

CERTIFIED STATEMENT

IN THE MATTER OF:

THE WORKERS' COMPENSATION BOARD

Creditor

- AND -

IN THE MATTER OF:

Debtor

TO: The Registrar
Land Titles Office

The following is a statement of the monies due to THE WORKERS' COMPENSATION BOARD by the debtor carrying on business at the above address.

Balance of Assessment Account Due
Costs

TOTAL _____

CERTIFIED TO BE A TRUE AND CORRECT STATEMENT OF THE DEBTOR'S ACCOUNT WITH THE WORKERS' COMPENSATION BOARD.

Placed for filing with the Registrar, Land Titles Office, pursuant to subsection (1) of Section 127, and Section 131 of The Worker's Compensation Act.

ISSUED under the Seal of the BOARD, and the hand of its SECRETARY,

this _____ day of _____ .

ADDRESS for service: Collections, The Workers' Compensation Board, PO Box 2415, Edmonton, Alberta, T5J 2S5.

THE WORKERS' COMPENSATION BOARD

SECRETARY

Account No.