criterion, to be approved by the SINP, the wage must meet the median wage for that occupation or it must be equal to those the Business does or would pay to Canadians or permanent residents with similar skills and experience as demonstrated by verifiable documentation.
 - c. The employee must work at the location on the JAL. The location cannot change without prior approval by the International Recruitment Unit of the Ministry of Immigration and Career Training.
- The Business must immediately contact the Ministry of Labour Relations and Workplace Safety if there is a change to the operation of the Business including but not limited to a closure or change in ownership.
 - The Business must immediately notify the International Recruitment Unit of the Ministry of Immigration and Career Training if there is a change to the information submitted in the form, which may affect the foreign worker's application for permanent residency. This includes, but is not limited to:
 - Conditions stated on the JAL (hours of work, duties, location, wage change resulting in a lower than approved wage)
 - A change to the conditions to the employee's (foreign national) employment (i.e. termination, resignation, layoff, hours reduced).

Employers who are found in non-compliance with any of the above conditions may be subject to consequences including warnings; bans from the Saskatchewan Immigrant Nominee Program; suspension and/or cancelation of approved JALs; cancellation or suspension of their registration to recruit foreign workers and/or other fines or other sanctions under FWRISA.

I certify that this is a true copy
of the original document
Date: 1 day July 20 25

Signature



1st Street West
Saskatoon, SK, C
Cal
E-mail: pbrliquid@sasktel.net

Employment Offer

Date: September 24, 2000

1. Employer:

West, Saskatoon, SK, C
Phone

2. Employee:

Name of the Employee:

Passport No.

Email: lily

3. PBR Auctions is pleased to offer you the permanent (full-time) position as an Administrative Assistant (P.O.C.) and commerce on an agreed-upon date.

Job Title: Administrative Assistant

Job Length: Permanent (Full-time)

Reports to: Administrative Officer or Ketul

Job Location: Saskatoon, SK, Canada

4. Primary duties and responsibilities:

- Work with the auctioneer in arranging the flow and organization of the next auction (online or live)
- Prepare, key in, edit and proofread auction agreements and organize follow up organization of preparing for the sellers' items to be auctioned
- Handle all seller/buyer communications regarding each specific sale
- Answering questions and providing product information support as requested either by buyers or sellers
- Schedule and confirm appointments and meetings of new private sellers. Record and prepare minutes of meetings. Confirm information with sellers during the auction arrangement agreement process.
- Contribute to auction by assisting with auctioneer and supporting at auctions as needed.
- Make travel arrangements (for all employees required for the job) and prepare expense reports bi-weekly for the accounting team.
- Creating and resolving scheduling for future auctions and employees
- Take lead in arranging meetings, training sessions, conference calls or reviews as needed while also preparing and distributing meeting agendas and notes.
- Order office supplies and maintain inventory.
- Provide back up support in office and assist on auctions as needed.
- Other relevant duties as assigned.

I certify that this is a true copy
of the original document.

Date: 4 day of

5. Working Hours: You are expected to work a minimum of 32 hours per week which may go up to 40 hours per week, as required. Working days may vary.



[redacted] Street West
Saskatoon, [redacted] Canada
Call: [redacted]
E-mail: [redacted]

6. **Salary:** \$23.20 per hours. Over time payment will be made as per provincial labour laws, which is a minimum of 1.5 times of the regular hourly wage.
7. **Deductions:** All payments are subject to statutory deductions in accordance with legislation (i.e., Income tax, CPP, Employment Insurance).
8. **Leave:** Being a full-time permanent employee, you will be entitled to enjoy three weeks of paid annual leave.
9. **Benefits:** Overtime, leave, and other benefits will be observed according to Saskatchewan's Labour Standards Act. The Employee will be entitled to enjoy all the minimum employment benefits as prescribed in The Saskatchewan Employment Act 2019.

Termination: Employment standards and termination provisions will be observed according to the Labor Standards Act of Saskatchewan.

Effective date: The terms of the offer will come into effect from the first day of your employment with PBR Auctions.

10. **Confidentiality:** During your entire employment period, you will generate or become aware of information that is, or maybe confidential, decided by the Organization in its sole discretion. You shall not, except with the express consent of the Organization, divulge such information to anyone. Your employment-related information, such as Salary, increment and promotion, are highly confidential. It is your prime responsibility to protect the privacy of the clients. Breach of confidentiality is inexcusable misconduct may lead to immediate termination of the employment.

Governing laws: The Agreement will be constructed in accordance with and governed by the laws of the province of Saskatchewan. This document constitutes the entire Agreement between yourself and PBR Auctions.

11. **Force Majeure:** The Employer & Employee's failure to perform any term of this Employment Agreement, as a result of conditions beyond his/her control such as, but not limited to, governmental restrictions or subsequent legislation, war, strikes, or acts of God, shall not be deemed a breach of this Agreement.
12. **Misrepresentation:** Giving false and misleading information and withholding information to gain the employment or Canadian Immigration is the evident reason for termination of the job offer. Employee acknowledges that it is his/her sole responsibility to provide complete and truthful information at all the time.
13. **Others:** The Salary and benefits may change over time due to changes in internal business policy, federal and provincial laws without affecting the other terms of your employment. The provincial employment standard will be guaranteed at all the time.

I certify that this is a true and correct copy of the original document



Street West
Saskatoon, SK, Canada
E-

- You maybe get requested for a criminal record check, drug test, mental health-check during the employment period to ensure the job's fitness.
- This Agreement may only be altered or amended when such changes are made in writing and executed by the parties hereto.
- The provisions of this Agreement shall be deemed severable. If any provision of this Agreement shall be held unenforceable by any court of competent jurisdiction, such provision shall be severed from this Agreement, and the remaining provisions shall remain in full force and effect.
- The headings utilized in this Agreement are for convenience only and are not to be construed in any way as additions to or limitations of the covenants and agreements contained in this Agreement.
- Each of the parties hereto shall do and execute or cause to be done or executed all such further and other things, acts, deeds, documents and assurances as may be necessary or reasonably required to carry out the intent and purpose of this Agreement thoroughly and effectively.
- The Employee acknowledges that he/she has had sufficient time to review this job offer and has been allowed to obtain independent legal advice and translation prior to the execution and delivery. In the event the Employee did not seek independent legal advice prior to signing this Agreement, he/she did so voluntarily without any undue pressure and agrees that the failure to obtain independent legal advice shall not be used as a defense to the enforcement of obligations created by this job offer. Furthermore, the Employee acknowledges that he/she has received a copy of this job offer and agrees to be bound by its terms.
- The Employee acknowledges that he/she has requested that the Agreement be written in the English language.

By accepting this offer, you acknowledge and agree that you shall abide by all current and future policies, core values, rules and procedures established by PBR Auctions.

