"APPENDIX I"

INTERVENER REQUEST FORM

PAGE 1 OF 2

RAYMOND P. OAKES 2. Name of Requesting Party: COALITION OF MANITOBA MOTORCYCLE GROUPS INC. (CMMG) 3. Address of Requesting Party: C/O 387 BROADWAY, WINNIPEG, MB R3C 0V5 4. Phone Number: Business: 204-957-1717 Fax Number: 204-949-9232 Foakes@boothdennehy.com 5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Business: Residence: Fax Number: E-mail: E-mail: E-mail: E-mail: TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCAND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	1. Application Re H	earing:		
COALITION OF MANITOBA MOTORCYCLE GROUPS INC. (CMMG) 3. Address of Requesting Party: C/O 387 BROADWAY, WINNIPEG, MB R3C 0V5 4. Phone Number: Business: 204-957-1717 Fax Number: 204-949-9232 Toakes@boothdennehy.com 5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Business: Residence: Fax Number: E-mail: E-mail: E-mail: Business: Residence: Fax Number: Fax Number: Fax Number: Fax Number: Business: Residence: Fax Number: Fax Number: Fax Number: Fax Number: Fax Number: Business: Residence: Fax Number: Fax Number: Fax Number: Fax Number: Fax Number: Business: Residence: Fax Number: Fax Number				
COALITION OF MANITOBA MOTORCYCLE GROUPS INC. (CMMG) 3. Address of Requesting Party: C/O 387 BROADWAY, WINNIPEG, MB R3C 0V5 4. Phone Number: Business: 204-957-1717 Fax Number: 204-949-9232 5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Business: Residence: Fax Number: E-mail: E-mail: E-mail: COASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	2. Name of Reques	ting Party:		
3. Address of Requesting Party: C/O 387 BROADWAY, WINNIPEG, MB R3C 0V5 4. Phone Number: Business: 204-957-1717 Fax Number: 204-949-9232 5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Business: Residence: Fax Number: E-mail: E-mail: 8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	COALITION OF MANIT	OBA MOTORCYCLE GROUPS INC.	CMMG	
C/O 387 BROADWAY, WINNIPEG, MB R3C 0V5 4. Phone Number: Business: 204-957-1717 Fax Number: 204-949-9232 5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Fax Number: E-mail: E-mail: 6. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	3. Address of Requ	esting Party:	Civilvid)	
4. Phone Number: Business: 204-957-1717 Fax Number: 204-949-9232 Toakes@boothdennehy.com 5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Fax Number: E-mail: E-mail: E-mail: TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCAND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	C/O 387 BROADWAY,	WINNIPEG, MB R3C 0V5	如 医毛球球球球球球球球球球球球球球球球球球球球球球球球球球球球球球球球球球球球	
204-957-1717 Fax Number: E-mail: 204-949-9232 roakes@boothdennehy.com 5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Business: Residence: Fax Number: E-mail: 8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	4. Phone Number:		Residence	
5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Fax Number: E-mail: 8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.		204-957-1717	residence	
5. Contact Person(s): RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Fax Number: E-mail: 8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.		Fax Number:	E mail:	
RAYMOND P. OAKES 6. Address: SAME AS ABOVE 7. Phone Number: Business: Residence:		204-949-9232		
SAME AS ABOVE 7. Phone Number: Business: Fax Number: E-mail: 8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	5. Contact Person(s):	Toakes@bootndenneny.com	
SAME AS ABOVE 7. Phone Number: Business: Fax Number: E-mail: 8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	RAYMOND P. OAKES			
7. Phone Number: Business: Fax Number: E-mail: 8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	6. Address:			
Fax Number: E-mail: 8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	SAME AS ABOVE			
Fax Number: E-mail: State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	7. Phone Number:	Business:	Residence:	
8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.			Tresidence.	
8. State reasons for the proposed intervention (please be specific). TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENCE AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.		Fax Number:	F-mail:	
TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENC AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.				
TO ASSIST THE BOARD IN CRITICALLY EVALUATING THE GRA, TESTING THE EVIDENC AND RAISING ISSUES OF CONCERN AND INTEREST TO THE MOTORCYCLING PUBLIC SPECIFICALLY AND MANITOBA RATE PAYERS GENERALLY.	8. State reasons for	the proposed intervention (please	be specific)	
		MANITOBA RATE PAYERS GEN	IERALLY.	



9. State natur	re of proposed inte	ervention.			
a) Do yo	ou intend				
		ughout the hearin	A:		Yes No
(ii)	to participate in	n the production of	of ovidence:		×
(iii)	to participate in	the testing of ev	vidence:		X
(iv)	to present final	argument:	ridence:		X
					×
b) Do yo	u intend to call wit	tnesses:			
A BATT A BALL TO					Yes No
				THE STREET STREET STREET	X
c) If yes	to No. 9b), please	provide witness'			SVENIEN OF A SECTION OF SECTION
	Name:			**************************************	
(ii)	Address:				
(iii)	Qualifications				
(iv)	Subject of sub	omission (please	note date for filing	submission):	
	applying for costs				Yes No
Pro	ovide detailed bud	get as per the att	e and Procedure. ached Appendix I		
11. Comments	and other informat	tion:			

"APPENDIX II"

INTERVENER BUDGET AND COST SUMMARY SHEET

To be used to prepare a budget for the Intervener Request Form, Item 10, and to make a claim for an Award of Costs.

PAGE 1 OF 2

Prepared by:		Date:
RAYMOND P. OAK	(ES	THE STREET WAS A STREET AND A STREET OF THE STREET AND A
Hearing:		JUNE 20, 2016
2017/18 RATE AP	PLICATION	· · · · · · · · · · · · · · · · · · ·
Period Covered:		
Intervener's Nam	ie:	
COALITION OF MA	ANITOBA MOTORCYCLE GROU	PS INC (CMMC)
Contact Person of	or Persons:	1 0 IIVO. (CIVIIVIG)
RAYMOND P. OAR		
Address:		
387 BROADWAY,	WINNIPEG, MB R3C 0V5	
Phone Number:	Business:	Residence:
	204-957-1717	residence.
	Fax Number:	E-mail:
	204-949-9232	roakes@boothdennehy.com

See Costs on Page 2.

				COSTS
PREPARATION:	Hours 93.00	Days	Rate 217.00	20,181.00
APPEARANCE:	Hours 29.50	Days	Rate 217.00	6,401.50
RGUMENT & REPLY	Hours 8.50	Days	Rate 217,00	1,844.50
FEES TOTAL	Hours 131.00	Days 0		\$28,427.00

DISBURSEMENTS

				COSTS
TRAVEL (AUTO)	Kms		Rates	
TRAVEL (OTHER)				
ACCOMMODATION	Night	S	Rates	
MEALS	Numbe	er		
MISCELLANEOUS	Taxis	Telephone	Supplies 500.00	500.00
DISBURSEMENTS TOTAL				\$500.00

TOTAL FEES AND DISDUDOFMENTS	
TOTAL FEES AND DISBURSEMENTS	\$28,927.00
经验证证据的 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Ψ20,321.00

NOTE: Receipts must be attached for all disbursements.

GST \$1,446.35 RST \$2,274.16

TOTAL: \$32,647.51

