

**EXHIBIT C-1**

**TO NORTHERN HEALTH AUTHORITY FUNDING AGREEMENT**

**FORM OF NOTICE OF NHA FUNDING INSTALMENT**

**TO: NORTHERN HEALTH AUTHORITY**

**Re: ISL Health (FSJ) General Partnership**

This Notice of NHA Funding Instalment is delivered to you pursuant to Sections 2.3 and 4.2(c) of the Northern Health Authority Funding Agreement, dated as of July 16, 2009 (as amended, modified and supplemented from time to time, the “**NHA Funding Agreement**”), between ISL Health (FSJ) General Partnership, a British Columbia general partnership (“**Project Co**”) and Northern Health Authority (the “**Authority**”). All capitalized terms used herein shall have the respective meanings specified in the NHA Funding Agreement unless otherwise defined herein or unless the context requires otherwise.

This Notice of NHA Funding Instalment constitutes a request for an Instalment of NHA Funding as set out below:

1. The requested date of the Instalment is ●, 20●, which is a Business Day.
2. The total amount of the requested funds is:

Instalment:	\$●
GST:	\$●
Total:	\$●

The undersigned further confirms and certifies to the Authority that as of the date hereof and as of the date of the requested Instalment:

- (a) Each representation and warranty set forth in Section 5.0 of the NHA Funding Agreement is and will on the date of the requested Instalment be true and correct in all material respects as of such date (or if stated to have been made solely as of an earlier date, such representation and warranty was true and correct as of such earlier date);
- (b) No Draw Stop has occurred and is continuing or will result from the deposit of such Instalment; and

- (c) Each Funding Document and Material Project Document remains in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**ISL HEALTH (FSJ) GENERAL  
PARTNERSHIP, by ▼**

Per: \_\_\_\_\_

Name:

Title:

Per: \_\_\_\_\_

Name:

Title: