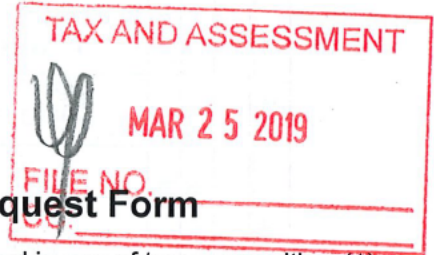


105
201
3



2018 Commercial Property Information Request Form

The information for the 2018 calendar year requested on this form can be submitted in one of two ways: either (1) complete this form in its entirety; or (2) submit all of the requested information in your format.

OWNER CONTACT AND CERTIFICATION FORM	
Account Number: 10018625	
Property Address: 221 N WINNIPEG STREET	
Assessed Parcel: Plan: FA4603 Block: C Lot: ; Plan: 101221142 Block: C Lot: ; Plan: 84R22521 Block: T Lot:	
Property Owner: 3346286 MANITOBA LIMITED	Phone Number:
Building Name:	

Company Representative: (Please print)			
Name:	DIANE SHINDLEMAN		
Position:	Vice President, Corporate Finance.		
Company Name:	SHINDICO REALTY		
Phone Number:	204 474 2000	Fax Number:	204 284 7115
E-Mail Address:	Dshindleman@shindico.com		
Follow-Up Contact Person: (If different from above)			
Name:			
Phone Number:		Fax Number:	
E-Mail Address:			

In 2018, this property was: (Please check one)
18(1)(b)(c), Regs 8.1(a)

CERTIFICATION: I hereby certify that the attached information is true and correct.	
Signature and Initials:	
Date:	14 Mar 2019
In addition to completing this form, the company representative must initial and date each of the attached forms. (If you wish to submit any comments or notes, please attach under separate sheet.)	

For Office Use Only.	
Data Entered By:	Date: APR 11 2019
Reviewed By: _____	Date: _____
<input type="checkbox"/> Attributes <input checked="" type="checkbox"/> Rent Roll <input checked="" type="checkbox"/> I&E Survey	

Section A Commercial Rent Roll

Beginning January 1, 2019 (Please Note Date Change)													Page ____ of ____									
Account Number: 10018625						Property Address: 221 N WINNIPEG STREET																
A		B		Space Description				Lease Term				Annual Lease Details										
				C	D	E	F	G		H		I	J	K	L	M	N	O				
Business Name(s) and Legal Entity		Business Address (es)		Floor (B, M, Mez, 2, etc)	Occupant Type (Owner, Tenant, Vacant)	Space Type (Office, Retail, Warehouse)	Rentable Area (Square Footage)	Most Recent Renewal or Commencement Date (DD/MM/YY)		Expiry Date (DD/MM/YY)		Net Rental Rate (\$/Sq Ft)	Net Rent (\$/Month) Do not include GST.	Gross Rent (\$/Month) Do not include GST.	Recoverable Operating Costs (\$/Month) (e.g. Utilities, Taxes, etc) Do not include GST.	Other Rent (\$/Month)	Description of Other Rent (e.g. Sign, etc)	Months of Free Rent (For next 12 months)				
																			Unit #	Street Address		
EXAMPLE:	ABC Company		101	12345 Anywhere Street		Main	Tenant	Office	2000	01	Jan	02	30	Jan	09	10	\$1,665	\$2,690	\$1,000	\$25	Sign	2
Miscellaneous Income - Parking Details # of Surface Electrified Stalls: _____ Rent/Stall: \$ _____ # of Covered Stalls: _____ Rent/Stall: \$ _____ # of Surface Non-Electrified Stalls: _____ Rent/Stall: \$ _____ # of Underground Stalls: _____ Rent/Stall: \$ _____ # of Stalls for Unrestricted Public/Visitor parking (not included above) _____																						

Initial: _____ Date: _____

SECTION C 2018 Commercial Annual Income Statement

12 Month Fiscal Period Ending: _____
For partial year only please provide: Start Date: _____ End Date: _____ # of Months: _____
Account Number: 10018625
Property Address: 221 N WINNIPEG STREET

ANNUAL REPORTED INCOME

	INCOME (\$)
Rental Income	
Miscellaneous income:	
Parking Income	
Percentage Rent	
Sign Rental	
Yard Rental	
Land Lease Income	
Other Income (<i>Specify</i>)	
Total Income	
Expense Recovery:	
Operating Cost Recovery	
Utilities	
Repairs & Maintenance	
Outside Maintenance & Security	
Administrative Costs (Legal, Advertising, Leasing, etc.)	
Insurance	
Property Tax Recovery	
Common Area Cost Recovery	
Prior Year Adjustments/Recoveries	
Other Recoveries (<i>Specify</i>)	
Total Expense Recovery	
Yearly Vacancy (%)	
Yearly Vacancy Dollar Loss Amount (\$)	
Shortfall Dollar Amount (\$) Non-recovered expenses related only to the cost of carrying <u>vacant</u> space. i.e. utilities, security, taxes, etc.	

Initial: _____ Date: _____

SECTION C1 2018 Commercial Annual Expense Statement

12 Month Fiscal Period Ending: _____
For partial year only please provide: Start Date: _____ End Date: _____ # of Months: _____
Account Number: 10018625
Property Address: 221 N WINNIPEG STREET

ANNUAL REPORTED EXPENSES

	Total Recoverable (\$)	Total Non-recoverable (\$) <i>(Items not included in lease)</i>
Property Taxes		
Insurance		
Utilities:		
Water and Sewer		
Electricity		
Heat, HVAC		
Other <i>(Specify)</i>		
Total Utilities		
Administration (Real Estate Related Only):		
Professional Management Fees		
Advertising		
Accounting/Legal		
Leasing Costs		
Other <i>(Specify)</i>		
Total Administrative		
Maintenance and Repairs:		
Mechanical		
Structural Repairs		
Exterior Finish		
Surface Parking		
Parkade		
Roof		
Repair Contract		
Site Maintenance		
Janitorial		
Snow Removal		
Security		
Miscellaneous		
Other <i>(Specify)</i>		
Total Maintenance and Repairs		
Total Operating Costs		
Do you maintain a replacement reserve fund?		
<input type="checkbox"/> No <input type="checkbox"/> Yes 2018 contribution \$ _____		
Capital Expenditure \$ _____ Please specify: _____		

Initial: _____ **Date:** _____

Assessment & Taxation Department
 Queen Elizabeth II Court | 2476 Victoria Avenue
 PO Box 1790 | REGINA SK S4P 3C8
 P: 306-777-7240 | F: 306-777-6822
 E: assessmentinfo@regina.ca
 Regina.ca

Rent Roll

221 Winnipeg Street N. - (078)

2019

Unit	Name	Primary Use	Sqft	Rent Actual Start	Renewal	Lease From	Lease To	Annual Property Tax Recovery	Annual General/Admin Recovery	Annual CAM Recovery
18(1)(b)(c), Regs 8.1(a)										

18(1)(b)(c), Regs 8.1(a)