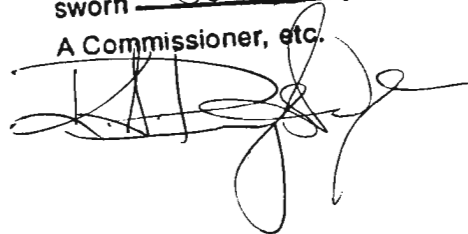


KATRINA
PRYSTUPA

Please advise your client to
stop being obstructive + give me
the ownership now

This is Exhibit " E "
of the Affidavit
of Catherine Ross
sworn June 21, 19 94
A Commissioner, etc.



CHANGE OF ADDRESS

- You are required by law to notify the Ministry of Transportation within six days of changing your address.
- All vehicles registered to you at the address now on record will be changed to reflect the address requested by this notice.
- If this is not what you want, or you are a fleet operator, please take your notice of owner address change to any Driver and Vehicle Licence Office.
- To change the address on your driver's licence, you must include your driver's licence change of address stub with this notice of owner address change.
- Take this change notice to any Driver and Vehicle Licence Office, or mail to: Ministry of Transportation, P.O. Box 9200, Kingston, Ontario K7L 5K6.

CHANGEMENT D'ADRESSE

- Vous êtes tenu par la loi d'aviser le ministère des Transports dans les six jours suivant un changement d'adresse.
- Cet avis entraînera la modification de l'adresse sur tous les documents d'immatriculation actuellement à votre dossier.
- Si vous désirez qu'il en soit autrement ou si vous êtes propriétaire d'une flotte de véhicules, veuillez présenter un avis de changement d'adresse du propriétaire à un Bureau de délivrance des permis de conduire et d'immatriculation des véhicules automobiles.
- Pour modifier l'adresse qui apparaît sur votre permis de conduire, vous devez présenter, avec cet avis, le stub de changement d'adresse du permis de conduire.
- Veuillez apporter cet avis à un Bureau de délivrance des permis de conduire et d'immatriculation des véhicules automobiles ou en voyez-le au ministère des Transports, C.P. 9200, Kingston (Ontario) K7L 5K6.

Do not detach / Ne pas détacher

Plate Owner Address Change Notice

Avis de changement d'adresse du propriétaire de la plaque

STREET & NO. OR LOT, COR. & TRV. OR ET RUE DU LOT, CONCESSION ET CANTON		Office Use Only À l'usage du bureau
APT. NO./APP.	CITY, TOWN OR VILLAGE/MUNICIPALITY, VILLE DU VILLAGE	OFFICE NO.
PROV./PROV.	POSTAL CODE/CODE POSTAL	ISSUE DATE YEAR MONTH DAY
<input type="checkbox"/> MAILING ADDRESS AS ABOVE IF NO COMPLETE MAIL NO ADDRESS ON REVERSE ADRESSE POSTALE IDENTIQUE SI NON, REMPLIR L'ESPACE AU VERSO		PLATE ISSUED
NAME NOM		
ROSS, CATHERINE L		
R.I.N./N.I.C.		SIGNATURE
R6726-11565-75131		



Province of Ontario

PAS FIT PLATE 86 6PPY

Province de l'Ontario

Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

- PERMIT - VEHICLE PORTION / CERTIFICAT D'IMM. - VÉHICULE		
PLATED		
VIN N.V.	ZHGCA5548JH007487	R.I.N. N.I.C.
MAKE MARQUE	HOND	R6726 11565 75131
MODEL MODÈLE	ACC	YEAR ANNÉE
POWER CAREURANT	G	88
COLOUR COULEUR	BLU	VEH. WT. POIDS
COLOUR COULEUR	BLU	40
NAME NOM	ROSS, CATHERINE L	
ADDRESS ADRESSE	PT L1 C4 PBX933 DUNROB IN RI. ONTARIO	
MAILING ADDRESS ADRESSE POSTALE	KOA ITC	
OFFICE / BUREAU	EFF. DATE / EN VIGUEUR	PERMIT NO. / N. DE CERTIFICAT
470 6/04	92/04/07	58211849
Minister of Transportation Ministre des Transports		



