

## RECORD OF EMPLOYMENT (ROE)

<b>1</b> SERIAL NO. <b>M17099756</b>	<b>2</b> SERIAL NO. OF ROE AMENDED OR REPLACED	<b>3</b> EMPLOYER'S PAYROLL REFERENCE NO.																																																																																																																		
<b>4</b> EMPLOYER'S NAME AND ADDRESS <b>STAGE 3 SEPARATION CANADA, INC</b> <b>2000 SILBER ROAD</b>  <b>HOUSTON TX</b> <b>United States</b>		<b>5</b> CRA PAYROLL ACCOUNT NUMBER <b>717501332RP0001</b>																																																																																																																		
		<b>6</b> PAY PERIOD TYPE <b>B - Bi-weekly</b>																																																																																																																		
		<b>7</b> POSTAL CODE <b>77055</b>																																																																																																																		
<b>9</b> EMPLOYEE'S NAME AND ADDRESS <b>Jonathan Co</b> <b>228 Edgemont Estates Dr. NW</b> <b>Calgary</b>  <b>T3A2M3</b>		<b>8</b> SOCIAL INSURANCE NO. <b>651-678-294</b>																																																																																																																		
		<b>10</b> FIRST DAY WORKED <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:33%; text-align: center;">D</td><td style="width:33%; text-align: center;">M</td><td style="width:33%; text-align: center;">Y</td></tr><tr><td style="text-align: center;">24</td><td style="text-align: center;">08</td><td style="text-align: center;">2025</td></tr></table>	D	M	Y	24	08	2025																																																																																																												
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<b>11</b> LAST DAY FOR WHICH PAID <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:33%; text-align: center;">D</td><td style="width:33%; text-align: center;">M</td><td style="width:33%; text-align: center;">Y</td></tr><tr><td style="text-align: center;">03</td><td style="text-align: center;">09</td><td style="text-align: center;">2025</td></tr></table>	D	M	Y	03	09	2025																																																																																																														
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<b>13</b> OCCUPATION		<b>12</b> FINAL PAY PERIOD ENDING DATE <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:33%; text-align: center;">D</td><td style="width:33%; text-align: center;">M</td><td style="width:33%; text-align: center;">Y</td></tr><tr><td style="text-align: center;">06</td><td style="text-align: center;">09</td><td style="text-align: center;">2025</td></tr></table>	D	M	Y	06	09	2025																																																																																																												
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<b>15B</b> TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px auto;">\$ 1,979.52</div>																																																																																																																				
<b>15C</b> THE FIRST ENTRY MUST RECORD THE INSURABLE EARNINGS FOR THE FINAL (MOST RECENT) INSURED PAY PERIOD. ENTER DETAILS BY PAY PERIOD AS PER THE CHART ON PAGE 2. <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>P.P.</th><th>INSURABLE EARNINGS</th><th>P.P.</th><th>INSURABLE EARNINGS</th><th>P.P.</th><th>INSURABLE EARNINGS</th></tr></thead><tbody><tr><td>1</td><td>1,979.52</td><td>2</td><td></td><td>3</td><td></td></tr><tr><td>4</td><td></td><td>5</td><td></td><td>6</td><td></td></tr><tr><td>7</td><td></td><td>8</td><td></td><td>9</td><td></td></tr><tr><td>10</td><td></td><td>11</td><td></td><td>12</td><td></td></tr><tr><td>13</td><td></td><td>14</td><td></td><td>15</td><td></td></tr><tr><td>16</td><td></td><td>17</td><td></td><td>18</td><td></td></tr><tr><td>19</td><td></td><td>20</td><td></td><td>21</td><td></td></tr><tr><td>22</td><td></td><td>23</td><td></td><td>24</td><td></td></tr><tr><td>25</td><td></td><td>26</td><td></td><td>27</td><td></td></tr><tr><td>28</td><td></td><td>29</td><td></td><td>30</td><td></td></tr><tr><td>31</td><td></td><td>32</td><td></td><td>33</td><td></td></tr><tr><td>34</td><td></td><td>35</td><td></td><td>36</td><td></td></tr><tr><td>37</td><td></td><td>38</td><td></td><td>39</td><td></td></tr><tr><td>40</td><td></td><td>41</td><td></td><td>42</td><td></td></tr><tr><td>43</td><td></td><td>44</td><td></td><td>45</td><td></td></tr><tr><td>46</td><td></td><td>47</td><td></td><td>48</td><td></td></tr><tr><td>49</td><td></td><td>50</td><td></td><td>51</td><td></td></tr><tr><td>52</td><td></td><td>53</td><td></td><td></td><td></td></tr></tbody></table>		P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	P.P.	