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BRITISH Ministry of Children COLUMBIA and Family Development

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The personal information requested on this form is collected under the guithout of and wit be used for the purpose of administrang the Financial Administration Act. Under certain o roumstances, the collected information may be subject to disclosure as per the FAP and the exection of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information bediened to the Help Desk, Finance and Administration Team, (250) 356-8139, PC Buy 97-60 Stn. Prov. Govt, Victoria, B.C., V8W 984.

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RECEIVED

Ministry of Children and Family Development

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ABBOTSFORD Child & Youth Mental Health - FDH

SUPER 8 ABBOTSFORD

1881 SUMAS WAY
ABBOTSFORD BC V2S 4L5 CA
Phone: 604-853-1141

Fax: 604-853-8967

Email: super8abbotsford@gmail.com Printed: 7/7/2015 2:53:27 PM

Folio (Detailed)

Name:

s.22

Confirmation Number:

s.17

Account Number:

578-770680

Receivable Account Number:

629-097315

Address:

2828 CRUIKSHANK ST

ABBOTSFORD, BC V2T 5M4 CA

Room:

2018

Room Type:

Departure:

NQQ2, 2

Nights: 14

Guests: 1/1

Rate Plan: Arrival: RACK

Daily Rate:

\$89.00 + \$13.35 Tax 6/30/2015 (Tue) GTD: DR - DIRECT BILL

*MINISTRY OF CHILDREN &

Room Rate:

6/16/2015 (Tue) - 6/29/2015 (Mon)

6/16/2015 (Tue)

\$89.00 + \$13.35 Tax per night.

Date 6/16/2015	Code RM	Description ROOM CHARGE	Amount \$89.00	Balance \$89,00
6/16/2015	TAX2	DEST MARKET TAX	\$1.78	\$9 0.78
6/16/2015	TAX3	PROVINCIAL SALES TAX	\$7.12	\$97.90
6/16/2015	TAX4	GST	\$4.45	\$102.35
6/17/2015	RM	ROOM CHARGE	\$89.00	\$191.35
6/17/2015	TAX2	DEST MARKET TAX	\$1.78	\$193.13
6/17/2015	TAX3	PROVINCIAL SALES TAX	\$7.12	\$200.25
6/17/2015	TAX4	GST	\$4.45	\$204. 70
6/18/2015	RM	ROOM CHARGE	\$89.00	\$2 93.7 0
6/18/2015	TAX2	DEST MARKET TAX	\$1.78	\$295.48
6/18/2015	TAX3	PROVINCIAL SALES TAX	\$7.12	\$302.60
6/18/2015	TAX4	GST	\$4.45	\$307.05
6/19/2015	RM	ROOM CHARGE	\$89.00	\$396.05
6/19/2015	TAX2	DEST MARKET TAX	\$1.78	\$397.83
6/19/2015	TAX3	PROVINCIAL SALES TAX	\$7.12	\$40 4 .95
6/19/2015	TAX4	GST	\$4.45	\$409.40
6/20/2015	RM	ROOM CHARGE	\$89.00	\$498.40
6/20/2015	TAX2	DEST MARKET TAX	\$1.78	\$500.18
6/20/2015	TAX3	PROVINCIAL SALES TAX	\$7.12	\$507.30
6/20/2015	TAX4	GST	\$4.45	\$511.75
6/21/2015	RM	ROOM CHARGE	\$89.00	\$600.75
6/21/2015	TAX2	DEST MARKET TAX	\$1.78	\$602,53
6/21/2015	TAX3	PROVINCIAL SALES TAX	\$7.12	\$609.65
6/21/2015	TAX4	GST	\$4.45	\$614.10
6/22/2015	RM	ROOM CHARGE	\$89.00	\$703.10
6/22/2015	TAX2	DEST MARKET TAX	\$1.78	\$7 04.8 8
6/22/2015	TAX3	PROVINCIAL SALES TAX	\$7.12	\$712.00