Province of Ontario

PAS PLATE 86 6PPY

Province de l'Ontario

Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

- PERMIT - PLATE PORTION / CERTIFICAT D'IMM. - PLAQUE		
ATTACHED		
VIN N.V.	ZHGCA5548JH007487	R.I.N. N.I.C.
MAKE MARQUE	HOND	R6726 11565 75131
MODEL MODÈLE	ACC	YEAR ANNÉE
POWER CAREURANT	G	88
COLOUR COULEUR	BLU	VEH. WT. POIDS
COLOUR COULEUR	BLU	40
NAME NOM	ROSS, CATHERINE L	
ADDRESS ADRESSE	PT L1 C4 PBX933 DUNROB IN RI. ONTARIO	
MAILING ADDRESS ADRESSE POSTALE	KOA	
OFFICE / BUREAU	EFF. DATE / EN VIGUEUR	PERMIT NO. / N. DE CERTIFICAT
470 6/04	92/04/07	58211849
Minister of Transportation Ministre des Transports		

Notice of plate owner address change
Avis de changement d'adresse du propriétaire de la plaque

MAILING ADDRESS ONLY ADRESSE POSTALE SEULEMENT

STREET & NO., R.R., P.O. BOX NO. OR LOT, CON. & TWP.
 # ET RUE, R.R., C.P. OU LOT, CONCESSION ET CANTON

APT. NO. / APP. / CITY, TOWN OR VILLAGE / MUNICIPALITE, VILLE DU VILLAGE

PROV. / PROV. / POSTAL CODE / CODE POSTAL

SIGNATURE

VALIDATION STICKERS
 THIS PERMIT MUST BE PRESENTED FOR ANNUAL VALIDATION

AUTOCOLLANTS DE VALIDATION
 CE PERMIS DOIT ETRE PRESENTE POUR VALIDATION ANNUELLE

04599778
 ONT JAN 95

04487064
 ONT JAN 1993

0421732A
 ONT JAN 1994

Ontario Ministry of Transportation
 P.O. Box 9200, Kingston, Ontario K7L 5K4
 Ministère des Transports de l'Ontario
 C.P. 9200, Kingston, (Ontario) K7L 5K4

APPLICATION FOR TRANSFER DEMANDE DE TRANSFERT

TO BE COMPLETED BY SELLER: DOIT ETRE REMPLI PAR LE VENDEUR:

I hereby give notice of the change of ownership of the vehicle described hereon
 Je donne avis par la présente du changement de possession du véhicule décrit ci-dessus.

TO: NAME OF BUYER: NOM DE L'ACHETEUR

ADDRESS: ADRESSE CITY, TOWN OR VILLAGE: MUNICIPALITE, VILLE DU VILLAGE

APT. NO. / APP.

PROV. / PROV. / POSTAL CODE / CODE POSTAL

DATE OF REGISTRATION: DATE D'IMMATRICULATION

SIGNATURE OF SELLER: SIGNATURE DU VENDEUR

TO BE COMPLETED BY BUYER: DOIT ETRE REMPLI PAR L'ACHETEUR

BUYER is responsible to notify the Ministry, by means of this portion of the permit, within six days of a change of ownership of the vehicle.
 L'ACHETEUR doit aviser le ministère d'un changement de propriétaire dans les six jours, en utilisant cette partie du permis.

I hereby make application for transfer of the vehicle described hereon
 Je demande par la présente le transfert du véhicule décrit ci-dessus

R.I.H. OR DRIVER'S LICENSE NO. / N.O. DU PERMIS DE CONDUIRE

DATE OF BIRTH: DATE DE NAISSANCE

ARE NEW NUMBER PLATES REQUIRED? / AVEZ-VOUS BESOIN DE NOUVELLES PLAQUES? YES / OUI NO / NON

MOTOR VEH. / GARAGE NO. / NO. DU BLOC DE VEHIC. / AUTO. / GARAGE LICENCE / NO. DU PERMIS DE GARAGE

TO INCLUDE ADDITIONAL INFORMATION, COMPLETE APPLICATION FOR REGISTRATION
POUR INCLURE D'AUTRES RENSEIGNEMENTS, REMPLIR UNE DEMANDE D'IMMATRICULATION