INSURABLE EARNINGS	1	1,979.52	2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53				<b>16</b> REASON FOR ISSUING THIS ROE <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px auto;">Parental</div> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px auto;">P</div>
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<b>17</b> ONLY COMPLETE IF PAYMENT OR BENEFITS (OTHER THAN REGULAR PAY) PAID IN OR IN ANTICIPATION OF THE FINAL PAY PERIOD OR PAYABLE AT A LATER DATE. A - VACATION PAY <div style="border: 1px solid black; width: 100%; height: 40px; margin: 5px auto;"></div> <div style="display: flex; justify-content: space-between;"><span>START DATE (D/M/Y):</span><span>END DATE (D/M/Y):</span></div> B - STATUTORY HOLIDAY PAY FOR <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>D</th><th>M</th><th>Y</th><th>\$</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></tbody></table> C - OTHER MONIES (SPECIFY) <div style="border: 1px solid black; width: 100%; height: 40px; margin: 5px auto;"></div> <div style="display: flex; justify-content: space-between;"><span>START DATE (D/M/Y):</span><span>END DATE (D/M/Y):</span></div> <div style="border: 1px solid black; width: 100%; height: 40px; margin: 5px auto;"></div> <div style="display: flex; justify-content: space-between;"><span>START DATE (D/M/Y):</span><span>END DATE (D/M/Y):</span></div> <div style="border: 1px solid black; width: 100%; height: 40px; margin: 5px auto;"></div> <div style="display: flex; justify-content: space-between;"><span>START DATE (D/M/Y):</span><span>END DATE (D/M/Y):</span></div>		D	M	Y	\$				\$				\$				\$				\$				\$																																																																																											
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<b>18</b> COMMENTS		<b>19</b> PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th>START DATE</th><th>END DATE</th><th>AMOUNT</th><th>PER DAY</th><th>PER WEEK</th></tr><tr><th></th><th>D M Y</th><th>D M Y</th><th></th><th></th><th></th></tr></thead><tbody><tr><td>PSL</td><td></td><td></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>WLI - Not ins.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>WLI - Ins.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>MAT/PAR/CC/FC</td><td></td><td></td><td>\$</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>		START DATE	END DATE	AMOUNT	PER DAY	PER WEEK		D M Y	D M Y				PSL			\$	<input type="checkbox"/>	<input type="checkbox"/>	WLI - Not ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>	WLI - Ins.			\$	<input type="checkbox"/>	<input type="checkbox"/>	MAT/PAR/CC/FC			\$	<input type="checkbox"/>	<input type="checkbox"/>																																																																														
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<b>20</b> COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> English <input type="checkbox"/> French		<b>21</b> TELEPHONE NO. <b>(844) 438-4864</b>																																																																																																																		
<b>22</b> I AM AWARE THAT IT IS AN OFFENSE TO KNOWINGLY MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE. Name of Issuer <b>Ritika</b> <b>Ritika</b>		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:33%; text-align: center;">D</td><td style="width:33%; text-align: center;">M</td><td style="width:33%; text-align: center;">Y</td></tr><tr><td style="text-align: center;">11</td><td style="text-align: center;">09</td><td style="text-align: center;">2025</td></tr></table>	D	M	Y	11	09	2025																																																																																																												
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