

Affidavit and Summary of Fees and Disbursements

This form should be used by a party to a hearing before the Board to identify the fees and disbursements that form the party's cost claim. Paper and electronic copies of this form and itemized receipts must be filed with the Board and served on one or more other parties as directed by the Board in the applicable Board order. Please ensure all required (yellow-shaded) fields are filled in and the Affidavit portion is signed and sworn or

Instructions

- Required data input is indicated by yellow-shaded fields. Formulas are embedded in the form to assist with calculations.
- All claims must be in Canadian dollars. If applicable, state exchange rate and country of initial currency.

Country: - A separate "Detail of Fees and Disbursements Being Claimed" (Comprising a "Statement of Fees Being Claimed" and a "Statement of Disbursements Being Claimed") is required for each lawyer, analyst/consultant and articling student/paralegal.

However, only one "Summary of Fees and Disbursements" covering the whole of the party's cost claim should be provided.

File # EB-	2017-0182/0194/0364	Process: Leave to Construct			
Party:	Michipicoten First Nation	ten First Nation Affiant's Name: John Kim Bell			
HST Numbe	r:	HST Rate O	ntario: 0.00%		
	Full Registrant Unregistered Other	Qualifying Nor	-Profit		
		Affidavit			
	John Kim Bell	, of the City/Town of			
,	John Kim Ben	, or the city/ rown or	Toronto		
1. I am a repro 2. I have exan Claimed!" "Sta 3. The attache Being Claimed of formed to sh 4. This cost cla	resentative of the above-noted party (the "Parmined all of the documentation in support of the atement's) of Fees Reing Claimed" and "State ed "Summary of Fees and Disbursements Beind" include only costs incurred and time spent	nty") and as such have knowledge of the matter this cost claim, including the attached "Summar ament's) of Dishursements Raing Claimed" ing Claimed", "Statement(s) of Fees Being Claimed directly for the purposes of the Party's participation, or time spent, by a person that is an employee	or affirm that: rs attested to herein. y of Fees and Disbursements Being ned" and "Statement(s) of Disburseme tion in the Ontario Energy Board proces		
in the Provi	resentative of the above-noted party (the "Pamined all of the documentation in support of the atement's) of Fees Reing Claimed" and "Stated" "Summary of Fees and Disbursements Beid" include only costs incurred and time spent of the and the spent of the and the spent of the spen	nty") and as such have knowledge of the matter this cost claim, including the attached "Summar ement(s) of Dishurcements Reing Claimed" ing Claimed", "Statement(s) of Fees Being Claim directly for the purposes of the Party's participation, or time spent, by a person that is an employee Cost Awards	or affirm that: rs attested to herein. y of Fees and Disbursements Being ned" and "Statement(s) of Disburseme tion in the Ontario Energy Board proces		
n the Provi	resentative of the above-noted party (the "Pamined all of the documentation in support of the atement's) of Fees Reina Claimed" and "Stated" "Summary of Fees and Disbursements Beild" include only costs incurred and time spent of aim does not include any costs for work done and 6.09 of the Board's Practice Direction on the Cost of Affiant ffirmed before me at the City/Town	io , sweal arty") and as such have knowledge of the matter this cost claim, including the attached "Summar ement(s) of Dishurcamente Raing Claimed" ing Claimed", "Statement(s) of Fees Being Claim directly for the purposes of the Party's participation, or time spent, by a person that is an employee Cost Awards	or affirm that: rs attested to herein. y of Fees and Disbursements Being ned" and "Statement(s) of Disburseme tion in the Ontario Energy Board proces		
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Affidavit and Summary of Fees and Disbursements

Total Cost Claim

\$

28,858.50

Payment Information

Make cheque payable to: Michipicoten First Nation

Send payment to this address: Box 1, Site 8, RR 1

Wawa, Ontario

P0S 1K0



File # EB-	2017-0182/0194/0364		Process: Leave to Const	Construct				
Party:	Michipicoten First Nation		Service Provider Name:	Marcie Zajdeman				
	SERVICE PROVIDER TYPE	(check one)	Year Called to Bar	Completed Years Practising/Years of Relevant Experience				
	Legal Counsel	ГЛ [1993	32				
	Articling Student/Paralegal							
	Consultant	FI		Hourly Rate: \$330				
	Analyst							
	For Consultant/Analyst:	CV attach	ed HST Rate	Charged (enter %): 0.0%				
		CV provid	led within previous 24 months					

