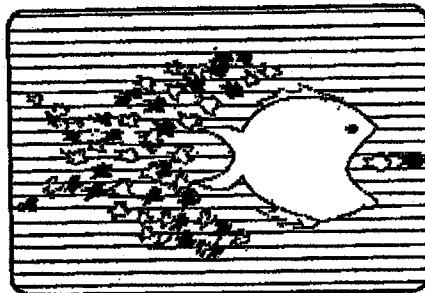


**The
British Columbia
Public Interest
Advocacy Centre**

208-1090 West Pender Street
Vancouver, BC V6E 2N7
Tel: (604) 687-3063 Fax: (604) 682-7898
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<http://www.bcpiac.com>



Richard J. Gathercole 687-3006
Sarah Khan 687-4134
Patricia MacDonald 687-3017
James L. Quail 687-3034
Articled Student 687-3044

Barristers & Solicitors

FAX COVER SHEET

DATE: September 29, 2005
TO: Sherry Fisher
Barrister & Solicitor
FAX: (819) 953-0795
FROM: Jim Quail
RE: PN CRTC 2004-1 Review and Disposition of Deferral Accounts for the
Second Price Cap Period

SECRETARIAT
IM / TELECOM # 8a)

SEP 29 2005
8678-C/O-200 402313
GI / TELECOM
SECRETARIAT

MESSAGE:

Further to our discussions, we are re-submitting our interim bill of costs as final.

Thank you,

Jim Quail

NO OF PAGES (including cover): 6

This fax is confidential and should be read by the addressees only. If there are any problems with this transmission please contact Ana at (604) 687-3063. Thank you



FORM I - SUMMARY OF LEGAL FEES

Applicant: BCOAPPO et al.

Claimant: James Quail

Is the Claimant an in-house employee of the Applicant?

Yes If no, indicate name of employer:
No BC PUBLIC INTEREST ADVOCACY CENTRE

Claimant's Title: (check one)

Articling Student

Legal Assistant

Date when qualified as a law clerk or paralegal: _____

Legal Counsel

For legal counsel that are not in-house:

Completed years of practice: 24

Year of Call to the Bar: 1980

Has the lawyer practised continually since Call to the Bar? Yes

(If no, provide details and explanations on a separate sheet) No

Rate Claimed: \$ 230.00

SERVICE	TIME CLAIMED (Use quarter-day increments for in-house services)		FEE CLAIMED (days or hours x rate)
	DAYS	OR HOURS	
PREPARATION:			
Review file		11.50	
Prepare interrogatories		3.50	
Respond to interrogatories		3.00	
Prepare comments		10.30	
Prepare evidence			
Prepare for hearing			
Prepare argument			
Consult with client		.70	
Case management			
Other (specify):			
1.			
2.			
3.			
ATTENDANCE:			
Attend hearing			
Other (specify):			
1.			
2.			
PROCEDURAL:			
Costs Application		.30	
Taxation Application			
Other (specify):			
1.			
2.			
3.			
TOTAL TIME CLAIMED	DAYS:	HOURS: 29.30	
TOTAL FEES:			\$ 6,739.00
Add TAXES (GST @ 7%; PST @ 7%; HST @ %)			\$ 943.46
Less TAX REBATE if applicable (Specify type and %)			\$
TOTAL CLAIM:			\$ 7,682.46

I certify that the above information is true and accurate.

Date: Sept 29, 2005
Signature of Claimant: James Quail



FORM IV - AFFIDAVIT OF DISBURSEMENTS

IN THE MATTER OF THE TAXATION OF COSTS AWARDED TO BCOAPCO et al BY COSTS ORDER _____

AFFIDAVIT

I, James Quail of the BC PUBLIC INTEREST ADVOCACY CENTRE in the Province of BC, make oath and say [or affirm]:

1. I am the legal representative of the applicant, BCOAPCO et al (the "applicant"), and as such have knowledge of the matters to which I hereinafter depose.

2. Attached to my affidavit as Exhibit A [is/are] _____ sheet(s) setting out the disbursement claims of BCOAPCO et al and the required evidence of disbursement [receipts and other supporting documentation as required under section 31 which [has/have] been prepared in accordance with sections 20 to 36 of the Legal Directorate's Guidelines for the Taxation of Costs, dated May 15, 1998.

3. To the best of my knowledge and belief, the disbursement claims of BCOAPCO et al submitted herewith, and all the documentation in support, represent disbursements incurred necessarily and reasonably for the purpose of the proceeding.

4. The disbursement claims submitted herewith are made in accordance with the Commission's determination set out in Cost Order Number _____ and do not exceed the costs permitted therein. N/A

5. [Where applicable] The applicant has submitted claims for meals both on a per diem basis and on the basis of individual meals. To the best of my knowledge and belief, these claims represent disbursements incurred for the purpose of this proceeding and do not lead to double recovery.

6. The applicant [has or will] receive(d) the following financial assistance in direct connection with its participation in the proceeding: NONE

7. The applicant is entitled to a rebate in connection with the Federal Goods and Services Tax to the extent of ___ %, based on _____ The applicant's GST registration number is _____. [Insert a similar paragraph if a credit is available under the applicable provincial sales tax regime.]