Accept Job Offer by the Employee:

By signing and dating this letter below _____, accept the job offer of Administrative Assistant by PBR Auctions.

Employee's Signature: _____

Barrister, Solicitor and Notary



Street West
Saskatoon, SK, Canada
Cal
E-mail: pl

This offer will be interpreted and enforced in accordance with the laws of the Province of Saskatchewan. This document constitutes the entire Agreement between WANG LI and PBR Auctions. Congratulations and welcome to the PBR Auctions.

Regards,

Owner

Call:

I certify that this is a true copy
of the original document
Date: day, month, 20

Barrister, Solicitor and Notary

扫描全能王 创建

Protected B when completed / Protégé B une fois rempli

Employer's name - Nom de l'employeur
[Redacted] Operating as PBR
[Redacted] Street West
[Redacted] 34 [Redacted]

Canada Revenue Agency
Agence du revenu du Canada
Year / Année: [Redacted]

T4
Statement of Remuneration Paid
État de la rémunération payée
Income tax deducted
Impôt sur le revenu retenu

54 Employer's account number / Numéro de compte de l'employeur

Social insurance number
Numéro d'assurance sociale

Exempt - Exemption
CPP / QPP EI PPIP
28 29
RPC / RRQ AE RPAP

Province of employment
Province d'emploi
10 SK

Employment code
Code d'emploi
29

Employer-offered dental benefits
Prestations dentaires offertes par l'employeur
45 2

Employment income
Revenus d'emploi

14 33,449.74

Employee's CPP contributions - see over
Cotisations de l'employé au RPC - voir au verso

16 1,851.43

Employee's second CPP contributions - see over
Deuxièmes Cotisations de l'employé au RPC - voir au verso

16A

EI insurable earnings
Gains assurables d'AE

24 33,449.74

Employee's EI premiums
Cotisations de l'employé à l'AE

18 545.23

RPP contributions
Cotisations à un RPA

20

Pension adjustment
Facteur d'équivalence

52

Employee's PPIP premiums - see over
Cotisations de l'employé au RPAP - voir au verso

55

Employee's QPP contributions - see over
Cotisations de l'employé au RRQ - voir au verso

17

Employee's second QPP contributions - see over
Deuxièmes Cotisations de l'employé au RRQ - voir au verso

17A

CPP/QPP pensionable earnings
Gains ouvrant droit à pension - RPC/RRQ

26 33,449.74

Union dues
Cotisations syndicales

44

Charitable donations
Dons de bienfaisance

46

RPP or DPSP registration number
No d'agrément d'un RPA ou d'un RPDB

50

PPIP insurable earnings
Gains assurables du RPAP

56

| Other information (see over) Autres renseignements (voir au verso) | Box - Case | Amount - Montant | Box - Case | Amount - Montant | Box - Case | Amount - Montant |
|---|------------|------------------|------------|------------------|------------|------------------|
| | | | | | | |

Recipient / Bénéficiaire

Protected B when completed / Protégé B une fois rempli

Employer's name - Nom de l'employeur
[Redacted] (Operating as PBR)
[Redacted] Street West
[Redacted] S1B4 [Redacted]

Canada Revenue Agency
Agence du revenu du Canada
Year / Année: 2023

T4
Statement of Remuneration Paid
État de la rémunération payée
Income tax deducted
Impôt sur le revenu retenu

54 Employer's account number / Numéro de compte de l'employeur

Social insurance number
Numéro d'assurance sociale

Exempt - Exemption
CPP / QPP EI PPIP
28 29
RPC / RRQ AE RPAP

Province of employment
Province d'emploi
10 SK

Employment code
Code d'emploi
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Deuxièmes Cotisations de l'employé au RRQ - voir au verso

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Gains assurables du RPAP

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|---|------------|------------------|------------|------------------|------------|------------------|
| | | | | | | |

Recipient / Bénéficiaire

I certify that this is true and correct

Signature of Employer

Signature of Notary

Notary Public



MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY
Ministère des Services au public et aux entreprises

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PBR AUCTION

| | | | | | | | | |
|----------------------------------|----------|-----------|----------|--------|----------|----------------------------|----------|-----------|
| Pay Period: 04.12.23 to 04.18.23 | | | | | | | | 27 |
| Regular | Period | YTD | | Period | YTD | Gross Pay | Period | YTD |
| Vacation Paid | 3,712.00 | 22,272.00 | CPP | 216.25 | 1,297.50 | 3,926.18 | 3,926.18 | 23,557.08 |
| | 214.18 | 1,285.08 | EI | 64.00 | 384.00 | Withheld | -850.83 | -5,104.98 |
| | | | Tax | 570.58 | 3,423.48 | | | |
| Gross Pay | 3,926.18 | 23,557.08 | Withheld | 850.83 | 5,104.98 | Net Pay | 3,075.35 | 18,452.10 |
| Vacation Earned | 214.18 | 1,285.08 | | | | EI Insurable Hours | 160.00 | |
| Vacation Paid | 214.18 | 1,285.08 | | | | Days 1 | | |
| Vacation Owed | | 0.00 | | | | Days 2 | | |
| | | | | | | Days 3 | | |
| | | | | | | Days 4 | | |
| | | | | | | Days 5 | | |
| | | | | | | Regular: 160.00 @ 23.20/Hr | | |

Please Detach Before Cashing

PBR AUCTION

| | | | | | | | | |
|----------------------------------|----------|-----------|----------|--------|----------|----------------------------|----------|-----------|
| Pay Period: 05.12.23 to 05.18.23 | | | | | | | | 2750 |
| Regular | Period | YTD | | Period | YTD | Gross Pay | Period | YTD |
| Vacation Paid | 3,712.00 | 22,272.00 | CPP | 216.25 | 1,297.50 | 3,926.18 | 3,926.18 | 23,557.08 |
| | 214.18 | 1,285.08 | EI | 64.00 | 384.00 | Withheld | -850.83 | -5,104.98 |
| | | | Tax | 570.58 | 3,423.48 | | | |
| Gross Pay | 3,926.18 | 23,557.08 | Withheld | 850.83 | 5,104.98 | Net Pay | 3,075.35 | 18,452.10 |
| Vacation Earned | 214.18 | 1,285.08 | | | | EI Insurable Hours | 160.00 | |
| Vacation Paid | 214.18 | 1,285.08 | | | | Days 1 | | |
| Vacation Owed | | 0.00 | | | | Days 2 | | |
| | | | | | | Days 3 | | |
| | | | | | | Days 4 | | |
| | | | | | | Days 5 | | |
| | | | | | | Regular: 160.00 @ 23.20/Hr | | |

