

AMACON**LIVE WELL****Warranty Services
Work Order**

Phone: (905) 848-2069 Fax: (905) 848-2827

Location	<u>Eve - Tower: 1 - Unit: 1509</u>
	<u>1509 - 3515 Kariya</u>
Closing Date	<u>0000</u>
Date	<u>16Dec08</u>
Contact Name(s)	<u>Esteban Pacheco and Anh My Tran</u>
Contact Telephone#	
Company:	<u>Kabinetz</u>
Attention:	<u>Paul Cammalleri</u>
Telephone:	
Fax:	
From:	<u>Warranty Services Department - Head Office</u>

Please complete the following items:

Deficiency Number	Issue		Appointment Date/Time	Notes
1420	MAIN BATHROOM- VANITY CABINETS-cabinet doors ne3d adjustment			<u>DONE</u>
1424	ENSUITE BATHROOM- VANITY CABINETS-adjust doors			<u>DONE</u>
1426	ENSUITE BATHROOM- VANITY CABINETS: 1-inside shelf damaged			<u>DONE</u>
1428	KITCHEN- CABINETS-all doors need adjustment			<u>DONE</u>
1430	KITCHEN- CABINETS: 1-handles scratched			<u>DONE</u>
1434	KITCHEN- COUNTERTOPS: 2-gap underside of counter bar side			<u>DONE</u>

Date Completed: Jan 5 2009Purchaser Signature: 

The Purchaser acknowledges and accepts all work has been completed in a workmanlike manner.

Please schedule your Service Department to complete work on the above Unit. Should no appointment time or date appear (below) on this form, it is your responsibility to arrange and adhere to the appointment you have scheduled. Your service representative must have this form signed by homeowner on completion. Please fax the signed form to our office (905) 848-2827.

Failure to comply with this request will give Amacon Developments (and it's group of companies) the right to carry out any and all repairs. All costs incurred will be applied to the Company listed above.