SWORN [OR AFFIRMED] BEFORE ME at the (City), Town, etc.] of Vancouver in the [County, Regional Municipality, etc.] of _____, in the Province of British Columbia, on [date]

[Signature]
COMMISSIONER for taking Affidavits
[or as may be]

[Signature]
(Signature of Affiant)



EXHIBIT A - SUMMARY STATEMENT OF DISBURSEMENTS

Applicant: BCAFO et al.

Is the Applicant eligible for a tax rebate? Yes
No

If yes, indicate which rebate is applicable: GST PST HST Percentage rebate: ___ %

TYPE OF DISBURSEMENT	RATE (specified in Appendix A of guidelines)	TOTAL COSTS (including GST/PST/HST)	RECEIPT (where applicable, indicate page reference)
OFFICE EXPENSES:			
In-house photocopies	\$0.15 ea	3.00	
Other photocopies, printing and binding			
Postage/Courier		1.60	
Long Distance (Telephone/fax)		1.04	
Transcripts			
AIR TRAVEL: (List each traveller separately)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
INTER-CITY TRAIN OR BUS TRAVEL: (List each traveller separately)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
INTER-CITY CAR TRAVEL: (List each trip separately)			
1.	\$0.35/km		
2.	\$0.35/km		
3.	\$0.35/km		
4.	\$0.35/km		
5.	\$0.35/km		
6.	\$0.35/km		
7.	\$0.35/km		
INTRA-CITY CAR TRAVEL: (List each trip separately)			
1.	\$0.35/km		
2.	\$0.35/km		
3.	\$0.35/km		
4.	\$0.35/km		
5.	\$0.35/km		
6.	\$0.35/km		
7.	\$0.35/km		
PARKING:			
INTRA-CITY TAXI/BUS/TRAIN:			

TYPE OF DISBURSEMENT	RATE (specified in Appendix A of guidelines)	TOTAL COSTS (including GST/PST/HST)	RECEIPT (where applicable, indicate page reference)		
HOTEL ACCOMMODATION: (List each traveller separately)					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
PRIVATE ACCOMODATION: (List each traveller separately)					
1.	\$20/day				
2.	\$20/day				
3.	\$20/day				
OTHER DISBURSEMENTS: (Specify nature of disbursement)					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
SUBTOTAL DISBURSEMENTS: (EXCLUDING MEALS)		\$ 5.64			
LESS REBATE IF APPLICABLE (SPECIFY TYPE AND %)		\$			
SUBTOTAL DISBURSEMENTS LESS REBATE: (EXCLUDING MEALS)		\$			
MEALS: (Identify each individual)	Number of days @ \$48/day	Number of Breakfasts (\$10 allowance)	Number of Lunches (\$12 allowance)	Number of Dinners (\$26 allowance)	TOTAL MEAL CLAIM
NAME OF INDIVIDUAL:					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
SUBTOTAL - MEALS CLAIMED:					\$

Subtotal of disbursements (excluding meals) \$ 5.64

Subtotal of meals claimed \$

TOTAL DISBURSEMENTS \$ 5.64



FORM V - SUMMARY OF FEES AND DISBURSEMENTS

Applicant: BCOAPD et al.

FEES CLAIMED: (include all applicable taxes less any applicable tax rebates)				
NAME OF CLAIMANT	TOTAL CLAIM	SUBTOTAL	SUBTOTAL	TOTAL
LEGAL FEES:				
LEGAL COUNSEL: (List each individual separately)				
1. James Quail	7'682.46			
2.				
3.				
SUBTOTAL - Legal Counsel Fees			\$ 7'682.46	
LEGAL ASSISTANT: (List each individual separately)				
1.				
2.				
3.				
SUBTOTAL - Legal Assistant Fees			\$	
ARTICLING STUDENT: (List each individual separately)				
1.				
2.				
SUBTOTAL - Articling student fees			\$	
SUBTOTAL - LEGAL FEES				\$ 7'682.46
CONSULTANTS/ANALYSTS FEES:				
CONSULTANTS: (List each individual separately)				
1.				
2.				
3.				
SUBTOTAL - Consultant fees			\$	
ANALYSTS: (List each individual separately)				
1.				
2.				
3.				
SUBTOTAL - Analyst fees			\$	
SUBTOTAL CONSULTANT/ANALYST FEES				\$
EXPERT WITNESS FEES: (List each individual separately)				
1.				
2.				
SUBTOTAL - EXPERT WITNESS FEES			\$	
TOTAL FEES				\$ 7'682.46
DISBURSEMENTS: (include all applicable taxes less any applicable tax rebates)				
SUBTOTAL DISBURSEMENTS EXCLUDING MEALS				\$ 5.64
SUBTOTAL MEALS CLAIMED				\$
TOTAL DISBURSEMENTS				\$ 5.64
TOTAL FEES AND DISBURSEMENTS				\$ 7'688.10