

EMPLOYMENT AGREEMENT

BETWEEN:

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
hereinafter called "NALSC"

- and -

Leslie King

1. Employment

You will hold the position of **Gladue Writer**, operating out of NALSC's office in Red Lake and will report to the program manager. A brief job description for this position, which may be amended by the Company from time to time, is enclosed hereto as Appendix "A". Your title, duties and responsibilities may be changed at the discretion of the Company, consistent with your role, and shall not constitute a constructive dismissal.

For the period that you are employed, the expectation is that you shall devote the whole of your working time, attention, and ability to the business of NALSC and you shall truly and faithfully serve NALSC and shall use your best efforts to promote the interests of NALSC. To that end, you shall not engage in any activities which would result in your interests coming into conflict with the interests of NALSC.

Your seniority will continue from your original hire date of August 31, 2020.

2. Term

You will commence employment on **February 7, 2022**, and this Agreement will continue for an indefinite duration, subject to the termination provisions contained herein. This is a full-time position and is based solely on approved funding received for the Gladue Program.

3. Probationary Period

The mandatory 3-month probationary period has been waived as per the NALSC Probationary Period Policy.

4. Compensation and Benefits

You will receive the following compensation and benefits:

(a) **Salary.** You will be paid **\$56,000** annually. Our payroll is administered biweekly.

(b) **Benefits.** Your current enrollment in the employee health benefit plan will continue with no interruption upon accepting your new position of Gladue Writer. You will also continue to be eligible for all NALSC leave benefits as outlined in our NALSC HR Policy Manual.

(c) Pension. Your current enrollment in the pension plan will continue with no interruption upon accepting your new position as Gladue Writer. You will continue to be enrolled in the mandatory pension plan offered by NALSC to its employees during the term of this Agreement. NALSC reserves the right to vary the pension plan at any time at its sole discretion. Pension deductions will be adjusted according to your new salary.

You agree and acknowledge that all benefit coverage and enrolment in NALSC's pension plan shall cease upon the last day of employment in the event of your resignation or your termination for just cause, or, if you are terminated without cause, shall cease at the end of the notice period outlined in section eight (8) below or as prescribed by section 57 of the ESA.

5. Vacation

Your current vacation entitlement shall continue from your original hire date with no interruption and will continue to be calculated at 1.25 days per month with increases in accordance with NALSC HR Policies. Although every effort will be made to provide you with vacation time requested, you acknowledge that there may be times when certain vacation time is denied due to the specific needs of NALSC's business. Vacation requests must be made in writing to program manager with as much notice as possible prior to the requested vacation period. Should the foregoing amount be less than the minimum entitlement to vacation required in the ESA, then the minimum amount required by that statute shall apply.

Vacation time must be pre-approved and will be scheduled at mutually convenient times recognizing that, in a small office such as ours, we must always be conscious of having coverage.

6. Hours of Work

Your regular hours of work are from 9am to 5pm, Monday through Friday, with a one (1) hour lunch break, for a total of thirty-five (35) hours per week but may be changed based on NALSC's needs. You may also be required to work evenings, Saturdays, and Sundays.

If you are required or work, or request to work, more hours than provided for in this Agreement you must first obtain the written direction or written approval of your program manager within 24 hours of working such hours.

7. Personnel Policies, Procedures and Rules

You will be bound by any personnel policies, procedures and rules established by NALSC. By signing this Agreement, the Employee confirms that you have been provided with, has read, and agrees to abide by all policies, procedures and rules established by NALSC.

8. Termination

While it is difficult to discuss the conclusion of a relationship at the outset, we believe it is helpful to address these issues so that both parties have clarity moving forward.

(a) Just Cause. If you engage in any act or omission which constitutes just cause at law, this Agreement will terminate immediately, and you shall receive no payments other than accrued wages and vacation entitlements to the date of termination.

(b) Without Cause. In the absence of just cause, NALSC may terminate this Agreement for any reason and at any other time upon providing you with your entitlements pursuant to the ESA. This notice or pay in lieu of notice shall be calculated based on your base salary only and shall be in full satisfaction of any obligations owing to you by NALSC, statutory, common law or otherwise.