SUPER 8 ABBOTSFORD

1881 SUMAS WAY
ABBOTSFORD BC V2S 4L5 CA
Phone: 604-853-1141

Fax: 604-853-8967

Email: super8abbotsford@gmail.com Printed: 7/7/2015 2:53:27 PM

Folio (Detailed)

Date 6/22/2015	Code TAX4	Description GST		···	Amount \$4.45	Balance \$716.45
6/23/2015	RM	ROOM CHARGE	1		\$89.00	\$ 80 5,45
6/23/2015	TAX2	DEST MARKET	TAX		\$1.78	\$807.23
6/23/2015	TAX3	PROVINCIAL SA	PROVINCIAL SALES TAX			\$814.35
6/23/2015	TAX4	GST				\$818.80
6/24/2015	RM	ROOM CHARGE	•		\$89.00	\$907.8 0
6/24/2015	TAX2	DEST MARKET	TAX		\$1.78	\$909.58
6/24/2015	TAX3	PROVINCIAL SA	ALES TAX		\$7.12	\$916.70
6/24/2015	TAX4	GST			\$4.45	\$921.15
6/25/2015	RM	ROOM CHARGE	<u>:</u>		\$89.00	\$1,01 0.15
6/25/2015	TAX2	DEST MARKET	TAX		\$1.78	\$1,011.93
6/25/2015	TAX3	PROVINCIAL SA	ALES TAX		\$7.12	\$1,019.05
6/25/2015	TAX4	GST			\$4.45	\$1,023.50
6/26/2015	RM	ROOM CHARGE	•		\$89.00	\$1,112. 50
6/26/2015	TAX2	DEST MARKET	TAX		\$1.78	\$1,114,28
6/26/2015	TAX3	PROVINCIAL SA	ALES TAX		\$7.12	\$1,121.40
6/26/2015	TAX4	GST			\$4.45	\$1,125.85
6/27/2015	RM	ROOM CHARGE			\$89.00	\$1,214.85
6/27/2015	TAX2	DEST MARKET	TAX		\$1.78	\$1,216.63
6/27/2015	TAX3	PROVINCIAL SA	ALES TAX		\$7.12	\$1,223.75
6/27/2015	TAX4	GST			\$4.45	\$1,228.20
6/28/2015	RM	ROOM CHARGE	•		\$89.00	\$1,317.20
6/28/2015	TAX2	DEST MARKET	TAX		\$1.78	\$1,318.98
6/28/2015	TAX3	PROVINCIAL SA	ALES TAX		\$7.12	\$1,326.10
6/28/2015	TAX4	GST			\$4.45	\$1,330.55
6/29/2015	RM	ROOM CHARGE	_		\$89.00	\$1,419.55
6/29/2015	TAX2	DEST MARKET	TAX		\$1.78	\$1,421.33
6/29/2015	EXAT	PROVINCIAL SA	ALES TAX		\$7.12	\$1,428.45
6/29/2015	TAX4	GST			\$4.45	\$1,432.90
6/30/2015	DR	s.22 & FAMILY D]	[*MINISTRY OF (CHILDREN	(\$1,432.90)	\$0.00
Summary		· · · · · · · · · · · · · · · · · · ·				
Room	Tax	F&B	Other	CC	Cash	DB
\$1,246.00	\$186.90	\$0.00	\$0.00	\$0.00	\$0.00	(\$ 1,432.9 0)

By signing below, I agree to these terms and conditions.



Folio (Detailed)

SUPER 8 ABBOTSFORD

1881 SUMAS WAY ABBOTSFORD BC V2S 4L5 CA

Phone: 604-853-1141 Fax: 604-853-8967

Email: super8abbotsford@gmail.com Printed: 7/7/2015 2:53:27 PM

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, ELC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."



