

**RECORD OF EMPLOYMENT (ROE)**

1 SERIAL NO.	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO.																																																																																																																		
<b>M17280425</b>																																																																																																																				
4 EMPLOYER'S NAME AND ADDRESS	5 CRA PAYROLL ACCOUNT NUMBER																																																																																																																			
<b>STAGE 3 SEPARATION CANADA, INC</b> <b>2000 SILBER ROAD</b>		<b>717501332RP0001</b>																																																																																																																		
HOUSTON TX United States		6 PAY PERIOD TYPE																																																																																																																		
		<b>B - Bi-weekly</b>																																																																																																																		
7 POSTAL CODE		8 SOCIAL INSURANCE NO.																																																																																																																		
<b>77055</b>		<b>651-678-294</b>																																																																																																																		
9 EMPLOYEE'S NAME AND ADDRESS		10 FIRST DAY WORKED																																																																																																																		
<b>Jonathan Co</b> <b>228 Edgemont Estates Dr. NW</b> <b>Calgary</b>		D M Y <b>15   12   2024</b>																																																																																																																		
		11 LAST DAY FOR WHICH PAID																																																																																																																		
		D M Y <b>23   08   2025</b>																																																																																																																		
		12 FINAL PAY PERIOD ENDING DATE																																																																																																																		
		D M Y <b>23   08   2025</b>																																																																																																																		
13 OCCUPATION		14 EXPECTED DATE OF RECALL																																																																																																																		
		D M Y <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT RETURNING <b>09   10   2025</b>																																																																																																																		
15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2	<b>1452</b>	16 REASON FOR ISSUING THIS ROE																																																																																																																		
		<b>Parental</b>																																																																																																																		
		<b>P</b>																																																																																																																		
15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2	<b>\$ 35,538.76</b>	FOR FURTHER INFORMATION, CONTACT <b>Michelle Sherman</b> TELEPHONE NO. <b>(281) 725-2233</b>																																																																																																																		
15C 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.		17 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.																																																																																																																		
<table border="1"> <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><b>1.00</b></td><td>2</td><td><b>2,944.00</b></td><td>3</td><td><b>2,528.00</b></td></tr> <tr><td>4</td><td><b>4,736.00</b></td><td>5</td><td><b>2,116.80</b></td><td>6</td><td><b>3,264.00</b></td></tr> <tr><td>7</td><td><b>2,584.00</b></td><td>8</td><td><b>2,588.00</b></td><td>9</td><td><b>3,312.00</b></td></tr> <tr><td>10</td><td><b>2,352.00</b></td><td>11</td><td><b>2,432.96</b></td><td>12</td><td><b>2,584.00</b></td></tr> <tr><td>13</td><td><b>1,536.00</b></td><td>14</td><td><b>2,560.00</b></td><td>15</td><td><b>2,584.96</b></td></tr> <tr><td>16</td><td><b>2,584.00</b></td><td>17</td><td><b>2,560.00</b></td><td>18</td><td><b>2,496.96</b></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	<b>1.00</b>	2	<b>2,944.00</b>	3	<b>2,528.00</b>	4	<b>4,736.00</b>	5	<b>2,116.80</b>	6	<b>3,264.00</b>	7	<b>2,584.00</b>	8	<b>2,588.00</b>	9	<b>3,312.00</b>	10	<b>2,352.00</b>	11	<b>2,432.96</b>	12	<b>2,584.00</b>	13	<b>1,536.00</b>	14	<b>2,560.00</b>	15	<b>2,584.96</b>	16	<b>2,584.00</b>	17	<b>2,560.00</b>	18	<b>2,496.96</b>	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				A - VACATION PAY
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C - OTHER MONIES (SPECIFY)																																																																																																																				
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19 PAID SICK/MATERNITY/PARENTAL/COMPASSIONATE CARE/FAMILY CAREGIVER LEAVE OR GROUP WAGE LOSS INDEMNITY PAYMENT																																																																																																																				
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		WLI - Not ins.	<input type="checkbox"/> \$ <input type="checkbox"/>																																																																																																																	
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20 COMMUNICATION PREFERRED IN		21 TELEPHONE NO.																																																																																																																		
<input checked="" type="checkbox"/> English <input type="checkbox"/> French		<b>(844) 438-4864</b>																																																																																																																		
22 I AM AWARE THAT IT IS AN OFFENSE TO KNOWLINGLY MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.																																																																																																																				
Name of Issuer <b>Tiffany Li</b>		D M Y <b>19   09   2025</b>																																																																																																																		