(c) By the Employee. If you elect to terminate this Agreement, you shall provide NALSC with four weeks' written notice. This notice may be waived by NALSC at its sole discretion, without any further payment or obligation to you.

9. Confidentiality

During the term of this Agreement, you will have access to information that NALSC considers to be confidential. Such confidential information includes, but is not limited to, any information concerning clients, billing rates, employees, methods of procurement, financial, purchasing, marketing, logistical and or sales strategies and techniques of NALSC and other secret information and that such information constitutes valuable, special, and unique property of NALSC.

Accordingly, you agree that you will not, at any time, (either during employment or at any time thereafter) directly or indirectly, disclose to or for the benefit of any person, firm, corporation, association, business entity or agency, governmental or private, of any nature whatsoever and whosoever situate, any confidential information of NALSC, except in connection with the performance of your duties on behalf of NALSC or as publicly available other than as a consequence of the breach by you of your confidentiality obligations hereunder.

10. Return of Company Property and Documents

At the conclusion of employment, or earlier if requested by NALSC, you shall promptly surrender to NALSC, without retaining copies, all tangible items which are or contain confidential information pertaining to NALSC. You shall also return all electronic devices, files, memory keys, correspondence, memoranda, documents, training materials, manuals, computer software, hardware, and printouts, working papers, client lists, telephone/address books, business cards, appointment books, calendars and other tangible items which NALSC gave to you, or which you created in whole or in part within the scope of your employment, even if these items do not contain confidential information.

11. Authorization

By signing this letter, you authorize NALSC to deduct from any outstanding payment, including wages, owed to you by NALSC at any time, any monies which you owe to NALSC.

12. Entire Agreement

This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and cancels and supersedes any and all prior and contemporaneous agreements, discussions and understandings. There are no representations, warranties, forms, conditions, undertakings, or collateral agreements, express, implied, or statutory between the parties other than as expressly set forth in this Agreement. No waiver, modification, or termination of any term of this Agreement shall be effective unless in writing and signed by all parties.

13. Severability

The provisions, paragraphs and sub-paragraphs of this Agreement are and shall be deemed to be severable the one from the other. If any one or more of the provisions, paragraphs or sub-paragraphs contained herein shall be invalid, illegal, or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions, paragraphs and subparagraphs contained herein shall not in any way be affected or impaired.

14. Headings

The headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning interpretation of this Agreement.

15. Governing Law

This Agreement shall be governed in all respects by the laws of the Province of Ontario and the laws of Canada applicable therein.

16. Assignment

Except as otherwise provided herein, no assignment of any rights or delegation of any obligations provided for herein may be made by any party without the express written consent of all other parties hereto. Notwithstanding the foregoing, NALSC may, upon two (2) days written notice to you, assign its rights, together with its obligations hereunder, to any associate or affiliate of NALSC.

17. Interpretation

The language used in this Agreement shall be deemed to be the language chosen by the parties to express their mutual intent, and the Agreement shall be interpreted without regard to any presumption or other rule requiring interpretation of the Agreement more strongly against the party causing it to be drafted.

19. Independent Legal Advice

You acknowledge that you have had ample opportunity to obtain independent legal advice in connection with the negotiation and ultimate execution of this Agreement. If you did not obtain independent legal advice, it is because you understood this Agreement, and did not feel that you needed legal advice. You therefore confirm that you are executing this Agreement freely, voluntarily and without duress.

20. Copy of the Agreement

You hereby acknowledge receipt of a copy of this Agreement duly signed by NALSC.

Leslie, I extend a very warm welcome to you in your new position. I hope you find your new position challenging and rewarding once again and look forward to a mutually successful future together.

Yours truly,



Colette Shwetz

HR Manager

I hereby accept the position I have been offered and agree to abide to all the terms and conditions outlined in the letter of employment.



Employee Signature

February 4, 2022

Date

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.
Fill out this form based on the best estimate of your circumstances.