SUPER 8 ABBOTSFORD

1881 SUMAS WAY ABBOTSFORD BC V2S 4L5 CA

> Phone: 604-853-1141 Fax: 604-853-8967

Email: super8abbotsford@gmail.com Printed: 6/16/2015 12:17:32 PM

Confirmation

Name:

s.22

Address:

2828 CRUIKSHANK ST

ABBOTSFORD, BC V2T 5M4 CA

Date: Tuesday, June 16, 2015

Dear s.22

Thank you for choosing the SUPER 8 ABBOTSFORD for your next stay. The following is the confirmation information that you requested.

Confirmation Number:

578-770680

Account Number:

578-770680

Arrival Date:

Tuesday, June 16, 2015

Departure Date:

Tuesday, June 30, 2015

Number Of Nights:

14

Room Type Requested:

NQQ2, 2 QUEENS/NSMK/MIC/FRG/HOTEL

Rate Plan Requested:

RACK - RACK

CXL Policy:

Room Rate:

6/16/2015 (Tue) - 6/29/2015 (Mon)

\$89.00 + Tax per night.

Special Requests:

Total Estimated Stay Amount: \$1,246.00 + Tax

We hope that you enjoy your stay at the SUPER 8 ABBOTSFORD and look forward to seeing you again.

Thank You,

The Management of SUPER 8 ABBOTSFORD

Cooke, Sandra L MCF:EX

From:

Devitt, Linda MCF:EX

Sent:

Tuesday, June 16, 2015 12:23 PM

To: Cc: 'super8abbotsford@gmail.com' Weber, Tara MCF:EX; Cooke, Sandra L MCF:EX; Warren, Darci MCF:EX

Subject:

Room Reservation

Hi Victoria....as per your request, I am requesting a room for \$.22 and Is.22 from today – June 16, 2015 to Tuesday June 30, 2015. Please send the invoice for the room upon \$.22 's checkout to my attention or that of my colleague – Darci Warren at the address below. As per our conversation, the room rate is \$89 + tax per night for a total of \$102.35/night. I have provided you with my purchase card number to hold the room for \$.22 and \$.22. There are to be no charges put against the card.

Darci – when the invoice comes in, please pay by coding block.

Thanks,

Linda Devitt
Acting Office Manager
Abbotsford Child & Youth Mental Health Team — FDH/FDJ
Child Protection Team - FFB
Youth Services Team - FDG
Ministry of Children & Family Development
2828 Cruickshank Street
Abbotsford BC V2T 5M4

Phone:604-870-5859 Fax: 604-870-5878 Linda.Devitt@gov.bc.ca Record 2



1 aistry of Children and Family Development

PURCHASE AUTHORIZATION

The personal information requested on this form is collected under the authority of and will be used for the purpose of administrang the Finan collected information may be subject to disclosure as per the FAA and/or the Freedom of Information and Protection of Protection of Any questional be directed to the Help Deck, (250) 350-8139, PO Box 9769, Stn Prov Govt, Victoria, B.C., V&W 955. Act (FAA). Under certain carcamulances, the ction, use or disclosure of the information P0319642 RESTRICTIONS: NOT GIVE CHANGE GOODS FOR AMOUNT OF PURCHASE ONLY **VOID IF ALTERED** NOT TRANSFERABLE TO ANOTHER PURCHASER **NOT VALID AFTER** NOT NEGOTIABLE FOR CASH OR OTHER GOODS SERVICES NOT VALID FOR GIFT CARDS OR ALCOHOL/TOBACCO PRODUCTS NOT VALID OVER \$300 s.22 PLEASE PROVIDE: Purchaser MODULE NAME 可能含于的各种 WITH THE FOLLOWING GOODS AND OR SERVICES PROJECT MAXIMUM COST DESCRIPTION OF GOODS SERVICES NOT TO EXCEED \$50 S100 \$200 \$ AMOUNT IN WRITING Please enclose this authorization with your invoice (and original cash register receipt) and mail to PLEASE HAVE THE PURCHASER SIGN THE ACKNOWLEDGEMENT IN YOUR PRESENCE AND ENSURE Ministry of Children and THAT IT MATCHES THE SAMPLE SIGNATURE FOERTHY THAT HAVE RECEIVED THE GOODS AND OR SERVICES DESCRIBED **Family Development** AEOVé: After Hours Program 2nd Floor, 1727 W. Broadway Vancouver, BC PURCHASER'S VALIDATING SIGNATURE DATE (YYYYAMI DD) V614W6 Requisitioned in accordance with Expense Authority delegated by the Deputy Minjster.



