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Bye Bye Béton!

Park-Extension's greenery initiative



Page 2

NEWSFIRST MULTIMEDIA
info@newsfirst.ca

Effective January 1, Quebec introduced a new formula for calculating rent increases under the Administrative Housing Tribunal (TAL). This reform aims to simplify rent adjustments, make them more predictable, and improve transparency.
The revised method replaces numerous

criteria with a calculation based on:

- The three-year moving average of the Consumer Price Index (CPI)
- Capital expenditures
- Changes in municipal and school taxes
- Changes in insurance premiums

Under the previous system, TAL's 2025 adjustment rate was 5.9%, the highest in 30 years. Using the new formula, the increase

would have been 4.5%. However, tenant advocacy groups note that applying this method retroactively over the past 15 years would have resulted in cumulative increases of 38.2%, compared to the actual 23.8%.

What to expect
The TAL will publish the suggested rate once Statistics Canada releases CPI data at the end of January. Until then, the exact increase

remains unknown.

Lease renewal notices
Landlords may issue renewal notices three to six months before a lease ends. For leases expiring June 30, notices must be sent between January 1 and March 31. Tenants have 30 days to accept, refuse, or terminate the lease. Failure to respond means the lease renews with the proposed changes.



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Bye Bye Concrete, Hello Shade!

A city program is giving Park-Extension a chance to cool down

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By mid-July in Park-Extension, you do not need a thermometer to know it is hot. The sidewalks radiate heat well into the evening, the air barely moves between tightly packed buildings, and shade is something you look for, not something you expect. This is exactly the reality the City of Montreal is trying to change with a program that has an unusually direct invitation to residents: pick a patch of concrete and help turn it green.

The initiative is called Bye Bye Béton!, and it is run by the borough of Villeray–Saint-Michel–Parc-Extension. The idea is simple but ambitious. Instead of waiting years for large infrastructure projects, the city is asking residents and community groups to identify paved areas that could be de-asphalted and transformed into living green spaces. Applications are open until January 25, 2026, and selected projects will be carried out in 2026 with direct support from the borough.

This is not a symbolic gesture. The program involves physically removing asphalt or concrete, planting trees, shrubs or ground cover, and committing to care for the space afterward. Borough teams provide technical guidance and follow-up, but the transformation itself is driven by the people who live there. In neighbourhoods like Park-Extension, where green space is scarce and pavement dominates, that distinction matters.

Urban planners have long pointed out that neighbourhoods with less vegetation experience stronger heat-island effects. In practical terms, that means hotter summers, heavier reliance on air conditioning, and streets that become uncomfortable or even unsafe during heat waves. Park-Extension, one of Montreal's most densely populated areas, is particularly exposed to this problem. Bye Bye Béton! targets those exact conditions by replacing heat-absorbing surfaces with plants that cool the air, absorb rainwater, and soften the neighbourhood's climate block by block.

What makes the program stand out is how local it is. Projects must be located within the borough, and they must have community backing. The city is not looking for decorative land-

scaping. It is looking for places where greenery will genuinely improve daily life, whether that is a former asphalt strip beside a building, a paved courtyard, or a neglected corner that has become little more than stored heat. Selection is based on need, impact and equitable distribution across neighbourhoods, not on who submits the slickest proposal.

There is also a social dimension that city officials openly emphasize. Bye Bye Béton! is designed to bring neighbours together around a shared project. Past editions of the program have shown that when residents work side by side to transform a space, the result is not just more plants but stronger community ties. In a neighbourhood as culturally diverse as Park-Extension, where people often live close together but do not always connect, that outcome may be just as important as the environmental benefits.

According to the City of Montreal, the first editions of Bye Bye Béton! reclaimed hundreds of square metres of paved ground across the borough. Those spaces are now planted, cooler, and actively used by residents. The city considers the results strong enough to continue expanding the program, especially in areas with limited access to green infrastructure.

If a project is selected, planning takes place in the spring, followed by on-site work between April and September. The city supports the design and implementation, but long-term care remains a shared responsibility with the community. In other words, this is not a one-day beautification effort. It is a commitment to reshaping a small piece of the neighbourhood for the long term.