Please Detach Before Cashing

PBR AUCTION

| | | | | | | | | |
|----------------------------------|----------|-----------|----------|--------|----------|----------------------------|----------|-----------|
| Pay Period: 06.12.23 to 06.18.23 | | | | | | | | 2827 |
| Regular | Period | YTD | | Period | YTD | Gross Pay | Period | YTD |
| Vacation Paid | 4,083.20 | 26,355.20 | CPP | 239.61 | 1,537.11 | 4,318.80 | 4,318.80 | 27,875.88 |
| | 235.60 | 1,520.68 | EI | 70.40 | 454.40 | Withheld | -975.86 | -6,080.84 |
| | | | Tax | 665.85 | 4,089.33 | | | |
| Gross Pay | 4,318.80 | 27,875.88 | Withheld | 975.86 | 6,080.84 | Net Pay | 3,342.94 | 21,795.04 |
| Vacation Earned | 235.60 | 1,520.68 | | | | EI Insurable Hours | 176.00 | |
| Vacation Paid | 235.60 | 1,520.68 | | | | Days 1 | | |
| Vacation Owed | | 0.00 | | | | Days 2 | | |
| | | | | | | Days 3 | | |
| | | | | | | Days 4 | | |
| | | | | | | Days 5 | | |
| | | | | | | Regular: 176.00 @ 23.20/Hr | | |

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Barrister, Solicitor and Notary Public

Tel: 871 1111
Add: 871 1111

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| | | | | | | | | |
|---|----------|-----------|----------|--------|----------|----------------------------|----------|-----------|
| Pay Period: 3826 | | | | | | | | |
| | Period | YTD | | Period | YTD | | Period | YTD |
| Regular | 3,897.60 | 23,200.00 | CPP | 227.93 | 1,382.57 | Gross Pay | 4,122.49 | 24,986.75 |
| Stat. Earned | | 423.67 | EI | 67.20 | 407.30 | Withheld | -911.97 | -5,562.81 |
| Vacation Paid | 224.89 | 1,363.08 | Tax | 616.84 | 3,772.94 | | | |
| Gross Pay | 4,122.49 | 24,986.75 | Withheld | 911.97 | 5,562.81 | Net Pay | 3,210.52 | 19,423.94 |
| Vacation Earned | 224.89 | 1,363.08 | | | | EI Insurable Hours | 168.00 | |
| Vacation Paid | 224.89 | 1,363.08 | | | | Days 1 | | |
| Vacation Owed | | 0.00 | | | | Days 2 | | |
| | | | | | | Days 3 | | |
| | | | | | | Days 4 | | |
| | | | | | | Days 5 | | |
| | | | | | | Regular: 168.00 @ 23.20/Hr | | |

Please Detach Before Cashing

THIS CHEQUE CONTAINS A MICROLINE BORDER AND SECURITY FEATURES

PBR
AUCTIONS

SASKATCHEWAN LTD.
Saskatoon, Sask. S7R 1B4
TELEPHONE

TCU
financial group

TCU FINANCIAL GROUP
PO BOX 5050

CHEQUE NO.
DATE

PAY **Three Thousand Two Hundred Ten and 52/100

TO THE
ORDER
OF

Saskatoon, Saskatchewan

PBR AUCTION

⑈003826⑈

I certify that this is a copy of the original document

Date: 10/1/2015

Barrie Director of Not Public

Legend 1M

PBR AUCTION

| | | | | | | | |
|--------------------------------------|----------|-----------|----------|--------|----------|----------------------------|----------|
| 4122 | | | | | | | |
| Pay Period: [REDACTED] to [REDACTED] | | | | | | | |
| | Period | YTD | | Period | YTD | | |
| Regular | 3,897.60 | 27,097.60 | CPP | 227.93 | 1,610.50 | Gross Pay | 4,122.49 |
| Stat. Earned | | 423.67 | EI | 67.20 | 474.50 | Withheld | -911.97 |
| Vacation Paid | 224.89 | 1,587.97 | Tax | 616.84 | 4,389.78 | Net Pay | 3,210.52 |
| Gross Pay | 4,122.49 | 29,109.24 | Withheld | 911.97 | 6,474.78 | EI Insurable Hours | 168.00 |
| Vacation Earned | 224.89 | 1,587.97 | | | | Days 1 | |
| Vacation Paid | 224.89 | 1,587.97 | | | | Days 2 | |
| Vacation Owed | | 0.00 | | | | Days 3 | |
| | | | | | | Days 4 | |
| | | | | | | Days 5 | |
| | | | | | | Regular: 168.00 @ 23.20/Hr | |

Please Detach Before Cashing

THIS CHEQUE CONTAINS A MICROLINE BORDER AND SECURITY FEATURES

PBR
AUCTIONS

102083467 SASKATCHEWAN LTD.
105 71st Street W., Saskatoon, Sask. S7R 1B4
TELEPHONE (306) 931-7666

TCU
financial group

TCU FINANCIAL GROUP
PO BOX 5050
SASKATOON, S7N 1C1

CHEQUE NO.
DATE

PAY **Three Thousand Two Hundred Ten and 52/100

\$**3,210.52

TO THE
ORDER
OF

Saskatoon, S [REDACTED]

PBR AUCTION

PER [REDACTED]

⑈0041 [REDACTED] 131541⑈

I certify that this is a true and correct copy of the original document.

扫描全能王

July, 2015

Barrister, Solicitor and Notary Public

1000 [REDACTED] Way, Markham

PBR AUCTION

| | | | | | | | |
|-----------------|----------|-----------|----------|--------|----------|----------------------------|--------------------|
| | | | | | | 4313 | |
| Pay Period: 12 | | to | | | | | |
| | Period | YTD | | Period | YTD | | |
| Regular | 3,897.60 | 30,995.20 | CPP | 240.91 | 1,851.41 | Gross Pay | 4,340.50 33,449.74 |
| Stat. Earned | 206.12 | 629.79 | EI | 70.75 | 545.25 | Withheld | -983.05 -7,457.83 |
| Vacation Paid | 236.78 | 1,824.75 | Tax | 671.39 | 5,061.17 | | |
| Gross Pay | 4,340.50 | 33,449.74 | Withheld | 983.05 | 7,457.83 | Net Pay | 3,357.45 25,991.91 |
| Vacation Earned | 236.78 | 1,824.75 | | | | EI Insurable Hours | 168.00 |
| Vacation Paid | 236.78 | 1,824.75 | | | | Days 1 | |
| Vacation Owed | | 0.00 | | | | Days 2 | |
| | | | | | | Days 3 | |
| | | | | | | Days 4 | |
| | | | | | | Days 5 | |
| | | | | | | Regular: 168.00 @ 23.20/Hr | |