BRITISH Ministry of Children and Family Development

PURCHASE AUTHORIZATION

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Vancouver, BC V6J 4W6		PURCHASE	R'S VALIDATING SIGNATUI	RE DATE (YYYYMM)DO)

Requisitioned in accordance with Expense Authority delegated by the Deputy Minister.



Ministry of Children and Family Development

PURCHASE AUTHORIZATION

Telephone KNY LIN 4027 Page 12 of 18

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Financial Authoristation Act (FAA). Under certain circumstances, the should be directed to the Help Desk, (250) 356-8139. PO Box 9789, Sin Prov God, Victoria, B.C. VEW 655.

DO NOT GIVE CI VOID IF ALTERED NOT VALID AFTER AG CO EXPIRY DATE (YYYY/MARIDD) TO	RESTRICTIONS: P0319643 GOODS FOR AMOUNT OF PURCHASE ONLY NOT TRANSFERABLE TO ANOTHER PURCHASER NOT NEGOTIABLE FOR CASH OR OTHER GOODS/SERVICES NOT VALID FOR GIFT CARDS OR ALCOHOL/TOBACCO PRODUCT NOT VALID OVER \$300 NO BEHUNDS					
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OUNT IN WRITING	nvoice (and origina	l cash regis	ster receipt) :	and mail to:	35	DOLLARS
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SUPER 8 ABBOTSFORD

1881 SUMAS WAY ABBOTSFORD BC V2S 4L5 CA

> Phone: 604-853-1141 Fax: 604-853-8967

Email: super8abbotsford@gmail.com Printed: 8/2/2015 11:01:33 AM

Folio (Detailed)

Name:

Company:

Address:

Arrival:

*MINISTRY OF CHILDREN & FAMILY D

2-1727 WEST BROADWAY

VANCOUVER, BC V6J 4W6 CA

Room: Rate Plan:

3009

RACK

8/1/2015 (Sat)

Room Type: Daily Rate:

Departure:

\$269.00 + \$40.35 Tax 8/2/2015 (Sun)

SNK1, STE/1

Nights:

Confirmation Number:

Receivable Account Number:

1

Account Number:

GTD:

DR - DIRECT BILL

*MINISTRY OF CHILDREN &

s.17

086-629160

629-097315

Guests: 1/3

Room Rate:

8/1/2015 (Sat) - 8/1/2015 (Sat)

\$269.00 + \$40.35 Tax per night.

Date	Code	Description ROOM CHARGE DEST MARKET TAX PROVINCIAL SALES TAX GST	Amount	Balance
8/1/2015	RM		\$269.00	\$269.00
8/1/2015	TAX2		\$5.38	\$274.38
8/1/2015	TAX3		\$21.52	\$295.90
8/1/2015	TAX4		\$13.45	\$309.35
8/2/2015	DR	s.22 [*MINISTRY OF CHILDREN & FAMILY D]	(\$309.35)	\$0.00

Summary						
(Room	Tax	F&B	Other	CC	Cash	DB (\$309.35)
\$269.00	\$40.35	\$0.00	\$0.00	\$0.00	\$0.00	

By signing below, I agree to these terms and conditions.

