

Instruction

It is the responsibility of the person incurring expenses to file a complete and accurate notice. Please print or type information (except signatures).

Box A: Notice of Registration (Individuals, Corporations and Trade Unions)

Registration for an Individual, Corporation or Trade Union in the Following Municipality

| | | | |
|--|---------------|----------------------------------|------------------------|
| Name of Individual, Corporation or Trade Union (Registrant) CUPE Local 2380 | | | |
| Mailing Address (Registrant) | | | |
| Suite/Unit Number | Street Number | Street Name | |
| | 54 | Clapperton St. | |
| Municipality Barrie | | Province ON | Postal Code L4M 3E9 |
| Email Address correspondence@cupe2380.com | | Telephone Number 705-481-0185 | Telephone Number 2 |

Box B: Designation of an Official Representative (Corporations and Trade Unions)

| | | | |
|--|---------------|----------------------------------|------------------------|
| Name of person signing (Official Representative) | | | |
| Last Name or Single Name Harmer | | Given Name(s) Dawn | |
| Mailing Address (Official Representative) | | | |
| Suite/Unit Number | Street Number | Street Name | |
| | 54 | Clapperton St. | |
| Municipality Barrie | | Province ON | Postal Code L4M 3E9 |
| Email Address correspondence@cupe2380.com | | Telephone Number 705-481-0185 | Telephone Number 2 |

Box C: Additional Information (Corporations)

Business Name

Corporation Number (Indicate whether Ontario Corporation Number, Federal Corporation Number, etc.)

Names of Principal Officers

| | |
|-----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |

Box D: Declaration of Qualification

I, Dawn Harmer, the Registrant (or Official Representative of the Registrant), referred to in this notice, do hereby declare that:


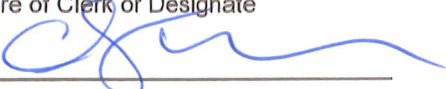
- (1) The information in this notice of registration is, to the best of knowledge and belief, true;
- (2) The Registrant is qualified to be registered as a third party advertiser; and
- (3) I am authorized to sign on behalf of the Registrant (applies only where the Registrant is a corporation or trade union).



Signature of Registrant (or Official Representative)

2026/06/17

Date (yyyy/mm/dd)

| Date Received (yyyy/mm/dd) | Time Received | Initial of Registrant (or Official Representative) (if filed in person) | Signature of Clerk or Designate |
|----------------------------|---------------|---|---|
| 2026 06 19 | 159 pm. |  |  |

Certification by Clerk or Designate

I, the undersigned clerk of this municipality, do hereby certify that I have examined the notice of registration of the aforesaid registrant filed with me and am satisfied that the registrant is qualified to incur expenses and that the notice of registration complies with the Act.

Signature of Clerk or Designate

Date Certified (yyyy/mm/dd)