Please Detach Before Cashing

THIS CHEQUE CONTAINS A MICROLINE BORDER AND SECURITY FEATURES

PBR
AUCTIONS

37 SASKATCHEWAN LTD.
Street W., Saskatoon, Sask. S7R 1B4
(306) 975-1111

TCU
financial group

TCU FINANCIAL GROUP

CHEQUE NO.
DATE

PAY

**Three Thousand Three Hundred Fifty Seven and 45/100

TO THE
ORDER
OF

Saskatoon, Saskatoon

I certify that this is
of the original

全能王 创建

Minister Solicitor and Notary Public



MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY
Ministère des Services au public et aux entreprises

APOSTILLE

(Convention de La Haye du 5 Octobre 1961)

1. Country: / Pays :

Canada

This public document / Le présent acte public

2. has been signed by / a été signé par

3. acting in the capacity of / agissant en
qualité de

Notary Public

4. bears the seal / stamp of / est revêtu du
sceau / timbre de

Notary Public

Certified
Attesté

5. at / à

Toronto, Ontario

6. the / le **2025-07-04**

7. by / par

8. N° / sous n°

9. Seal / stamp / Sceau / timbre :

10. Signature / Signature :



- This Apostille only certifies the signature, the capacity of the signer, and, where appropriate, the seal or stamp it bears. It does not certify the content of the document for which it was issued. Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.
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Willowgrove Dental
107-412 Willowgrove Square
Saskatoon, SK

Tel: (306) 978-8858
willowgrovedental@sasktel.net

Paid by:

id Road
Saskatoon, SK

Payment Date:

Tuesday, A

ID:

Detailed Receipt

| | | | | | | | Fold Here | |
|-------------------|-------------------------------------|---------|--------------|-----------------------------|-----------------|--|-----------|-----------------------|
| Provider | Date of Service | Patient | Total Charge | Outstanding Invoice Balance | Patient Payment | | | Insurance Balance Due |
| | | | \$50.00 | \$145.00 | \$145.00 | | \$0.00 | \$0.00 |
| 01204 | EXAMINATION, SPECIFIC AND - \$50.00 | | | | | | | |
| 43281 | REMOVAL OF FIXED PERIODON - \$95.00 | | | | | | | |
| Total Balance Due | | | | | | | \$0.00 | \$0.00 |

Payment of \$145.00 has been received by Mastercard

Remaining Family Balances

| | |
|-----------|--------|
| Patient | \$0.00 |
| Insurance | \$0.00 |

Thank You.

Upcoming
Appointments

Date

Time

I certify that this is a
copy of the original
Date: 1/11/11

Leg

Willowgrove Square
Saskatoon SK

Tel:

Fax: () 0000

willowgrovedental@sasktel.net

Account of:

on, SK

Patient's story

Billing Provider:

Treatments Billed On: Tuesday, August 29, 2023

| Treatment Date | Code | Description | Tooth Surf | Fee |
|----------------|-------|---------------------------|------------|-----------------|
| 8/2/23 | 01204 | EXAMINATION, SPECIFIC AND | | \$50.00 |
| 8/29/23 | 43281 | REMOVAL OF FIXED PERIODON | | \$95.00 |
| Total | | | | \$145.00 |

Family Statement / Receipt

| | |
|---------------------|--|
| Previous Balance: | |
| Total This Billing: | |
| Service Charge: | |
| This Payment: | |
| Balance Due: | |

| Total |
|----------|
| \$0.00 |
| \$145.00 |
| \$0.00 |
| \$0.00 |
| \$145.00 |

Balance To Date:

\$145.00

 Pay this amount

Thank You.

I certify:

... Legends W

Chart #

Date : February 26

Receipt # :

ate

| Date | Audit # | Description | Amount |
|------------|---------|-----------------------------|---------|
| 02/20/2024 | | Exam & Diagnosis, Permanent | 73.00 |
| 02/20/2024 | | Bitewing, Four Images | 34.00 |
| 02/20/2024 | | Periapical, Five Images | 40.00 |
| 02/20/2024 | 130203 | Mastercard | -147.00 |

Signature For Director, Clinical Affairs

THIS IS YOUR OFFICIAL RECEIPT
 NO DUPLICATES ISSUED

I certify that this is
 of the original

How did we
 Let us know by scanning
 your phone and code
<http://dent>

Barrister, Solicitor and Notary Public

Dr. Mark Markham @Markham

STANDARD DENTAL CLAIM FORM

UNIQUE NO.

SPHC.

PATIENT'S OFFICE ACCOUNT NO.

I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER.

Patient's Name
1
Saskatoon

General Practice University Of Saska
Office Co
ins Road
Saskatoc

(306)

XXXXXXXXXXXXXXXXXX

SIGNATURE OF SUBSCRIBER

FOR DENTIST'S USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION

Please Pay Patient.

I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT.
I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ 147.00 IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED.
I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY / PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST.

A Maze

OFFICE VERIFICATION

SIGNATURE OF PATIENT (PARENT/GUARDIAN)

General Practice University Of Saskatchewan

DUPLICATE FORM

| DATE OF SERVICE DAY MO. YR. | PRO- CEDURE CODE | INTL. TOOTH CODE | TOOTH SUR- FACES | DENTIST'S FEE | LABORATORY CHARGE | TOTAL CHARGES | FOR CARRIER USE | | |
|--------------------------------|------------------------|------------------------|------------------------|------------------|----------------------|---------------|-----------------|-----|-----------------|
| 20 02 2024 | 02115 | | | 40.00 | 0.00 | 40.00 | ALLOWED AMOUNT | INC | PATIENT'S SHARE |
| 20 02 2024 | 02144 | | | 34.00 | 0.00 | 34.00 | | | |
| 20 02 2024 | 01103 | | | 73.00 | 0.00 | 73.00 | | | |

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E & OE.

TOTAL FEE SUBMITTED

147.00

CLAIM NO.

INSTRUCTIONS FOR CLAIM SUBMISSION

AS A STANDARD FORM, THIS FORM CANNOT INCLUDE SPECIFIC INSTRUCTIONS ON WHERE IT SHOULD BE SENT, DEPENDING ON WHO IS THE CARRIER FOR YOUR PLAN. YOU CAN OBTAIN DETAILS FROM EITHER YOUR PLAN BOOKLET, YOUR CERTIFICATE OR FROM YOUR EMPLOYER.
IF YOUR PLAN REQUIRES SUBMISSION DIRECTLY TO THE CARRIER, PLEASE SEND THIS FORM WITH ONLY PARTS 1, 2 AND 3 COMPLETED TO THE CARRIER'S APPROPRIATE CLAIMS OFFICE.
IF YOUR PLAN REQUIRES SUBMISSION TO YOUR EMPLOYER, PLEASE DIRECT THIS FORM TO YOUR PERSONNEL OFFICE/PLAN ADMINISTRATOR WHO WILL COMPLETE PART 4 AND FORWARD THE FORM TO THE CARRIER.

