

CONFIRMATION OF VEHICLE INSURANCE COVERAGE



Insurance Corporation
of British Columbia
(Hereinafter called the Corporation)

NAME OF INSURED (surname followed by given name(s))
RAVEN CENTER HOLDINGS LTD

ADDRESS OF INSURED
BOX 6238

CITY
FORT ST JOHN

PROVINCE
BC

POSTAL CODE
V1J 4B7

APV47

This is to confirm to:

that coverage in accordance with the Insurance (Vehicle) Act (the Act), the Insurance (Vehicle) Regulation (the Regulation), and the ICBC Autoplan Optional Policy is provided as herein described to the insured named above and is in force at this date.
This confirmation is issued as a matter of information only and confers no rights on the confirmer and imposes no obligations on the Corporation, or the undersigned representative.

COVERAGE	VEHICLE PLATE NO.	LIMIT OF LIABILITY	YEAR	DESCRIPTION OF VEHICLE	
				MAKE	MODEL
	1. UNIT	\$			
	2. TD04	\$ 2,000,000.00			
	3. FLEET	\$			
	4. 676726	\$ 10,000,000.00		UNITS 58	47/44
	5. FLEET	\$			
	6. 676726	\$ 5,000,000.00		UNITS 54	53HT
	7.	\$			
	8.	\$			44T/46T/48/50T
	9.	\$			51/56/57/59/62/63
	10.	\$			64T/65/66/68/69
	11.	\$			78/79T/80T/PCT02
	12.	\$			45T/49T/54T/60T
	13.	\$			

AGENT'S COMMENTS

AGENT'S NO. **87168**

The Motor Vehicle Liability Insurance Card Canada Inter-Province on the back of this Confirmation of Vehicle Insurance Coverage is not valid.

Coverage effective from: Coverage to expire on:
DATE (ddmmYYYY) DATE (ddmmYYYY)
01-07-2007 30-06-2008

NOT VALID UNLESS STAMPED BY
AUTHORIZED ISSUING OFFICE

AM **87168** PM

3:50

TIME OF VALIDATION

JUN 29 2007

DATE

COPY 1 - CONFIRMEE
COPY 2 - ICBC-CORPORATE DISBURSEMENTS (no signatures required on Copies 2, 3 and 4)
COPY 3 - CUSTOMER
COPY 4 - AGENT