For Park-Extension residents, the question is not whether the neighbourhood needs more greenery. That answer is already obvious every summer. The real question is whether residents want to take part in deciding where that greenery goes and what it looks like. Bye Bye Béton! offers that chance, not through a distant consultation process, but through shovels, soil and collective effort.

In a city where climate change often feels like an abstract policy discussion, this program brings it down to street level. One patch of concrete at a time, Park-Extension is being invited to cool itself down, literally.

Appel à projets

Prolongation!



**BYE BYE
BÉTON!**

Brace your wallet: major financial shifts coming in 2026

From tax tweaks to grocery hikes, here's what Canadians need to know this year

NEWSFIRST MULTIMEDIA
info@newsfirst.ca

As Canada turns the page to 2026, households across the country—and particularly in Quebec—face a year marked by incremental but meaningful financial changes. Governments are indexing tax brackets, trimming certain credits, and adjusting benefits. At the same time, everyday costs—from childcare and groceries to electricity—are creeping higher. Here's a detailed look at what's changing, why it matters, and how it could affect your bottom line in the months ahead.

Tax updates: small indexation, real impact

Beginning January 1, federal tax brackets rise by 2%, and Quebec's by 2.05%, reflecting formula-based indexation intended to keep pace with inflation and avoid "bracket creep." In practical terms, more of your income will remain in lower brackets before moving up the ladder, modestly mitigating tax owed for many filers. The federal basic personal amount moves to \$16,452, while Quebec's personal exemption reaches \$18,952. For residents of Quebec, government fee increases also remain capped at 2.05% through the end of the year, adding predictability to the cost of certain provincially administered services and licenses. While each adjustment appears small on its own, together they form part of a broader effort to align the tax system with price-level changes without abrupt shocks to household finances.

Enhanced benefits: modest boosts to support families and low-income residents







Several core provincial supports tick upward. The family allowance rises to \$3,068 per child, an increase of \$62. Single individuals eligible for the solidarity credit will see it move to \$1,281, up \$26. Basic social assistance climbs to \$9,597, increasing by \$193. These increments are unlikely to transform budgets in isolation, but they do help cushion the impact of higher living costs, particularly for families managing childcare and food expenses and for individuals on fixed or limited incomes. Policymakers often calibrate these benefits annually to reflect cost pressures and maintain purchasing power—an approach that's especially relevant after several years of elevated inflation.

Employment insurance: lower premiums, higher insurable ceiling

The Employment Insurance (EI) landscape offers a mixed picture. Employee premiums drop to \$1.63 per \$100 of insurable earnings, while employers contribute \$2.28. At the same time, maximum insurable earnings rise to \$68,700, expanding the income base subject to EI calculations. For workers, lower per-\$100 rates help a little on each paycheck, while the higher ceiling may mean slightly larger total contributions across the year for those with incomes near or above the new threshold. Employers face the same dual dynamic, balancing a small rate reduction against a broader base. Overall, the design is intended to maintain program sustainability while offering modest relief in payroll deductions.

Childcare costs: daycare rates, tax credit rules

Subsidized daycare fees in Quebec increase to \$9.65 per day, continuing a long-standing model that keeps regulated care comparatively affordable while tracking operational cost growth. However, there's a notable shift in the tax credit environment: childcare credits will apply only to children under 14, with exceptions for cases of severe disability. Families with older dependents

 Tax Updates Federal tax brackets by 2%, Quebec's by 2.0%	 Employment Insurance Employee premiums and rise as maxut insured
 Childcare Costs Subsidized daycare fees increase	 Other Key Changes Dental care, CPP/QPP increases
 Retirement Income Old Age Security, CPP/QPP increases	 Driving Costs Reduced license costs

previously able to claim some childcare-related expenses will need to recalibrate budgets accordingly. The combined effect of rate adjustments and narrowed credit eligibility underscores the importance of reviewing annual childcare plans and receipts to ensure claims align with new criteria.

