

February 18, 2009

Andrew Maikoo
3515 Kariya Drive 303
MISSISSAUGA ON
L5B 0C1

Enrolment # H1512216
Case # 2355594

Copy to:

Amacon Development (Huronario) Corp.
2 Harbour St.
TORONTO Ontario
M5J 3B1

Vendor/Builder # 33372
Lot: Pt. 16, Plan: , Block:

Mississauga, City

Confirmation of Receipt of your 30-Day Form

This notice is to inform you that we received your 30-Day Form and are accepting it based on the Date of Possession, January 19, 2009, of record for your home. Please note that this is the only 30-Day Form we can accept for your home, as outlined in the *Homeowner Information Package*.

All items noted on your 30-Day Form that are part of your unit and are covered by warranty under the *Ontario New Home Warranties Plan Act* ("statutory warranty") should be repaired or otherwise corrected by your builder by June 19, 2009, except as noted below*. If any of these items have not been corrected by this date, you may contact us between June 20, 2009 and July 20, 2009 to request a conciliation inspection of your home to assess the situation. If you do not contact us during this time period to request a conciliation inspection, we will consider all items listed on your 30-Day Form resolved and the matter closed. (You may resubmit the item(s) at a later date if the warranty covering those item(s) is still in effect.)

Because it can take several months for the natural materials in your home to dry and settle, new items may emerge over time. Your next opportunity to report to us any items that are covered by the statutory warranty occurs during the last 30 days before the first anniversary of possession of your home. During that period, you may report any such items by submitting the Year-End Form to us and sending a copy to your builder. (See your *Homeowner Information Package* for more details.)

The repair timelines listed above do not apply to items included in your condominium project's common elements because such items are not covered by your unit's statutory warranty. You should report these items in writing to the condominium corporation's Board of Directors. (For a complete description of your unit's boundaries, refer to Schedule "C" of the declaration of your condominium, which should be included with your Disclosure Statement.)

* Please note there are specific situations - such as emergencies and completion of your new home's landscaping - in which this timeline does not apply. Please refer to the *Homeowner Information Package* for more information about the Statutory Warranty Process and exceptions to it.

You may wish to visit our website to consult the *Construction Performance Guidelines*. The Guidelines describe many of the most commonly reported warranty items and indicate which are covered by warranty under the *Ontario New Home Warranties Plan Act*.

STATUTORY WARRANTY FORM



30-Day Form

TO NOTIFY TARION OF OUTSTANDING WARRANTY ITEMS, COMPLETE AND SUBMIT THIS FORM
BEFORE THE END OF THE FIRST 30 DAYS OF POSSESSION OF YOUR HOME

YOU MAY SUBMIT ONLY ONE 30-DAY FORM.

Submit this Form to the Tarion Customer Centre, located at 5150 Yonge Street, Concourse Level, Toronto, Ontario M2N 6L8, in person, by mail or courier, or by fax to 1-877-664-9710. See your *Homeowner Information Package* for details about submitting this Form. Send a copy of the completed Form to your Builder and keep a copy for yourself. Please print all information.

Home Identification Information (Refer to your Certificate of Completion and Possession to complete this box.)

2009 / 01 / 14
Date of Possession (YYYY/MM/DD)

33372
Vendor/Builder #

1512216
Enrolment #

Civic Address (address of your home under warranty):

3515
Street Number

KARIYA DRIVE
Street Name

303
Condo Suite # (if applicable)

MISSISSAUGA
City/Town

L5G 0C1
Postal Code

PT 16
Lot #

AMALON
EVE
Project/Subdivision Name

Contact Information of Homeowner(s):

ANDREW MAIKOO
Homeowner's Name

Homeowner's Name (if applicable)

(105) 412 4043
Daytime Phone Number

() -
Daytime Phone Number

(416) 417 - 8134
Evening Phone Number

() -
Evening Phone Number

() -
Fax Number

() -
Fax Number

ANDREW.MAIKOO@HOMESMART.COM
Email Address

Email Address

Check this box if you are not the original
registered homeowner.

Check this box if you are not the original
registered homeowner.

Mailing Address for Correspondence to Homeowner (if different from Civic Address above)

Street Number Street Name

Condo Suite #
(if applicable)

City/Town

Province

Postal Code

Outstanding items must be specifically listed and described.

A reference to the Pre-Delivery Inspection Form or to other documentation will not be accepted.

Outstanding Items

List all outstanding items covered by the statutory warranty in the table below. If you require more space, please make copies of this page, number them and attach them to this Statutory Warranty Form.

