

AIRD & BERLIS LLP CLIENT MANAGEMENT FORM ORGANIZATION	
SECTION #1	CLIENT INFORMATION DATE: OCTOBER 27, 2011
EXPLANATION IF NO ENGAGEMENT LETTER ATTACHED	Existing Client
HAS A PRELIMINARY SEARCH BEEN DONE (IF SO PLEASE ATTACH)	IN ACUMIN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EMAILED GLOBALLY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CLIENT'S LEGAL NAME AND TRADE NAME/COB (IF APPLICABLE)	Collingwood Utility Services Corp.
CLIENT #	35728
IS THERE AN ACRONYM IN CLIENT NAME	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLEASE PROVIDE:
CLIENT INFORMATION	
REGISTERED BUSINESS ADDRESS: ADDRESS: 43 Stewart Road, PO Box 189 CITY/PROVINCE/COUNTRY: COLLINGWOOD, ON POSTAL CODE: L9Y 3Z5 TELEPHONE #: 705-445-1800 FAX #: 705-445-0791 CLIENT WEBSITE: www.collus.com	CLIENT LEVEL CONTACT INFORMATION CONTACT NAME: Mr. Ed Houghton POSITION: President & CEO TELEPHONE #: 705-445-1800 X 222 FAX #: 705-445-0791 CELL #: N/A EMAIL ADDRESS: ehoughton@collus.com
IS THIS ORGANIZATION ASSOCIATED WITH ANY OTHER INDIVIDUALS/COMPANIES (OR CLIENT GROUPS WITHIN THE FIRM? IF SO PLEASE LIST CLIENT #'S)	N/A
INDUSTRY CODE	Energy
BUSINESS TYPE IF PUBLIC COMPANY PLEASE NOTE EXCHANGE SYMBOL IN OTHER FIELD	PUBLIC BODY OTHER:
GENERAL NATURE OF THIS CLIENTS BUSINESS (I.E. INVESTMENT FIRM)	Local Distribution Company
BUSINESS REGISTRATION #	N/A
PLACE OF ISSUE	N/A
OTHER IDENTIFIER INFORMATION OBTAINED	N/A
PRINCIPAL	NAME: --- Same as above POSITION: TELEPHONE #: FAX #: EMAIL:
ARE WE ACTING FOR THIS ORGANIZATION IN A THIRD PARTY CAPACITY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF YES FILL OUT SECTION #7A OR 7B)

REMINDER	FILES INVOLVING FUNDS MUST BE VERIFIED. BE SURE TO FILE ALL VERIFICATION DOCUMENTS (WITH PROPER NAMING INSTRUCTIONS, SEE DOCUMENT # 4743775) IN THE LSUC VERIFICATION FOLDER.
-----------------	--

SECTION #2	MATTER INFORMATION
DESCRIPTIVE MATTER NAME	LDC Matters
IS THERE AN ACRYM IN MATTER NAME?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, PLEASE PROVIDE: Local Distribution Company
MATTER #	N/A
MATTER TYPE	Corporate and Commercial
IF REAL ESTATE:	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL
MATTER CONTACT INFORMATION (ONLY IF DIFFERENT FROM CLIENT)	NAME: --- Same as above CONTACT POSITION: ADDRESS: CITY/PROVINCE/COUNTRY: TELEPHONE #: FAX #: CELL #: EMAIL ADDRESS:
MATTER BILLING INFORMATION (IF DIFFERENT THAN MATTER CONTACT)	NAME: --- Same as above CONTACT POSITION: ADDRESS: CITY/PROVINCE/COUNTRY: TELEPHONE #: FAX #: CELL #: EMAIL ADDRESS:
FULL NAME OF EACH INDIVIDUAL (UP TO 3) AUTHORIZED TO GIVE INSTRUCTIONS WITH RESPECT TO THIS MATTER	NAME: --- N/A POSITION: TELEPHONE#: EMAIL:
	NAME: --- N/A POSITION: TELEPHONE#: EMAIL:
	NAME: --- N/A POSITION: TELEPHONE#: EMAIL:

