

# A N T H E M™ STATEMENT

## ANTHEM™ STATEMENT DEALER AGREEMENT ADDENDUM to the Authorized Anthem™ Dealer Agreement

This Addendum is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between:  
 **AudioStream, Division of Bavan Corporation**, 11-919 Fraser Dr., Burlington, ON L7L 4X8 (“**AudioStream**”) or  
 **Paradigm Electronics Inc.**, 205 Annagem Blvd., Mississauga, ON L5T 2V1 (“**Paradigm**”) and

<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> LLC	<b>LEGAL:</b> _____ (“ <b>ANTHEM™ STATEMENT DEALER</b> ”) <b>DBA:</b> _____ <b>With principal offices at:</b> _____ <b>City:</b> _____ <b>State/Prov:</b> _____ <b>Code:</b> _____
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In addition to all terms and conditions signed and agreed to in the Authorized Anthem™ Dealer Agreement currently in effect, ANTHEM™ STATEMENT DEALER hereby also agrees to the following for each location in Schedule (A) below:

**PRODUCT REPRESENTATION:**

**ANTHEM™ STATEMENT DEALER** agrees at all times, to have on display and set up for demonstration, connected to appropriate high-end components and speakers in their high-end sound room(s), no less than one complete Anthem™ Statement Home Theater System.

Dealer’s signature below indicates agreement to this Anthem™ Statement Addendum. **In witness whereof**, the parties hereto have executed this Addendum effective the day and year first above written.

Dealer (Legal): _____	AudioStream, Division of Bavan Corporation – or –	Paradigm Electronics Inc.
Signature: _____	_____	_____
Name (Print): _____	W.A. VanderMarel Sales & Marketing, U.S.	Jerry VanderMarel Sales & Marketing, Canada
Please Check: <input type="checkbox"/> Owner <input type="checkbox"/> Corporate Officer		

### SCHEDULE (A) AUTHORIZED ANTHEM™ STATEMENT DEALER SALES LOCATIONS

Store Name _____	Store Name _____
Street Address _____	Street Address _____
City _____ State/Prov _____ Code _____	City _____ State/Prov _____ Code _____
Phone (_____) _____ - _____ Manager _____	Phone (_____) _____ - _____ Manager _____
Store Name _____	Store Name _____
Street Address _____	Street Address _____
City _____ State/Prov _____ Code _____	City _____ State/Prov _____ Code _____
Phone (_____) _____ - _____ Manager _____	Phone (_____) _____ - _____ Manager _____