Item #	Room/Location	Description
1.	HARDWOOD FLOORING (Living Room)	SOUTH WALL (A) 4 FEET FROM WINDOW 13" BOARD FROM NORTH WALL (B) 2nd BOARD, MIDDLE ENTRANCE TO KITCHEN
2.	HARDWOOD FLOORING (Living Room)	UNEVEN FLOOR BOARDS (A) 4TH BOARD FROM SOUTH WALL 3RD FROM WINDOW (B) 3RD FROM SOUTH WALL 2ND/3RD FROM WINDOW (C) 11" FROM SOUTH WALL 4TH FROM WINDOW (D) 15" FROM SOUTH WALL 3RD FROM WINDOW (E) 17" FROM SOUTH WALL 4TH FROM WINDOW
3.	HARDWOOD FLOORING (HALL)	SPACE BETWEEN BOARDS 1ST BOARD OUTSIDE MASTER BEDROOM
4.	KITCHEN	MISSING TILES ON BACKSPLASH TOP CORNER LEFT OF STOVE
5.	KITCHEN SIDEBOARD	SIDEBOARD, LEFT SIDE OF FRIDGE. NEEDS L BRACKET TO SUPPORT CENTER SILICON DID NOT HOLD

The items specified on this Statutory Warranty Form constitute a complete list of all known warranty items which are outstanding and have not been resolved by my Builder to date.

Homeowner's Signature

Homeowner's Signature (If applicable)

2004 / 02 / 16

Date of Signature (YYYY/MM/DD)

Remember to send a copy of this completed Form to your Builder.

Please note that you should allow your Builder's representatives or subcontractors access to your home during regular business hours, at a mutually acceptable time arranged in advance, in order to complete the necessary work. Failure to do so may jeopardize your warranty rights.

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Item #	Room/Location	Description
6.	FOYER	DIFFERENT COLOUR PAINT ON DOOR FRAME (RIGHT SIDE NEXT TO LIGHT SWITCH)
7.	FOYER	WALL NEEDS TOUCH-UP RIGHT SIDE OF CLOSET DOOR. ALSO SMALL DENT IN WALL ABOVE CLOSET.
8.	LIVING ROOM	GREY PAINT ON SLIDING DOOR / HANDLE
9.	LIVING ROOM	CEILING SWOLLEN / CRACKED - ABOVE HEATING VENT.
10.	LIVING ROOM	CRACKED DRY WALL, MIDDLE OF SOUTH WALL, 1 FOOT LEFT OF WALL SOCKET JUST ABOVE BASEBOARD.
11.	MASTER BEDROOM	ENTRY WALL NEEDS TOUCH-UP ALONG TOP OF BASEBOARD (LEFT SIDE), AND OTHER AREAS.
12.	MASTER BEDROOM	CEILING CRACKED ALONG WALL BETWEEN WINDOW / BALCONY DOOR.
13.	MASTER BEDROOM	BOTTOM LEFT OF BALCONY DOOR NOT SEALED WHEN CLOSED.

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Homeowner's Signature

Homeowner's Signature (if applicable)

2004 / 02 / 16

Date of Signature (YYYYMMDD)

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Item #	Room/Location	Description
14.	MASTER BEDROOM	BALCONY DOOR →
		(A) STEP HAS WALL CHIPPED CHIP BOTTOM
		LEFT SIDE
		(B) FRAME DAMAGE AND HOLE IN
		CAULKING BOTTOM LEFT
		(C) WINDOW ABOVE DOOR NEEDS CAULKING
		ON RIGHT SIDE
15.	MASTER BEDROOM	DRY WALL CRACKED BETWEEN PHONE
		JACK / WALL SOCKET (ON RIGHT), JUST
		ABOVE BASEBOARD.
16.	MASTER BEDROOM	HOLE IN WALL, BELOW SWITCHES FOR
		ENSUITE / LEFT SIDE OF WALL SOCKET.
17.	MASTER ENSUITE	(A) WATER DAMAGE / STAIN ON CEILING
		ABOVE TUB.
		(B) CHIPPED GLASS ON LIGHT FIXTURE SECOND
		FROM LEFT.
		(C) WALL BEHIND DOOR NEEDS SANDING /
		PAINTING

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Homeowner's Signature

Homeowner's Signature (if applicable)

2009 / 02 / 16

Date of Signature (YYYY/MM/DD)

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Item #	Room/Location	Description
18.	Bedroom 2.	(A) RIGHT ENTRY BASEBOARD CHIPPED.
		(B) WALL CHIPPED BOTTOM RIGHT SIDE OF CLOSET
		(C) SILL BOARD CHIPPED BOTTOM LEFT NORTH WINDOW.
		(D) WATER DAMAGE / STAIN BOTTOM LEFT OF LARGE WINDOW. (WALL / SILL BOARD)
		(E) CHALKING TOP RIGHT NORTH WINDOW / BOTTOM LEFT EAST WINDOW.
19.	COLD DRAFT	COLD AIR COMES IN THRU BOTTOM LEFT OF MASTER / BDRM BALCONY DOOR.
		ALSO THRU WALL SOCKET ON NORTH WALL MASTER / BDRM AND EAST WALL BEDROOM 2.
20.	KITCHEN	(A) SCRATCH OF FRIDGE DOOR TOP LEFT.
		(B) CABINET DRAWER THIRD FROM TOP BUMPS ON OPENING / CLOSING