Last name King	First name and initial(s) Leslie W.	Date of birth (YYYY/MM/DD) 1969-11-23	Employee number
Address P.O. Box 543, Red Lake, ON	Postal code P 0 V 2 M 0	For non-residents only – Country of permanent residence	Social insurance number 4 9 7 1 0 0 2 7 1
<p>1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2021, see "More than one employer or payer at the same time" on page 2.</p>			10,880
<p>2. Age amount – If you will be 65 or older on December 31, 2021, and your net income from all sources will be \$39,546 or less, enter \$5,312. If your net income for the year will be between \$39,546 and \$74,960 and you want to calculate a partial claim, get Form TD1ON-WS, Worksheet for the 2021 Ontario Personal Tax Credits Return, and fill in the appropriate section.</p>			
<p>3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,504, or your estimated annual pension income, whichever is less.</p>			
<p>4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,790.</p>			
<p>5. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$924 or less, enter \$9,238. If their net income for the year will be between \$924 and \$10,162 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.</p>			
<p>6. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$924 or less, enter \$9,238. If their net income for the year will be between \$924 and \$10,162 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.</p>			
<p>7. Ontario caregiver amount – You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • child or grandchild • parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada <p>If this is your situation, get Form TD1ON-WS and fill in the appropriate section.</p>			
<p>8. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p>9. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p>10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>			10,880

Filing out Form TD1ON

Fill out this form **only** if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2021, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1ON, **check this box**, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income less than total claim amount

Check this box if your total income for the year from all employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature


Date 2021-01-08

It is a serious offence to make a false return.



2021 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name King	First name and initial(s) Leslie W.	Date of birth (YYYY/MM/DD) 1989-11-23	Employee number
Address P.O. Box 543, Red Lake, ON	Postal code P 0 V 2 M 0	For non-residents only – Country of permanent residence	Social insurance number 4 9 7 1 0 0 2 7 1

<p>1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$13,808. However, if your net income from all sources will be greater than \$151,978 and you enter \$13,808, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$151,978, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2021 Personal Tax Credits Return, and enter the calculated amount here.</p>	13,808.00
<p>2. Canada caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,295 for each infirm child born in 2004 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on Line 8 may also claim the Canada caregiver amount for that same child who is under age 18.</p>	
<p>3. Age amount – If you will be 65 or older on December 31, 2021, and your net income for the year from all sources will be \$38,893 or less, enter \$7,713. If your net income for the year will be between \$38,893 and \$90,313 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2021 Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p>4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>	
<p>5. Tuition (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.</p>	
<p>6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,662.</p>	
<p>7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,295 if they are infirm), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be Line 1 or more (Line 1 plus \$2,295 if they are infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$24,604 or less and they are infirm, go to Line 9.</p>	
<p>8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,295 if they are infirm and you cannot claim the Canada caregiver amount for children under age 18 for this dependant), enter the difference between this amount and their estimated net income. If their net income for the year will be Line 1 or more (Line 1 plus \$2,295 or more if they are infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$24,604 or less and they are infirm and are age 18 or older, go to Line 9.</p>	
<p>9. Canada caregiver amount for eligible dependant or spouse or common-law partner – If, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$24,604 or less, get Form TD1-WS and fill in the appropriate section.</p>	
<p>10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on Line 9, or could have claimed an amount for if their net income were under \$16,103) whose net income for the year will be \$17,256 or less, enter \$7,348. If their net income for the year will be between \$17,256 and \$24,604 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.</p>	
<p>11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p>12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.</p>	
<p>13. TOTAL CLAIM AMOUNT – Add Lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>	13,808.00

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2021, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check** this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income less than total claim amount

- Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on Line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2021?

- Yes (Fill out the previous page.)
- No (Enter "0" on Line 13, and do not fill in Lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.

Provincial or territorial personal tax credits return

If your claim amount on Line 13 is more than \$13,808, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only**, your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2021, you may be able to claim the child amount on Form TD1SK, 2021 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2021, you can claim any of the following:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature



It is a serious offence to make a false return.

Date

2021-01-08

YYYY/MM/DD



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal Information

Full Given Name: King Leslie W.
Last First M Initial.

