

**This is Exhibit "O" referred to in the affidavit
of Terry Chapman sworn before me,
this 15 day of January, 2007**

A handwritten signature in black ink, appearing to read 'MRS', with a long horizontal flourish extending to the right.

A COMMISSIONER FOR TAKING AFFIDAVITS

MARGARET R. SIMS

CLAIM FORM

PLEASE PRINT

* Card number:

6	2	2	0	9	8														
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Name, Address and Date of birth which was provided upon issuance of the card.

* First Name _____ *Middle Name _____ *Last Name _____

* Street Address _____ *Apt _____

* City _____ *Prov/State _____ *Postal/Zip code _____ *Country _____

* Date of birth _____
Year Month Day

Email Address _____

Address to which cheque is to be mailed (If different from above)

Street Address _____ Apt _____

City _____ Prov/State _____ Postal/Zip Code _____ Country _____

* Signature X _____

IMPORTANT

- 1) Photocopy your card and retain photocopy for your records.
- 2) Cut the card in two (2). (Please do not obscure the number on the card)
- 3) Send the cut card and completed claim form to: Claims Administration
C/O NYCCU
5799 Yonge Street, Suite 202
North York, Ontario, Canada
M2M 3V3
- 4) Cheques will only be issued in the name provided upon issuance of the card.
- 5) Claims must be post-marked on or prior to April 15, 2007
- 6) Disbursement of card balances and timing of disbursements may be subject to the amount of cash held.
A processing fee may be charged.
- 7) Further identification may be required prior to issuance of cheques.

* MANDATORY INFORMATION REQUIRED.