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Homeowner's Signature

2009 / 02 / 16

Date of Signature (YYYY/MM/DD)

Homeowner's Signature (if applicable)

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[illegible]

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Homeowner's Signature _____

Homeowner's Signature (if applicable)

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Date of Signature (YYYY/MM/DD)

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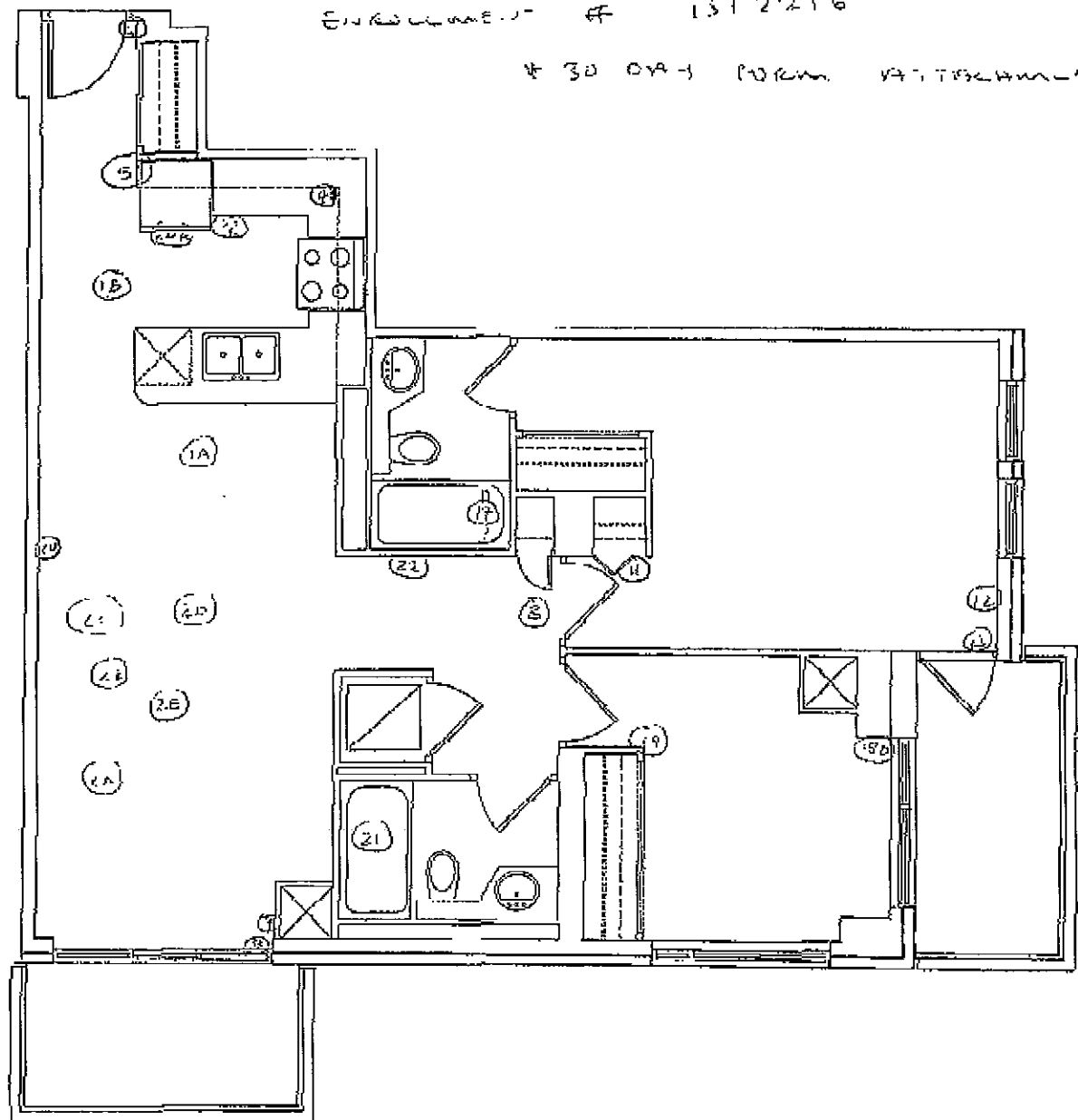
Unit 3 , Level 3 , Suite 303

5515 KARIMA DR,

MISSISSAUGA

ENCLOSURE # 1512216

30 DAY PERM ATTACHMENT



This plan is not to be scaled and is subject to architectural review and revision, including, without limitation, the Unit being constructed with a layout that is the reverse of that set out above. All details and dimensions, if any, are approximate, and subject to change without notice in order to comply with building site conditions, and municipal, structural and Vendor and / or architectural requirements. Balconies and Terraces are exclusive

KEY PLAN

