

RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. M18127810	2 SERIAL NO. OF ROE AMENDED OR REPLACED	3 EMPLOYER'S PAYROLL REFERENCE NO.																																																																																																																																																																							
4 EMPLOYER'S NAME AND ADDRESS STAGE 3 SEPARATION CANADA, INC 2000 SILBER ROAD HOUSTON TX United States		5 CRA PAYROLL ACCOUNT NUMBER 717501332RP0001																																																																																																																																																																							
		6 PAY PERIOD TYPE B - Bi-weekly																																																																																																																																																																							
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		8 SOCIAL INSURANCE NO. 651-678-294																																																																																																																																																																							
9 EMPLOYEE'S NAME AND ADDRESS Jonathan Co 228 Edgemont Estates Dr. NW Calgary T3A2M3		10 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;">10</td><td style="text-align: center;">10</td><td style="text-align: center;">2025</td></tr></table>	D	M	Y	10	10	2025																																																																																																																																																																	
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15A TOTAL INSURABLE HOURS ACCORDING TO CHART ON PAGE 2 <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px auto;">60</div>		16 REASON FOR ISSUING THIS ROE <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px auto;">M</div>																																																																																																																																																																							
15B TOTAL INSURABLE EARNINGS ACCORDING TO CHART ON PAGE 2 <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px auto;">\$ 2,064.01</div>		FOR FURTHER INFORMATION, CONTACT Michelle Sherman TELEPHONE NO. (281) 725-2233																																																																																																																																																																							
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. <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 style="text-align: center;">2,064.00</td><td>2</td><td style="text-align: center;">0.01</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	2,064.00	2	0.01	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				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. A - VACATION PAY <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; text-align: right;">\$</td><td style="width: 40%;"></td></tr><tr><td>START DATE (D/M/Y):</td><td>END DATE (D/M/Y):</td></tr></table> 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>D</th><th>M</th><th>Y</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> C - OTHER MONIES (SPECIFY) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; text-align: right;">\$</td><td style="width: 40%;"></td></tr><tr><td>START DATE (D/M/Y):</td><td>END DATE (D/M/Y):</td></tr><tr><td style="width: 60%; text-align: right;">\$</td><td style="width: 40%;"></td></tr><tr><td>START DATE (D/M/Y):</td><td>END DATE (D/M/Y):</td></tr><tr><td style="width: 60%; text-align: right;">\$</td><td style="width: 40%;"></td></tr><tr><td>START DATE (D/M/Y):</td><td>END DATE (D/M/Y):</td></tr></table>		\$		START DATE (D/M/Y):	END DATE (D/M/Y):	D	M	Y	D	M	Y																															\$		START DATE (D/M/Y):	END DATE (D/M/Y):	\$		START DATE (D/M/Y):	END DATE (D/M/Y):	\$		START DATE (D/M/Y):	END DATE (D/M/Y):
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21 TELEPHONE NO. (844) 438-4864		22 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 Ritika Ritika <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;">05</td><td style="text-align: center;">11</td><td style="text-align: center;">2025</td></tr></table>		D	M	Y	05	11	2025																																																																																																																																																																
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