Pocketbook pressure: dentals, groceries, electricity, housing, rent

Several everyday cost centers are shifting as well. Federally administered dental coverage requires renewal by May 31 to prevent lapses; households relying on this support should mark calendars early to avoid interruptions. Food budgets face headwinds: the average family of four is projected to spend an additional \$994 on groceries this year, bringing estimated annual food costs to \$17,571. That figure reflects ongoing pressures in supply chains, labour, and transportation that have moderated but not vanished. In Quebec, residential electricity rates may rise by 3% in April, adding incremental costs to monthly utility bills at a time when many households also contend with higher heating and cooling demands. On the housing front, first-time buyers of new homes priced under \$1 million may benefit from a full GST/HST rebate—potential savings that can reach up to \$50,000, potentially improving affordability at the margin for eligible purchasers. Meanwhile, Quebec is introducing a new formula for annual rent adjustments, which could influence lease negotiations and renewal conversations across the province. Tenants and landlords alike should familiarize themselves with the updated methodology to anticipate permissible increases and avoid disputes.

Retirement income: indexed support for seniors

Seniors see an array of adjustments designed to preserve purchasing power. Old Age Security (OAS) sits at \$742.31 per month for those aged 65 to 74, and \$816.54 for those 75 and older. The Canada Pension Plan (CPP) and Quebec Pension

Plan (QPP) increase maximum pensionable earnings to \$74,600, with an additional tier covering up to \$85,000—changes that continue the multi-year enhancement strategy to strengthen future benefits. Public pensions are indexed by 2%, keeping payouts aligned—albeit modestly—with price movements. For retirees on fixed incomes, these incremental increases help offset rising essentials, from utilities and food to out-of-pocket health expenses.

Driving costs: a break for clean records

Quebec drivers with clean records pay \$50 for a Class 5 or 6 license, down from \$121. For motorists accustomed to annual or periodic licensing expenses, the reduction is noticeable and welcome. Though it doesn't change insurance premiums or fuel costs, the lower fee provides a straightforward saving with no strings attached—an example of a pocketbook-friendly measure that households can count on.

The bottom line

2026 brings a blend of measured indexation and targeted policy adjustments. Taxes are nudged to keep pace with inflation; benefits rise modestly; and certain credits are pruned to tighten eligibility and reduce program complexity. Meanwhile, core living costs—from food and electricity to childcare—continue to edge higher. For most households, the year's financial story will hinge on budgeting discipline, timely renewals, and awareness of the new rules. Small steps taken now—updating household plans, verifying benefit eligibility, and tracking recurring bills—can make the difference between feeling pinched and staying on course.

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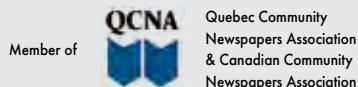
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OPINION & Editorial



Slowing population growth puts Canada's economy at risk

Canada's economy runs on consumer spending, and consumer spending runs on people — slowing population growth weakens that foundation

Canada's economy runs on consumer spending, and consumer spending runs on people. By policies that are shrinking population growth through tighter immigration, student and foreign worker caps, Ottawa is weakening one of the few economic levers it still controls.

The global trade situation has been turned upside down by the unforeseen, unexpected, frequent, and seemingly random changes in tariffs and other trade policies that have been emerging from the United States. Since the U.S. is still the world's largest economy and Canada's biggest trading partner, this will affect everyone, including Canadians, but it is impossible to say how.

The world political situation is now more volatile than it has been for decades, with wars and other conflicts much too easy to start and almost impossible to stop.

Given all the factors we can't do much about, we should really be focusing on those elements that we do have some control over. One of these is population.

For a developed country like Canada, the measure of how the economy will function is spending, since virtually all aspects of economic activity are calibrated in dollars. Governments spend, often more than their income. Businesses spend. We call that investment. Foreigners buy Canadian goods and services—exports.

But the biggest component of spending and hence economic activity is consumer spending; you and me buying the goods and services that contribute to our living and our lives. Such consumption makes up about two-thirds of Canada's total output. If consumer spending is weak, it almost does not matter what the rest of the economy is doing.

We will not prosper. As we peer into 2026, we find several reasons to anticipate falling consumer spending.