PART 2 - EMPLOYEE/PLAN MEMBER/SUBSCRIBER

1. GROUP POLICY PLAN NO.

DIVISION/SECTION NO.

2. YOUR NAME (PLEASE PRINT)

EMPLOYER

YOUR CERT. NO. OR S.I.N.
OR I.D. NO.

YOUR DATE OF BIRTH.

DAY MONTH YEAR

NAME OF INSURING AGENCY OR PLAN

PART 3 - PATIENT INFORMATION

1. PATIENT: RELATIONSHIP TO EMPLOYEE
PLAN MEMBER/SUBSCRIBER

DATE OF BIRTH

DAY MONTH YEAR

IF CHILD INDICATE

STUDENT

HANDICAPPED

IF STUDENT, INDICATE SCHOOL

PATIENT I.D. NO.

3. IS ANY TREATMENT REQUIRED AS THE RESULT OF AN
ACCIDENT? IF YES, GIVE DATE AND DETAILS SEPARATELY.

NO X YES

4. IF DENTURE, CROWN OR BRIDGE, IS THIS INITIAL PLACEMENT?
GIVE DATE OF PRIOR PLACEMENT AND REASON FOR
REPLACEMENT.

NO YES

5. IS ANY TREATMENT REQUIRED FOR ORTHODONTIC PURPOSES?

NO X YES

2. ARE ANY DENTAL BENEFITS OR SERVICES PROVIDED UNDER ANY OTHER GROUP

INSURANCE DENTAL PLAN, W.C.B. OR GOV'T PLAN?

NO

YES

POLICY NO.

SPOUSE DATE OF BIRTH

NAME OF INSURING AGENCY OR PLAN

6. I AUTHORIZE THE RELEASE OF ANY INFORMATION OR RECORDS REQUESTED IN RESPECT OF
THIS CLAIM TO THE INSURER/PLAN ADMINISTRATOR AND CERTIFY THAT THE INFORMATION
GIVEN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EMPLOYEE/PLAN MEMBER SUBSCRIBER

DATE

DAY MONTH YEAR

PART 4 - POLICY HOLDER/EMPLOYER (FOR COMPLETION ONLY IF APPLICABLE. SEE ABOVE*)

1. DATE COVERAGE

2. DATE DEPENDENT

3. DATE TERMINATED

DAY MONTH YEAR

4. CONTRACT HOLDER

DATE

DAY MONTH YEAR

I certify
of

July, 2015

Minister, Solicitor and Notary

Chart #

Date : February 27, 2024

Receipt # :

Saskatoon, Saskatchewan
Canada

| Date | Audit # | Description | Amount |
|------------|---------|---------------------------|--------|
| 02/27/2024 | | Perio Maintenance Package | 45.00 |
| 02/27/2024 | 130394 | Mastercard | -45.00 |

A Maze

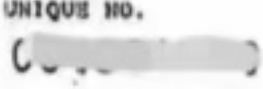

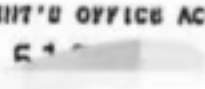
Signature For Director, Clinical Affairs



THIS IS YOUR OFFICIAL RECEIPT
NO DUPLICATES ISSUEDI certify that this is a true copy
of the original document



Dated this 27th day of July, 2024



STANDARD DENTAL CLAIM FORM

UNIQUE NO.  SPEC.  PATIENT'S OFFICE ACCOUNT NO.  I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER.

PATIENT
Wang



DENTIST
General Practice University Of Saska
Office Code 
Jiggins Road
Saskatoon S. 

XXXXXXXXXXXXXXXXXX

Claim #  1/1

FOR DENTIST'S USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION

Please Pay Patient.

I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT.
I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ 45.00 IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED.
I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY / PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST.

A Maze

OFFICE VERIFICATION

SIGNATURE OF PATIENT (PARENT/GUARDIAN)

General Practice University Of Saskatchewan

DUPLICATE FORM

| DATE OF SERVICE D. M. Y. | PRO- CEDURE CODE | INTL. TOOTH CODE | TOOTH SUR- FACES | DENTIST'S FEE | LABORATORY CHARGE | TOTAL CHARGES |
|-----------------------------|------------------------|------------------------|------------------------|------------------|----------------------|---------------|
| 2 | | | | 45.00 | 0.00 | 45.00 |

FOR CARRIER USE
ALLOWED AMOUNT | INC % | PATIENT'S SHARE

CHEQUE NO. | DATE
DEDUCTIBLE : PATIENT PAYS PLAN PAYS

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E & OE.

TOTAL FEE SUBMITTED

45.00

CLAIM NO.

INSTRUCTIONS FOR CLAIM SUBMISSION

BEING A STANDARD FORM, THIS FORM CANNOT INCLUDE SPECIFIC INSTRUCTIONS ON WHERE IT SHOULD BE SENT, DEPENDING ON WHO IS THE CARRIER FOR YOUR PLAN. YOU CAN OBTAIN DETAILS FROM EITHER YOUR PLAN BOOKLET, YOUR CERTIFICATE OR FROM YOUR EMPLOYER.
IF YOUR PLAN REQUIRES SUBMISSION DIRECTLY TO THE CARRIER, PLEASE SEND THIS FORM WITH ONLY PARTS 1, 2 AND 3 COMPLETED TO THE CARRIER'S APPROPRIATE CLAIMS OFFICE.
*IF YOUR PLAN REQUIRES SUBMISSION TO YOUR EMPLOYER, PLEASE DIRECT THIS FORM TO YOUR PERSONNEL OFFICE/PLAN ADMINISTRATOR WHO WILL COMPLETE PART 4 AND FORWARD THE FORM TO THE CARRIER.

PART 2 - EMPLOYEE/PLAN MEMBER/SUBSCRIBER

1. GROUP POLICY/PLAN NO.

DIVISION/SECTION NO.

2. YOUR NAME (PLEASE PRINT)

EMPLOYER

YOUR CERT. NO. OR S.I.N.
OR I.D. NO.

YOUR DATE OF BIRTH.

DAY MONTH YEAR

NAME OF INSURING AGENCY OR PLAN

PART 3 - PATIENT INFORMATION

1. PATIENT: RELATIONSHIP TO EMPLOYEE
PLAN MEMBER/SUBSCRIBER

DATE OF BIRTH 03 01 1972

DAY MONTH YEAR

IF CHILD INDICATE

STUDENT : HANDICAPPED

IF STUDENT, INDICATE SCHOOL

PATIENT I.D. NO.

