Member #	
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TOURISM SUN PEAKS STATUTORY USE DECLARATION FORM

IN THE MATTER OF THE SUN PEAKS MOUNTAIN RESORT ASSOCIATION (THE "SPMRA"

		. "	
I,	(Mr, Mrs, Ms, Dr.):		
-	of, Billing Address:		
-	Province, State , Country:		
-	Postal/ Zip Code:		
-	Telephone Number: Home () -		
-	Cell () -		
-	Fax () -		
DO SOL	EMNLY DECLARE THAT:		
1.0	I am registered Owner of "The Unit" in (Development Name) :		
	Bearing the Legal Description:		
	1.1 Strata Plan Number :		
	1.2 Strata Lot Number :		
		-	
2.0	"The Unit" AFTER APRIL 1 ST OF THE PREVIOUS YEAR)		
	I became a Registered Owner of "The Unit" on DD/MMM/YYYY:		
3.0	From the later of April 1, () or the date declared in 2.0(above) to the date of this declaration, "The Use" of the		
	'The Unit" was the following:		
	(Please check ONE ONLY) 3.1 Made available for rent to Public more than 28 days, cumulatively.		
	3.2 Made available for rent to Public less than 28 days, cumulatively.		
╽╞═	3.3 Exclusively for personal use (not principle residence).		
	3.4 Rented or occupied by a "TSP" member, employee or a full-time Sun Peaks residence on a month to		
	month basis or fixed term exceeding one month.		
	Name of tenant:		
	Name of employer:		
	3.5 Principle residence of Registered Owner.		
4.0	I will notify TSP within 7 days of any change in the "The Use" of "The Unit" (by fax, mail, or email).		
5.0	I will notify TSP within 7 days of any change in my billing address (by fax, mail, or email).		
6.0	I understand that TSP will rely upon this declaration in setting assessment fees for "The Unit"		
AND I I	MAKE this solemn declaration, conscientiously believing	it to be true and knowing that it is of the same force and	
effect a	s if made under oath and by virtue of the Canada Evider	nce Act.	
DE	CLARED BEFORE ME AT	(Please note that notarization of this document is required	
Pro	ovince/State/Country of	ONLY for first time filings and filings indicating a change in "The Use" of "The Unit".)	
Thi	s day of, year	Signature of Registered Owner(s):	
		orginature or magnitude of miles (o).	
AC	Commissioner for taking Affidavits in the		
	of		
My	commission expires on		