Consumer spending depends upon the number of consumers, that is, total population. When population grows, so does consumption. And population growth comes from natural increase (births minus deaths) and immigration. The birth rate in Canada has been low since the 1960s and the death rate rises as our population ages.

We have been relying on immigration to keep our economy growing, especially since there has been low productivity growth in Canada and our average income per person has actually been falling.

Until recently, this sad fact has been hidden by the immigration-induced growth in population, which pushed total Canadian output up.

However, this illusory bubble has now been burst. Not only have October figures shown that total output has declined, but the number of people in Canada has begun to decline. It is rare to find an example of a strong economy in a country where population is not increasing.

Recent Statistics Canada data show that population growth slowed sharply in late 2024 and 2025 as new limits on immigration, foreign students and temporary foreign workers took effect.

The drop in the number of people is the result of government policies that curtail immigration and severely limit foreign students and temporary foreign workers. The stated justification for these drastic steps is to provide more housing and jobs for the Canadians that are already here.

But slowing the overall economy is unlikely to lead to the construction of affordable housing

units.

Eliminating high fee-paying international students has already led to faculty layoffs in educational institutions and even to shutting down specific courses and programs that are no longer available to produce the trained workers and professionals we need.

Foreign temporary workers did not take jobs away from Canadians. They have only been allowed in to fill vacancies where it has been clearly demonstrated that no Canadians were able or willing to do those jobs. Ask any employer of temporary foreign workers about the complicated and time-consuming rigmarole that must be gone through to bring in a foreign worker.

Banning or even reducing the number of such workers in Canada will hamper the agricultural sector, where many work. It will raise the cost of producing food and may lead to the closure of some agricultural operations.

This will be reflected in higher grocery store prices.

Smaller, more remote communities are already struggling to attract Canadians for the lower-paying service sector jobs and even for the more lucrative professional ones, like doctors. Immigrants and temporary workers are the ones who make many of these already challenged towns and villages viable. Putting up barriers at the border will make a bad situation worse.

In the world today, many see Canada as a great place to live. That it is, but it can be better. If we want Canada to prosper and thrive in 2026, let us welcome the people who will help us grow.

Dr. Roslyn Kunin

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Homelessness remains a pressing reality as winter tightens its grip on Montreal

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As Montreal settles into the coldest stretch of winter, homelessness continues to rank among the city's most urgent and visible challenges. Recent reporting and municipal data confirm what many residents already see daily, more people are living without stable housing, and winter conditions are making an already fragile situation more dangerous.

In early January, the City of Montreal reiterated that homelessness remains one of its top priorities for 2026. The pressure is being felt citywide, from downtown transit corridors to residential neighbourhoods such as Park-Extension, where community organizations and volunteers are reporting sustained demand for food, warmth, and basic support.

To respond to freezing temperatures, the city has expanded its winter emergency measures. According to municipal figures released in the first week of January, more than 500 additional warming and emergency shelter spaces have been activated this season, bringing the total number of winter spaces available across Montreal to close to 3,000. These sites provide heated indoor space, hot beverages, and access to outreach workers who can direct people to shelters, health services, and longer-term housing resources.

City officials say these measures are designed to prevent cold-related injuries and deaths during extreme weather events, particularly when overnight temperatures plunge well below seasonal norms. Warming centres are scheduled to remain open through the end of March, depending on weather conditions.

Frontline organizations, however, continue to stress that emergency responses are only part of the solution. Sam Watts, president and CEO of Welcome Hall Mission, one of Montreal's largest homelessness service providers, has stated in recent interviews that while expanded winter services save lives, they do not address the structural causes pushing people into homelessness. Rising rents, limited availability of affordable housing, and long

wait times for supportive housing remain central obstacles.

These concerns resonate in Park-Extension, a neighbourhood known for its strong community networks but also for economic vulnerability. Local volunteers involved in outreach around Parc Jarry and nearby streets say they are seeing more people seeking warm clothing, meals, and information about where to stay during cold nights. Some individuals decline shelter beds, citing overcrowding or previous negative experiences, which makes street-level outreach and trust-building essential.