3. IS ANY TREATMENT REQUIRED AS THE RESULT OF AN ACCIDENT? IF YES, GIVE DATE AND DETAILS SEPARATELY.

NO ☒ YES

4. IF DENTURE, CROWN OR BRIDGE, IS THIS INITIAL PLACEMENT? GIVE DATE OF PRIOR PLACEMENT AND REASON FOR REPLACEMENT.

NO YES

5. IS ANY TREATMENT REQUIRED FOR ORTHODONTIC PURPOSES?

NO ☒ YES

2. ARE ANY DENTAL BENEFITS OR SERVICES PROVIDED UNDER ANY OTHER GROUP

INSURANCE OR DENTAL PLAN, W.C.B. OR GOV'T PLAN?

NO YES

POLICY NO.

SPOUSE DATE OF BIRTH

NAME OF OTHER INSURING AGENCY OR PLAN

6. I AUTHORIZE THE RELEASE OF ANY INFORMATION OR RECORDS REQUESTED IN RESPECT OF THIS CLAIM TO THE INSURER/PLAN ADMINISTRATOR AND CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EMPLOYEE/PLAN MEMBER SUBSCRIBER

DATE

DAY MONTH YEAR

PART 4 - POLICY HOLDER/EMPLOYER (FOR COMPLETION ONLY IF APPLICABLE. SEE ABOVE*)

1. DATE COVERAGE COMMENCED

2. DATE DEPENDENT COVERED

3. DATE TERMINATED

4. CONTRACT HOLDER

DATE

DAY MONTH YEAR

I certify that this is a true copy
of the original document

Date: 4 day of July, 2005



U of S Dental Clinic - Production
University of Saskatchewan
Saskatoon
Saskatoon

Patient:

Description: Treatment Plan

| Phase | Seq. | Producer | Code | Description | Site | Surface | Estimate | Ins Pays |
|---------------------|------|----------|--------|--------------------------------------|------|---------|----------|----------|
| Option: Tx Option 1 | | | | | | | | |
| N/A | 0 | S00568 | 23312 | Restor Tooth Colour BONDED per | 15 | DO | 159.00 | 0.00 |
| N/A | 0 | S00568 | 93124 | Endodontics Consult | | | 0.00 | 0.00 |
| N/A | 0 | S00568 | 23322 | Restor Tooth Colour BONDED PEF | 26 | DO | 174.00 | 0.00 |
| N/A | 0 | S00568 | 11114D | Perio Maintenance Package | | | 45.00 | 0.00 |
| N/A | 0 | S00568 | 71101 | Extraction Single Tooth-UNCOMP | 47 | | 109.00 | 0.00 |
| Sub Total: | | | | | | | \$487.00 | \$0.00 |
| Total: | | | | | | | \$487.00 | \$0.00 |

Instructor:

Consultant:

Provider:

I certify that this is a true
of the original document
Date: 4 of Jul 25

STANDARD DENTAL CLAIM FORM

| PART 1 DENTIST | | UNIQUE NO. | SPEC. | PATIENT'S OFFICE ACCOUNT NO. | I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTISTS AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER. Please Remit Payment To Dentist (Signature on File) _____ <small>SIGNATURE OF SUBSCRIBER</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------|---------------------------|---|------------------------------|---|------------------|------------------|---|-----------------|-------------------|---------------|------------|-------|--|--|--------------------|------|--------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 36 1 | | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Joma Dental Zhi Huang, D.D.S. Unit 10 ON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oakville, Ont. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR DENTIST'S USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATIONS <i>Specific exam: Check upper front implant crown exam # 11, 12 implant # 21 crown PG showed #11, 12 implants WNL. #21 short root Tx: #11 implant screw tightened to 35 Nm. Seal access with flowable #11, 12, 21 occlusion relieved advised #11, 12, 21 soft diet. Check occlusion every year.</i> | | | | | I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT. I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ 100.00 IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST. SIGNATURE ON FILE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE OF SERVICE DAY MO. YR.</th> <th>PRO-CE-DURE CODE</th> <th>INTL. TOOTH CODE</th> <th>TOOTH SUR-FACES</th> <th>DENTIST'S FEE</th> <th>LABORATORY CHARGE</th> <th>TOTAL CHARGES</th> </tr> </thead> <tbody> <tr> <td>26 09 2024</td> <td>01204</td> <td></td> <td></td> <td>100.00</td> <td>0.00</td> <td>100.00</td> </tr> </tbody> </table> | | | | | DATE OF SERVICE DAY MO. YR. | PRO-CE-DURE CODE | INTL. TOOTH CODE | TOOTH SUR-FACES | DENTIST'S FEE | LABORATORY CHARGE | TOTAL CHARGES | 26 09 2024 | 01204 | | | 100.00 | 0.00 | 100.00 | OFFICE VERIFICATION Signature On _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF SERVICE DAY MO. YR. | PRO-CE-DURE CODE | INTL. TOOTH CODE | TOOTH SUR-FACES | DENTIST'S FEE | LABORATORY CHARGE | TOTAL CHARGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 09 2024 | 01204 | | | 100.00 | 0.00 | 100.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E & OE. | | | | | CLAIM NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE SUBMITTED 100.00 | | | | | FOR CARRIER USE <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ALLOWED AMOUNT</th> <th>BIC</th> <th>%</th> <th>PATIENT'S SHARE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | ALLOWED AMOUNT | BIC | % | PATIENT'S SHARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALLOWED AMOUNT | BIC | % | PATIENT'S SHARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| INSTRUCTIONS FOR CLAIM SUBMISSION BEING A STANDARD FORM, THIS FORM CANNOT INCLUDE SPECIFIC INSTRUCTIONS ON WHERE IT SHOULD BE SENT, DEPENDING ON WHO IS THE CARRIER FOR YOUR PLAN. YOU CAN OBTAIN DETAILS FROM EITHER YOUR PLAN BOOKLET, YOUR CERTIFICATE OR FROM YOUR EMPLOYER. IF YOUR PLAN REQUIRES SUBMISSION DIRECTLY TO THE CARRIER, PLEASE SEND THIS FORM WITH ONLY PARTS 1, 2, AND 3 COMPLETED TO THE CARRIER'S APPROPRIATE CLAIMS OFFICE. * IF YOUR PLAN REQUIRES SUBMISSION TO YOUR EMPLOYER, PLEASE DIRECT THIS FORM TO YOUR PERSONNEL OFFICE/PLAN ADMINISTRATOR WHO WILL COMPLETE PART 4 AND FORWARD THE FORM TO THE CARRIER. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART 2 – EMPLOYEE/PLAN MEMBER/SUBSCRIBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. GROUP POLICY/PLAN NO. 0 | | DIVISION/SECTION NO. | | 2. YOUR NAME (PLEASE PRINT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYER 0 | | | | YOUR CERT. NO. OR S.N. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF INSURING AGENCY OR PLAN | | | | YOUR DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART 3 – PATIENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. PATIENT: RELATIONSHIP TO EMPLOYEE/ PLAN MEMBER/SUBSCRIBER | | | 3. IS ANY TREATMENT REQUIRED AS THE RESULT OF AN ACCIDENT? IF YES, GIVE DATE AND DETAILS SEPARATELY. NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | | | 4. IF DENTURE, CROWN OR BRIDGE, IS THIS INITIAL PLACEMENT? GIVE DATE OF PRIOR PLACEMENT AND REASON FOR REPLACEMENT. NO <input type="checkbox"/> YES <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF CHILD INDICATE | | | 5. IS ANY TREATMENT REQUIRED FOR ORTHODONTIC PURPOSES? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF STUDENT, INDICATE SCHOOL | | | 6. I AUTHORIZE THE RELEASE OF ANY INFORMATION OR RECORDS REQUESTED IN RESPECT OF THIS CLAIM TO THE INSURER / PLAN ADMINISTRATOR AND CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PATIENT I.D. NO. -00 | | | SIGNATURE OF EMPLOYEE/PLAN MEMBER/SUBSCRIBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. ARE ANY DENTAL BENEFITS OR SERVICES PROVIDED UNDER ANY OTHER GROUP INSURANCE OR DENTAL PLAN, W.C.B. OR GOVT PLAN? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> | | | DATE 09 26 2024 DAY MONTH YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLICY NO. | | | SPOUSE DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF OTHER INSURING AGENCY OR PLAN | | | SIGNATURE OF POLICY HOLDER/EMPLOYER (FOR COMPLETION ONLY IF APPLICABLE. SEE ABOVE*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART 4 – POLICY HOLDER/EMPLOYER (FOR COMPLETION ONLY IF APPLICABLE. SEE ABOVE*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. DATE COVERAGE COMMENCED | | 2. DATE DEPENDENT COVERED | | 3. DATE TERMINATED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | | DAY | MONTH | YEAR | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | | DAY | MONTH | YEAR | | | | 4. CONTRACT HOLDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAY | MONTH | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAY | MONTH | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL

Date: 1 July, 2023

STATEMENT OF SERVICES RENDERED

Joma Dental
4125 [REDACTED] [REDACTED]
L [REDACTED]
Markham, ON [REDACTED]
(905) [REDACTED]

CHART NO.

PAGE NO.
1

BILLING DATE
09/26/2015

BILLING DATE
09/26/2015

GUARANTOR NAME AND MAILING ADDRESS

[REDACTED]
[REDACTED]
[REDACTED] Oakville [REDACTED]

GUARANTOR NAME AND MAILING ADDRESS

[REDACTED]
[REDACTED]
[REDACTED] Oakville [REDACTED]

| PATIENT | TOOTH | SURF | DESCRIPTION | CHARGE | CREDIT |
|----------|-------|------|--|--------|---------|
| Li Li | | | Exam, Specific MasterCard Payment - Thank You | 100.00 | -100.00 |

| PRIOR BALANCE | CURRENT CREDITS | CURRENT CHARGES | NEW BALANCE | DENTAL INS. EST. | PLEASE PAY |
|---------------|-----------------|-----------------|-------------|------------------|------------|
| 0.00 | 100.00 | 100.00 | 0.00 | 0.00 | 0.00 |

| PATIENT | DATE | TIME | REASON |
|---------|------|------|--|
| | | | <p>I certify that this is a true and correct copy of the original document.</p> <p>8/20/25</p> |

I certify that this is a true and correct copy of the original.

8, 2025

Trip.com Group™ ITINERARY

Booking Details

ORDER ID/订单号: [REDACTED]
PASSENGER/客: [REDACTED]
TICKET NUMBER/票号: 9[REDACTED]
ISSUING AIRLINE/出票航空公司: Air China

ISSUE DATE/出票日期: 15 [REDACTED]
GDS PNR/预订编号: [REDACTED]
ISSUED AGENT/出票代理: [REDACTED]

Flight Details

| DATE 日期 | AIRLINE PNR 航空公司 预订编 | FLIGHT 航班号 | DEPARTURE/始发 TIME/时间 TERMINAL/航站楼 | ARRIVAL/抵达 TIME/时间 TERMINAL/航站楼 | CLASS 舱位等级 | STATUS 状态 |
|------------|-------------------------------|--|--|--|-----------------|--------------|
| 8-MAR-23 | NGDWQ8 | CA997 经停 /STOPOVER SHE- aaxian | PEK-Beijing 16:55 8/MAR TERMINAL 3 OF CAPITAL INTERNATIONAL AIRPORT | YVR-Vancouver 13:50 8/MAR TERMINAL M OF VANCOUVER INTERNATIONAL AIRPORT | Business 公务舱 | OK |
| 8-MAR-23 | NGDWQ8 | 7515 OPERATING CARRIER: AC, 16 | YVR-Vancouver 20:30 8/MAR TERMINAL M OF VANCOUVER INTERNATIONAL AIRPORT | YXE-Saskatoon 00:26 9/MAR | Business 公务舱 | OK |

Payment Details

FARE/机票款: CNY26450.00
TAX/税费: CNY1920.00
TOTAL/总计金额: CNY28370.00

Notice

- YOU ARE REQUIRED TO GET TO THE INDICATED AIRPORT NO LATER THAN 2 HOURS BEFORE THE SCHEDULED DEPARTURE TIME FOR CHECK-IN AT THE COUNTER. YOU MUST PRESENT THE SAME VALID ID CARD AS WHICH YOU USED TO PURCHASE THE TICKET
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I certify that this is
of the original

Signature
T

Trip.com Group™ ITINERARY

Booking Details

ORDER ID/订单号: [REDACTED]
PASSENGER/客: [REDACTED]
TICKET NUMBER/票号: [REDACTED]
ISSUING AIRLINE/出票航空公司: Air China

ISSUE DATE/出票日期: 15JAN 2023
GDS PNR/预订编号: [REDACTED]
ISSUED AGENT/出票代理: [REDACTED]

Flight Details

| DATE 日期 | AIRLINE PNR 航空公司 预订编 | FLIGHT 航班号 | DEPARTURE/始发 TIME/时间 TERMINAL/航站楼 | ARRIVAL/抵达 TIME/时间 TERMINAL/航站楼 | CLASS 舱位等级 | STATUS 状态 |
|------------|-------------------------------|---|--|--|-----------------|--------------|
| 8-MAR-23 | NGDWQ8 | CA997 经停 /STOPOVER SHE- Taoxian | PEK-Beijing 16:55 8/MAR TERMINAL 3 OF CAPITAL INTERNATIONAL AIRPORT | YVR-Vancouver 13:50 8/MAR TERMINAL M OF VANCOUVER INTERNATIONAL AIRPORT | Business 公务舱 | OK |
| 8-MAR-23 | NGDWQ8 | CA7515 OPERATING CARRIER: AC7746 | YVR-Vancouver 20:30 8/MAR TERMINAL M OF VANCOUVER INTERNATIONAL AIRPORT | YXE-Saskatoon 00:26 9/MAR | Business 公务舱 | OK |