Guest Signature:

⁽¹⁾ Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or

[&]quot;We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

Record 3 9 4

one invoice entered as two records in our system



nistry of Children and Family Development

PURCHASE AUTHORIZATION

The personal information requested on this form is extented under the authority of and will be used for the purpose of atminishining the Financial Act. FAA: Under contain overamination and Protection of Privacy Act. Any questions obtain the collection, use or disclosure of the information and Protection of Privacy Act. Any questions obtain the collection, use or disclosure of the information and protection to the Melp Deck. (250) 358-8139. PO Box 9789, Stn Prov Govt, Victoria, B.C. VBW 955

DO NOT GIVE CHANGE	RESTRICTIONS:	P0319680
VOID IF ALTERED	AMOUNT OF PURC	CHASE ONLY
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		R ALCOHOL/TOBACCO PRODUCTS
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PLEASE PROVIDE: \$.22		SEP 2 4 2015
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	FSIRCHASE	& FAMILY DEVELOPMENT
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Ministry of Children and	ACKNOWLEDGEMEN THAT IT MATCHES TO	IT IN YOUR PRESENCE AND ENSURE IE SAMPLE SIGNATURE
Family Development		SWEET THE EQUIDS AND OR SERVICES DESCRIBED
After Hours Program	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2nd Floor, 1727 W. Broadway	0 00	
Vancouver, BC	BUVIN	me
V6J 4W6	PURCHASERS VALID	ATTING SIGNATURE DATE (YYYYMM 00)
<u> </u>		
Requisitioned in accordance with Expense Authority delegated by the De	puty Minister	
Signature of Expense Authority	Cale 205/	19/12 District Office Ocdo SAB
Print Name (No 19) Chesh Print	YYYY Telar	FEPY-001 (100) 600 - 4927
and a substitute of the substi		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4



Ministry of Children and Family Development

PURCHASE AUTHORIZATION

P 0319687

The personal information requested on this form is noticeded under the authority of and with a dividity the purpose of administering the Enancial Administration Act (FAA). Under certain creations are disclosure as per the FAA andre the Freedom of Information and Profession of Process, Act. Any questions about the collection, use or disclosure of the information should be directed to the Help Desk. (250) 356-8139, PO Box 9769, Sin Prov Govi. Victoria. B.C. V&W 985.

RESTRICTIONS:

GOODS FOR AMOUNT OF PURCHASE ONLY

NOT TRANSFERABLE TO ANOTHER PURCHASER

NOT NEGOTIABLE FOR CASH OR OTHER GOODS/SERVICES

DO NOT GIVE CHANGE

VOID IF ALTERED NOT VALID AFTER

NOT VALID FOR GIFT CARDS OR ALCOHOL/TOBACCO PRODUCTS NOT VALID OVER \$300 EXPIRY DATE (YYYY/MM/DD) NO REFUNDS PLEASE PROVIDE: Purchaser MINISTRY OF CHILDREN & FAMILY DEVELOPMENT WITH THE FOLLOWING GOODS AND/OR SERVICES FURUMANERS 84 PROJECT DESCRIPTION OF GOODS SERVICES MAXIMUM COST Sab 1410 XZ Ats **NOT TO EXCEED** \$ 50 S100 S200 S300 AMOUNT IN WRITING Please enclose this authorization with your invoice (and original cash register receipt) and mail to: SUPPLIER PLEASE HAVE THE PURCHASER SIGN THE Ministry of Children and ACKNOWLEDGEMENT IN YOUR PRESENCE AND ENSURE THAT IT MATCHES THE SAMPLE SIGNATURE **Family Development** CUER HEY THAT I HAVE RECEIVED THE GOODS AND/OR SERVICES DESCRIBED. After Hours Program 2nd Floor, 1727 W. Broadway Vancouver, BC V614W6 Requisitioned in accordance with Expense Authority delegated by the Deputy Minister.