Community workers also point out that homelessness is not limited to those visibly sleeping outdoors. Housing insecurity affects people staying temporarily with friends, living in overcrowded apartments, or facing imminent eviction. In neighbourhoods like Park-Extension, where many households already spend a high percentage of income on rent, even small financial shocks can lead to housing loss.

In the fall of 2025, the city committed to accelerating the construction of new housing units targeted specifically at people experiencing homelessness. These plans include modular housing and supportive units designed to offer stability alongside access to health and social services. While advocates welcomed the announcement, many caution that timelines remain long and needs are immediate.

For now, community organizations continue to fill the gaps. Volunteers distribute food, winter gear, and up-to-date information about available services, while urging residents to stay informed and compassionate. Knowing where warming centres are located and how to contact outreach services can make a critical difference during severe cold spells.

As winter deepens, the homelessness crisis in Montreal remains both a humanitarian issue and a test of long-term policy choices. Emergency shelters and warming centres provide essential relief, but advocates and community members alike agree that lasting progress will depend on sustained investment in affordable housing, mental health support, and coordinated action beyond the winter months.



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Transit reliability under scrutiny as winter strains Montreal's bus and metro network

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As Montrealers return to work and school after the holidays, public transit reliability has emerged as a growing concern across the city, particularly during periods of intense winter weather. In recent days, riders have faced service slowdowns, crowded platforms, strikes and bus delays, renewing questions about the resilience of the transit network during extreme cold.

According to reporting published during the first week of January, the Société de transport de Montréal has acknowledged that winter conditions continue to pose operational challenges, especially during cold snaps accompanied by snow and ice. Mechanical issues, frozen switches, and increased boarding times have all contributed to delays on certain bus routes and segments of the metro system.

For Park-Extension residents, many of whom rely heavily on buses and the Blue Line to commute to work, school, and medical appointments, even short disruptions can have outsized effects. Routes serving the neighbourhood are among the busiest in the city, and riders report that crowded buses during peak hours become more difficult to manage when service intervals lengthen.

The STM has stated publicly that winter service plans are in effect and that crews are deployed around the clock to clear snow, maintain equipment, and respond to breakdowns. In recent interviews with Montreal media, transit officials emphasized that cold weather places additional strain on vehicles and infrastructure, particularly on older components of the network.

Transit advocacy groups note that while winter disruptions are not new, their impact feels sharper as ridership continues to rebound following the pandemic. More passengers combined with limited spare vehicles can make delays more visible and frustrating for daily users.

In Park-Extension, community workers say transit reliability is closely tied to economic stability. Many residents work in jobs with fixed



start times and limited flexibility, meaning late buses can translate directly into lost wages or disciplinary consequences. Parents also report challenges coordinating school drop-offs and childcare when service becomes unpredictable.

The City of Montreal has repeatedly stated that improving public transit remains a priority, with long-term investments planned for fleet renewal, infrastructure upgrades, and service frequency. However, transit experts caution that these improvements take time to materialize and do little to address immediate winter pressures.

For now, the STM is urging riders to check real-time service updates and allow extra travel time during severe weather. While these measures may help individuals adapt, many riders argue that reliable transit is not a convenience but a necessity, particularly in dense, working-class neighbourhoods such as Park-Extension.

As winter continues, transit performance is likely to remain a focal point for both riders and policymakers. The coming weeks will test whether existing winter measures are sufficient or whether further adjustments are needed to keep Montreal moving during the harshest months of the year.



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The Quebec primary care conundrum

Good intentions, persistent problems

TINGTING ZHANG – C.D. HOWE INSTITUTE

The significance of primary care is well established. As the foundation of the Canadian health system, primary care providers act as gatekeepers – diagnosing and treating illnesses, managing chronic conditions, delivering preventive care, and coordinating with specialists to support patients holistically. Extensive evidence indicates that a robust primary care system enhances care quality, reduces costs and lowers mortality rates (Zhang 2024).

Yet, primary care is in crisis in Canada. In 2024, 17.4 percent of Canadians reported having no regular healthcare provider – slightly higher than in 2015 (16.8 percent) (CCHS 2015 and 2024). Under medicare, patients expect access to a primary care provider and the insured services that accompany that care. However, the fact that nearly six million Canadians lack a regular healthcare provider suggests that most provinces are failing to meet their residents' expectations.