THE COMPULSORY AUTOMOBILE INSURANCE ACT
CERTIFICATE OF INSURANCE
LOI SUR L'ASSURANCE-AUTOMOBILE OBLIGATOIRE
ATTESTATION D'ASSURANCE

I hereby certify that the Motor Vehicle bearing Vehicle Identification Number on the reverse side of this vehicle portion of the permit is insured under a contract of automobile insurance with:
 J'atteste par la présente que le véhicule automobile portant le numéro d'identification indiqué au verso du certificat d'immatriculation-voiture est assuré en vertu d'une police d'assurance-automobile établie par:

Name of Insurance Co. / Nom de la compagnie d'assurance

Policy No. / Police n°

YEAR / ANNEE MO. / MOIS DAY / JOUR SIGNATURE OF BUYER / SIGNATURE DE L'ACHETEUR

DATE / DATE

The minimum penalty for making a false statement is \$500.00
 L'infraction fait une fausse déclaration est assésible d'une amende minimale de 500 \$.

OFFICE USE ONLY / PLATE / EFFECTIVE DATE / OFFICE NO.

SWORN STATEMENT FOR A FAMILY GIFT OF A USED MOTOR VEHICLE IN THE PROVINCE OF ONTARIO

O WIT:

IN THE MATTER OF the Retail Sales Tax Act, R.S.O. 1990, c.R.31 (as amended), clause 4.2(3) (d), 4.2(7)

I, WILLIAM THOMAS ROSS of the TOWNSHIP CITY DUNDAS of WEST CARLETON
(Name of Recipient) (City, Town, etc.) (Name of City, Town, etc.)
 of the RESMUN of WEST CARLETON, Province of Ontario, and
(County, Regional Municipality, etc.) (Name of County, Regional Municipality, etc.)
CATHERINE LOIS CLEAVER of the TOWNSHIP DUNDAS of WEST CARLETON
(Name of Donor) ROSS (City, Town, etc.) (Name of City, Town, etc.)
 of the RESMUN of WEST CARLETON, Province of Ontario,
(County, Regional Municipality, etc.) (Name of County, Regional Municipality, etc.)

MAKE OATH AND SAY:

- 1. We have personal knowledge of the matters hereinafter deposed to.
- 2. The Recipient is now the owner of the Used Motor Vehicle named in the attached Application for Transfer.
- 3. The Used Motor Vehicle owned by the said Recipient is a 1988 HONDA ACCORD EX
(year) (make) (model)
 bearing Vehicle Identification Number 2HGCA55485H007487.
- 4. The Donor is the SPOUSE of the Recipient.
(Insert as appropriate: father, mother, step-father, step-mother, spouse, grand-father, grand-mother, son, daughter, step-son, step-daughter, grandson, granddaughter, son-in-law, mother-in-law, father-in-law, daughter-in-law)
- 5. This Used Motor Vehicle was acquired by the said CATHERINE ROSS on APRIL 7/92.
(Name of owner / Recipient) (date)
 She has since agreed to transfer the said vehicle to
 from WILLIAM THOMAS ROSS as a gift for no consideration, and has not been transferred on a tax-
(name of Donor)
 exempt basis in Ontario within the twelve-month period immediately preceding the acquisition.

SEVERALLY SWORN before me

at the CITY of OTTAWA
(City, Town, etc.) (Name of City, Town, etc.)
 in the Regional Municipality of Ottawa-Carleton
(County, Regional Municipality, etc.) (Name of County, Regional Municipality, etc.)
 this 14th day of June, 1994
 (Donor's signature)

Bill Ross
(signature of Recipient)
Catherine Ross
(signature of Donor)
 Subscribed before me at the
City of Ottawa
 in the Regional Municipality of Ottawa-Carleton
 this 20th day of June, 1994
[Signature]
 A Commissioner, etc.

Karen Anne Hyndman
 A Commissioner, etc.,
 Regional Municipality of Ottawa-Carleton,
 for Katrina A. Prystupa, Barrister and
 Solicitor. Expires November 12, 1996

WARNING: Every person who knowingly makes a false statement in this sworn statement is guilty of an offence and is liable on conviction, in addition to any penalty otherwise provided in the Retail Sales Tax Act, to a fine of not less than \$500 and not more than \$10,000, or to imprisonment for a term of not more than two years, or both fine and imprisonment.