Folio (Detailed)

SUPER 8 ABBOTSFORD

1881 SUMAS WAY ABBOTSFORD BC V2S 4L5 CA

Phone: 604-853-1141 Fax: 604-853-8967

Email: super8abbotsford@gmail.com Printed: 9/15/2015 12:09:32 AM

Name: s.22 Confirmation Number:

Account Number:

s.17

008-732628

Receivable Account Number:

629-097315

s.22 Address:

Room:

104

Room Type:

ENQ1,

Nights: 2 Guests: 1/4

Rate Plan: Arrival:

SGV

Daily Rate: Departure:

See room rate section below.

GTD:

DR - DIRECT BILL

*MINISTRY OF CHILDREN &

Room Rate:

9/12/2015 (Sat) - 9/12/2015 (Sat)

9/12/2015 (Sat)

\$120.60 + \$18.09 Tax per night.

9/14/2015 (Mon)

9/13/2015 (Sun) - 9/13/2015 (Sun)

\$116.10 + \$17.42 Tax per night.

Date 9/12/2015	Code RM	Description ROOM CHARGE	Amount \$120.60	Balance \$120.60
9/12/2015	TAX2	DEST MARKET TAX	\$2,41	\$123.01
9/12/2015	TAX3	PROVINCIAL SALES TAX	\$9.65	\$132.66
9/12/2015	TAX4	GST	\$6.03	\$138.69
9/12/2015	PETS	SPECIAL REQUEST FOR PETS	\$10.00	\$148. 69
9/12/2015	PETS	SPECIAL REQUEST FOR PETS	\$10.00	\$158.69
9/12/2015	TAX4	GST	\$0.50	\$159.19
9/12/2015	TAX4	GST ST TO GET ST	\$0.50	\$159.69
9/13/2015	RM	ROOM CHARGE	\$116.10	\$275.79
9/13/2015	TAX2	DEST MARKET TAX	\$2.32	\$278.11
9/13/2015	TAX3	PROVINCIAL SALES TAX SEP 2 2 11 5	\$9.29	\$287,40
9/13/2015	TAX4	GST	\$5.81	\$293.21
9/13/2015	PETS	SPECIAL REQUEST FOR PETS AFTER MOTOR CONTROL	37. At 10.00	\$303.21
9/13/2015	PETS	SPECIAL REQUEST FOR PETS VANCOUVER	\$10.00	\$313.21
9/13/2015	TAX4	GST	\$0.50	\$313.71
9/13/2015	T AX4	GST	\$0.50	\$314.21
9/14/2015	DR	s.22 [*MINISTRY OF CHILDREN & FAMILY D]	(\$314.21)	\$0.00

Summary									
Room	Tax	F&B	Other	cc	Cash	DB			
\$236.70	\$37.51	\$0.00	\$40.00	\$0. 00	\$0.00	(\$314.21)			

By signing below, I agree to these terms and conditions.

Requisitioned in accordance with Expense Authority delegated by the Deputy Minister.

Signature of Expense Authority



Ministry of Children and Family Development

PURCHASE AUTHORIZATION

The personal information requested on this form is collected under the sufferity of and will be used for the purpose of administrating the Financial Administration Act (FAA). Under carbon circumstances, the collected information may be subject to checksure as per the FAA sudfor the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of the information should be directed to the Help Ocal., (250) 356-\$138, PO Box 9709, Sixt Prov Govt, Victoria, B.C. V8VY 985.

DO NOT GIVE CHA	NGE RES	TRICTIONS	<u>}</u> :	P 033	19680
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WITH THE FOLLOWING GOODS AND/OR SERVICE	. 1				
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Please enclose this authorization with your invol	ce tand original cash re	egister receipt)	and mail to:	**************************************	
Ministry of Child Family Develop After Hours Progra 2nd Floor, 1727 W. Bro	ren and ment	SUPP PLEASE ACKNOT THAT IT	. '	TR PRESENCE LE SIGNATUR	e and ensure Re
Vancouver, BC V6J 4W6		PUR	CHASERS VALIDATING SKI	Varu¶≛	DATE (YYYYMMDD)

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