Payment Details

FARE/机票款: CNY26450.00
TAX/税费: CNY1920.00
TOTAL/总计金额: CNY28370.00

Notice

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I certify that [REDACTED]

Barrister [REDACTED]

2023/10/10 Legend

Booking Details

ORDER ID/訂單號:

INVOICE DATE/開票日期: 9 AUG

ISSUE DATE/出票日期:

GDS PNR/預訂編號:

ISSUED AGENT/出票代理: SY

ISSUING AIRLINE/出票航空公司: W

Flight Details

| DATE 日期 | AIRLINE PNR 航空公司 預訂編 | FLIGHT 航班號 | DEPARTURE/始發 TIME/時間 TERMINAL/航站樓 | ARRIVAL/抵達 TIME/時間 TERMINAL/航站樓 | CLASS 艙位等級 | STATUS 狀態 |
|------------|-------------------------------|---------------|---|---------------------------------------|----------------|--------------|
| 21 AUG-23 | | | YVR-Vancouver 11: /AUG TERMINAL M OF VANCOUVER INTERNATIONAL AIRPORT | Vancouver 14: /AUG | Economy 經濟艙 | OK |

FARE/機票款: CNY414.00

TAX/稅費: CNY335.00

BAGGAGE/行李: CNY258.00

TOTAL/總計金額: CNY1007.00

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Issued By

Ctrip.com (Hong Kong) Limited

Add

Road

Mail

I certify this is a true copy

of the original

day of July, 2025

CHOP 簽章處

Barrister, Solicitor and Notary

Way, Markham

Booking Details

ORDER ID/訂單號: [REDACTED]

PASSENGER/客: [REDACTED]

TICKET NUMBER/票號: [REDACTED]

ISSUING AIRLINE/出票航空公司: [REDACTED]

INVOICE DATE/開票日期: 4FEB 2024

ISSUE DATE/出票日期: 4FEB 2024

GDS PNR/預訂編號: [REDACTED] G

ISSUED AGENT/出票代理: NYC [REDACTED]

Flight Details

| DATE 日期 | AIRLINE PNR 航空公司 預訂編 | FLIGHT 航班號 | DEPARTURE/始發 TIME/時間 TERMINAL/航站樓 | ARRIVAL/抵達 TIME/時間 TERMINAL/航站樓 | CLASS 艙位等級 | STATUS 狀態 |
|------------|-------------------------------|---------------|---|---|-----------------|--------------|
| 6-JUL-24 | 24DRKG | SV062 | YYZ-Toronto 19:00 6/JUL TERMINAL 3 OF PEARSON INTERNATIONAL AIRPORT | JED-Jeddah 13:55 7/JUL TERMINAL 1 OF KING ABDULAZIZ INTERNATIONAL AIRPORT | Business 公務艙 | OK |
| 8-JUL-24 | 24DRKG | SV886 | JED-Jeddah 01:20 8/JUL TERMINAL 1 OF KING ABDULAZIZ INTERNATIONAL AIRPORT | PKX-Beijing 16:50 8/JUL | Business 公務艙 | OK |
| 26-AUG-24 | 24DRKG | SV887 | PKX-Beijing 23:45 26/AUG | JED-Jeddah 05:40 27/AUG TERMINAL 1 OF KING ABDULAZIZ INTERNATIONAL AIRPORT | Business 公務艙 | OK |
| 27-AUG-24 | 24DRKG | SV061 | JED-Jeddah 09:05 27/AUG TERMINAL 1 OF KING ABDULAZIZ INTERNATIONAL AIRPORT | YYZ-Toronto 15:25 27/AUG | Business 公務艙 | OK |

Details

FARE/機票款: CNY18918.00

TAX/稅費: CNY2886.00

TOTAL/總計金額: CNY21804.00

Notice

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Issued By

I certify that [REDACTED] by [REDACTED]

Barriester Sol

Notary Public

Booking Details

ORDER ID/訂單號: 3
PASSENGER/客:
TICKET NUMBER/票號:
ISSUING AIRLINE/出票航空公司: Saudia

INVOICE DATE/開票日期: 2024
ISSUE DATE/出票日期: 2024
GDS PNR/預訂編號: 2024
ISSUED AGENT/出票代理: NYC

Flight Details

| DATE 日期 | AIRLINE PNR 航空公司 預訂編 | FLIGHT 航班號 | DEPARTURE/始發 TIME/時間 TERMINAL/航站樓 | ARRIVAL/抵達 TIME/時間 TERMINAL/航站樓 | CLASS 艙位等級 | STATUS 狀態 |
|------------|-------------------------------|---------------|---|---|-----------------|--------------|
| 6-JUL-24 | 24DRKG | SV062 | YYZ-Toronto 19:00 6/JUL TERMINAL 3 OF PEARSON INTERNATIONAL AIRPORT | JED-Jeddah 13:55 7/JUL TERMINAL 1 OF KING ABDULAZIZ INTERNATIONAL AIRPORT | Business 公務艙 | OK |
| 8-JUL-24 | 24DRKG | SV886 | JED-Jeddah 01:20 8/JUL TERMINAL 1 OF KING ABDULAZIZ INTERNATIONAL AIRPORT | PKX-Beijing 16:50 8/JUL | Business 公務艙 | OK |
| 26-AUG-24 | 24DRKG | SV887 | PKX-Beijing 23:45 26/AUG | JED-Jeddah 05:40 27/AUG TERMINAL 1 OF KING ABDULAZIZ INTERNATIONAL AIRPORT | Business 公務艙 | OK |
| 27-AUG-24 | 24DRKG | SV061 | JED-Jeddah 09:05 27/AUG TERMINAL 1 OF KING ABDULAZIZ INTERNATIONAL AIRPORT | YYZ-Toronto 15:25 27/AUG | Business 公務艙 | OK |

Payment Details

FARE/機票款: CNY18918.00
TAX/稅費: CNY2886.00
TOTAL/總計金額: CNY21804.00

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I certify this is a true copy

of the original document

Date: 2024.7.11

Barister

T

Ctrip.com (Hong Kong) Limited

Tel: [REDACTED]

Mail: ia_re [REDACTED]

Add: [REDACTED], Pacific Centre [REDACTED] To Road, Kwun [REDACTED] n, Hong Kong

CHOP簽章處



I certify that [REDACTED]
of [REDACTED]

[REDACTED], 20 [REDACTED]