S	tatement	of Fe	es Being	Cla	imed				
	Hours		urly Rate		Subtotal		HST		Total
Pre-hearing Conference									
Preparation		\$	330.00	\$	_	\$		\$	=.
Attendance		\$	330.00	\$	-	\$	-	\$	-
Technical Conference							77		
Preparation		\$	330.00	\$	_	\$	-	\$	-
Attendance		\$	330.00	\$	-	\$	_	\$	-
Interrogatories								1	
Preparation		\$	330.00	\$	-	\$	-	\$	-
Responses		\$	330.00	\$	-	\$	-	\$	-
Issues Conference									
Preparation		\$	330.00	\$	-	\$	-	\$	
Attendance		\$	330.00	\$	-	\$	-	\$	-
ADR - Settlement Conference									2 2
Preparation		\$	330.00	\$	-	\$	-	\$	-
Attendance		\$	330.00	\$	-	\$	_	\$	-
Proposal Preparation		\$	330.00	\$	-	\$	-	\$	-
Argument									
Preparation	53.70	\$	330.00	\$	17,721.00	\$.	_	\$	17,721.00
Oral Hearing				Ė			0		
Preparation		\$	330.00	\$	-	\$	-	\$	-
Attendance	20.00	\$	330.00	\$	6,600.00	\$	-	\$	6,600.00
Other Conferences	COMPANY OF THE PROPERTY OF THE			Ė					ii
Preparation		\$	330.00	\$	-	\$	-	\$	_
Attendance		\$	330.00	\$	-	\$	-	\$	
Case Management		\$	170.00	\$		\$	-	\$	-
TOTAL SERVICE PROVIDER FEES				\$	24,321.00	\$	_	\$	24,321.00

File # EB-	2017-0182/0194/0364	Process:	Leave to Co	nstruct	
Party:	Michipicoten First Nation	Service Prov	ider Name:	Marcie Zajdeman	-



Statement of Disbursements Being Claimed									
	Net Cost		HST	Total					
Scanning/Photocopy		\$	-	\$	-				
Printing		\$	-	\$	-				
Courier		\$		\$	-				
Telephone/Fax		\$	-	\$	-				
Transcripts		\$	-	\$	-				
Travel: Air		\$	_	\$	-				



File # EB-	2017-0182/0194/0364	Process: Le	eave to Construct
Party:	Michipicoten First Nation	Service Pro	ovider Name: John Kim Bell
	SERVICE PROVIDER TYPE	Year Called to (check one) Bar	Completed Years Practising/Years of Relevant Experience
*	Legal Counsel		30
18 10	Articling Student/Paralegal Consultant		Hourly Rate: \$330
2	Analyst		nouny kate. \$330
	For Consultant/Analyst:	' attached	HST Rate Charged (enter %): 0.0%
		provided within previous 24	4 months

	provi	aea v	vithin previou	5 24	monuis				
·	tatement	of F	ees Being	Clai	med				
	Hours	Нс	urly Rate		Subtotal	× 6	HST		Total
Pre-hearing Conference									
Preparation		\$	330.00	\$	-	\$	-	\$	-
Attendance		\$	330.00	\$	-	\$	-	\$	-
Technical Conference									
Preparation		\$	330.00	\$	-	\$	-	\$	-
Attendance		\$	330.00	\$	-	\$	-	\$	-
Interrogatories									
Preparation		\$	330.00	\$	-	\$	-	\$	-
Responses		\$	330.00	\$	-	\$	-	\$	-
Issues Conference									
Preparation		\$	330.00	\$	-	\$	-	\$	-
Attendance		\$	330.00	\$	-	\$	-	\$	- :
ADR - Settlement Conference								T	
Preparation		\$	330.00	\$	-	\$	-	\$	-
Attendance		\$	330.00	\$	-	\$	-	\$	-
Proposal Preparation		\$	330.00	\$	-	\$	-	\$	-
Argument				,					
Preparation	6.25	\$	330.00	\$	2,062.50	\$	-	\$	2,062.50
Oral Hearing									
Preparation		\$	330.00	\$	-	\$	_	\$	-
Attendance	7.50	\$	330.00	\$	2,475.00	\$	-	\$	2,475.00
Other Conferences		20	32 2 2						
Preparation		\$	330.00	\$	-	\$	_	\$	-
Attendance		\$	330.00	\$	-	\$	-	\$	-
Case Management		\$	170.00	\$	-	\$	-	\$	-
TOTAL SERVICE PROVIDER FEES				\$	4,537.50	\$	-	\$	4,537.50



File # EB-	2017-0182/0194/0364	Process:	Leave to Cor	struct	
Party:	Michipicoten First Nation	Service Pro	vider Name:	John Kim Bell	

Stati	ement of Disbursements Being Clain		<u> </u>
	Net Cost	HST	Total
Scanning/Photocopy		\$ -	\$ -
Printing		\$ -	\$ -
Courier		\$ -	\$ -
Telephone/Fax		\$ -	\$ -
Transcripts		\$ -	\$ -
Travel: Air		\$ -	\$ -
Travel: Car		\$ -	\$ -
Travel: Rail		\$ -	\$ -
Travel (Other):		\$ -	\$ -
Parking		\$ -	\$ -
Taxi		\$ -	\$ -
Accommodation		\$ -	\$ -
Meals		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
Other:		\$ -	\$ -
TOTAL DISBURSEMENTS:	\$	- \$ -	\$ -