Address: 4-3 Staratt Street 543
Street Address Box #

Red Lake ON P0V 2M0
City/Town Province Postal Code

Home Phone: (807) 728-2492 Alternate Phone: ()

Primary Email: lwisdomking@yahoo.ca DOB 11 / 23 / 1969
M/D/Y

SSN # : 497 100 271 Status # 2080085101

2. Job Information

Title: Gladue Writer Employee ID: _____

Supervisor: George Edwards Department: Gladue

Work Location: Red Lake Work Email: lking@nanlegal.on.ca

Work Phone: () Cell Phone: (807) 728-1621

Start Date: 08/31/2020 Benefits _____ Pension: Y / N _____

Term Date: _____ Salary: \$

3. Emergency Contact Information

Full Name: King Jacintha D.
Last First M Initial.

Address: 9 Howey Bay Road, Unit 2 529
Street Address Box #

Red Lake ON P0V 2M0
City/Town Province Postal Code

Primary Phone: (807) 728-0484 Alternate Phone: (807) 727-2847 Ext 221

Relationship: niece

Nishnawbe-Aski Legal Services Corporation
Acknowledgement



**I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation Human Resources Policy Manual . **

**I hereby acknowledge that I have read and understood the Nishnawbe-Aski Legal Services Corporation Human Resources Policy Manual . **

Leslie King

Print Name

[Handwritten Signature]

Signature

Dated this 6th day of April, 2021



Driver's Licence
Permis de conduire

ON
CANADA



1,2 NAME/ NOM

KING,
LESLIE WAYNE

3 4-3 STARRAT ST PO BOX 543
RED LAKE, ON, P0V 2M0

4d NUMBER/
NUMERO

K4486 - 46296 - 91123

4a ISS/ DÉL

2018/11/23

4b EXP/ EXP.

2023/11/23

5 DDI/ RÉF

GG6052663

16 HGT/ HAUT.

175 cm

15 SEX/ SEXE

M

9 CLASS/
CATEG.

G

• K4486-46296-91123

12 REST./
COND.

X

• 1969/11/23

• *Wayne King*



3 DOB/ ODN
1969/11/23

ServiceOntario.ca

9 CLASS/ CATEGORIE

Klasse 9: Véhicule combiné (max. 11,000 kg)
Klasse 9: Véhicule (max. 4600 kg)
Klasse 9: Ensemble de véhicules
Klasse 9: Véhicule remorqué
ne dépassant pas 4600 kg

12 RESTRICTIONS/ CONDITIONS

Corr. Lenses/Verres corr.

GG6052663



0303008





Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

522440

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT INDIEN



This is to certify that - La présente atteste que

Family name - Nom de famille

KING

Given names - Prénoms

LESLIE WAYNE

Alias - Nom d'emprunt

Registry no. - N° de registre

20800851C1



is an Indian within the meaning of the Indian Act, est un indien au sens de la Loi sur les indiens, chapitre 27, Statutes of Canada (1985).

Date of birth - Date de naissance	Height - Grandeur	Weight - Poids	Eyes - Yeux
1969.11.23	178cm	83kg	Brown
Sex - Sexe	Band - Bande	No. - N°	
male	PIKANGIKUM BAND	Brown	
Holder's signature Signature du titulaire			
<i>[Signature]</i>			
Issuing officer's signature Signature de l'officier émetteur		Date of issue Date d'émission	
<i>[Signature]</i>		97.01.13	
Finder please return postage free to INAC, Ottawa, Ontario, Canada K1A 0H4 Quiconque trouve le présent est prié de le retourner franc de port. au AINC, Ottawa (Ontario) Canada, K1A 0H4			
83-4 (9-89) 7530-21-023-3673			

LESLIE KING
5 ORE ZONE AVE
MCKENZIE ISLAND ON P.O.V 280
P.O. Box 543
4-3 Stuart Street
Red Lake, ON
P.O.V 280

179

DATE 2 0 - -
Y Y Y Y M M D D

PAY TO THE
ORDER OF

\$

100 DOLLARS

Security features
included.
Details on back.

FIRST NATIONS BANK OF CANADA

THUNDERBIRD PLAZA UNIT 1
R.R. 3, STATION MAIN
WALPOLE ISLAND, ONTARIO N8A 4K9

MEMO

⑈ 179 ⑈ ⑆ 37392 ⑆ 310 ⑆ 37396230589 ⑈

Printer ID# 1021

Endorsement - Signature or Stamp

BACK/VERSO