SECTION #3	MATTER ENTITY INFORMATION
PLEASE IDENTIFY ALL PERSONS, FIRMS, CORPORATIONS OR OTHER ENTITIES, ETC., ASSOCIATED WITH THIS MATTER, AND ALL AFFILIATES OF SUCH ENTITIES, WHOSE NAMES SHOULD BE RECORDED FOR THE PURPOSE OF CHECKING EXISTING OR FUTURE CONFLICTS WITH THIS MATTER. <u>IF NO ENTITIES ARE LISTED, PLEASE EXPLAIN BELOW.</u> ENTITIES WHO ARE RELATED TO THE CLIENT SHOULD NOT BE LISTED HERE BECAUSE THOSE NAMES MUST BE RECORDED IN THE CLIENT INFORMATION SECTION. IN THE CASE OF INDIVIDUALS, PLEASE RECORD AS LAST NAME, FIRST NAME AND MIDDLE	

INITIALS. THIS FORM MUST BE UPDATED WHENEVER THERE IS A MATERIAL CHANGE.

ENTITY EXPLANATION (PLEASE ATTACH A SEPARATE SCHEDULE IF NECESSARY)	RELATIONSHIP	ACRONYM?
1. PowerStream	Adverse Party or --- or --- or --- or --- OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PROVIDE: Export-Import
2. Horizon Utilities Corporation	Adverse Party or --- or --- or --- or --- OTHER:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PROVIDE:
3. Veridian Corporation	Adverse Party or --- or --- or --- or --- OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO PROVIDE:
4. Hydro One	Adverse Party or --- or --- or --- or --- OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO PROVIDE:
5.	--- or --- or --- or --- or --- OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO PROVIDE:
6.	--- or --- or --- or --- or --- OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO PROVIDE:

SECTION #4	REFERRAL INFORMATION
REFERRAL INFORMATION	PERSON NAME/COMPANY: Ron Clark
	REFERRAL CITY: Toronto
	PROVINCE/STATE: ON
	COUNTRY: Canada
	REFERRAL TYPE: Existing Client
	OTHER:

SECTION #5	LAWYER INFORMATION	
CLIENT LAWYER INITIALS / LAWYER #	JM / 447	DETAILS:
MATTER ORIGINATING LAWYER INITIALS / LAWYER #	RWC / 1185	DETAILS:
MATTER BILLING LAWYER INITIALS / LAWYER #	JM / 447	DETAILS:

SECTION #6	BILLING INFORMATION
DEFAULT BILL FORMAT	J - 4-Col; Initials, Date, Time Description
FEE ESTIMATE FOR THIS MATTER	Ongoing
RETAINER AMOUNT	N/A
DUAL RATE APPLICABLE (IF YES PROVIDE HOURLY RATE)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOURLY RATE:
REQUIRES PRIOR CONSENT (PROVIDE EMAIL OR MEMO TO JUDY ZAMMIT)	FIXED FEE: RATE REDUCTION:

	SPEC. TRANS: DISCOUNT: CONTINGENCY:
REMINDER	FILES INVOLVING FUNDS MUST BE VERIFIED. BE SURE TO FILE ALL VERIFICATION DOCUMENTS (WITH PROPER NAMING INSTRUCTIONS, SEE DOCUMENT # 4743775) IN THE LSUC VERIFICATION FOLDER.
SECTION #7(A)	3RD PARTY OR MATTER IDENTIFICATION – INDIVIDUAL
INDIVIDUAL CONTACT INFORMATION	PREFIX & NAME : --- N/A ADDRESS: CITY/PROVINCE/COUNTRY: TELEPHONE # : FAX #: CELL #: EMAIL ADDRESS:
EMPLOYER ADDRESS	NAME: N/A ADDRESS: TELEPHONE #: OCCUPATION:
SECTION #7(B)	3RD PARTY OR MATTER IDENTIFICATION ORGANIZATION
ORGANIZATION CONTACT INFORMATION	COMPANY NAME: N/A CONTACT PERSON: --- CONTACT PERSON POSITION: ADDRESS: CITY/PROVINCE/COUNTRY: TELEPHONE #: FAX #: CELL #: EMAIL ADDRESS:
BUSINESS REGISTRATION #	
IDENTIFIER PLACE OF ISSUE	
GENERAL NATURE OF BUSINESS	
INDUSTRY CODE	---
BUSINESS TYPE IF PUBLIC COMPANY PLEASE NOTE EXCHANGE SYMBOL IN OTHER FIELD	--- OTHER:
PRINCIPAL	NAME: --- POSITION: TELEPHONE #: FAX #: EMAIL:

NOTES: (ANY FURTHER INFORMATION WHICH MAY BE CONSIDERED HELPFUL)

11296347.1