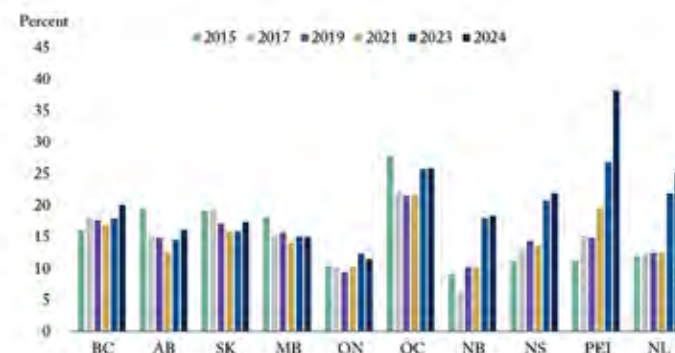
Quebec performs the worst among provinces on this measure, with residents consistently reporting the highest rates of not having a regular healthcare provider between 2015 and 2021. In 2023 and 2024, Prince Edward Island surpassed Quebec in this measure. Quebec's access issue, however, has been chronic and persistent for over a decade. In 2024, more than one-quarter of Quebecers were without a provider – a rate significantly above the national average – despite the province's relatively high health spending of 13.3 percent of GDP (Arpin, Gautier, and

Quesnel-Vallée 2025a). In contrast, Ontario has reported the lowest share of residents without regular healthcare providers, while its health spending is below the national average.

In 2022-2023, about 2.1 million Quebecers were not registered with a family doctor (Plé et al. 2024). Nearly half a million had moderate to significant health conditions requiring ongoing care, yet their access was limited to walk-in or semi-urgent clinics. Those with multimorbidity among this group are particularly vulnerable, experiencing significantly higher mortality rates than those with long-term attachment (15+ years) to a family physician (Fitzsimon et al. 2025). Fitzsimon et al. (2025) estimated that if all unattached Ontarians had long-term attachment, approximately 8,200 deaths could have been prevented. Given that Quebec has an even larger share of unattached residents, thousands of deaths could similarly be avoided if long-term attachment were achieved.

Unsurprisingly, those without a family doctor turned to emergency departments (ERs) more often than registered patients (Plé et al. 2024). The reliance on ERs for conditions that could be treated in primary care carries significant cost implications. The Canadian Institute for Health Information (CIHI 2024) estimates that one in seven ER visits nationwide were for minor conditions, such as colds, ear infections or antibiotic prescriptions that could have been managed in primary care. In 2024/25, Quebec hospitals recorded 1.5 million of these lower-acuity cases, representing 41 percent of all ER visits – well

Figure 1: Proportion of Residents Aged 12 and Older Without a Regular Healthcare Provider



Note: According to CIHI, the 2023 and 2024 data distinguish adults (aged 18 and over) from youth, meaning individuals aged 12-17 are not included. However, this is unlikely to significantly affect the overall access rate given the relatively small size of this age group. Source: Canadian Community Health Survey, 2015, 2017, 2019, 2021, and 2023; Canadian Institute for Health Information.

above the national average (28 percent) and Ontario's rate (21 percent). With a primary care visit costing about \$56 compared to \$387 for an ER visit in Quebec, redirecting such cases to primary care or community clinics could save Quebec's system millions of dollars while easing pressure on hospitals. However, ERs have remained the default option for many patients for immediate access to care, and this pattern has persisted for decades (Forget 2014).

Two decades of primary care reform

Quebec's challenges with primary care access predate the early 2000s. At the time, only 10 percent of patients could see their regular doctor within a day, and one in four Montreal residents lacked a family physician (Haggerty et al. 2007). Since 2000, the province has implemented several major reforms to improve access (Table 1). In 2002, the family medicine groups (Groupes de médecine de famille or GMFs) were introduced to improve accessibility and continuity of care

through interdisciplinary teams (Levesque et al. 2010). GMFs typically consist of six to ten family physicians (FPs), two nurses, and two administrative assistants, serving approximately 15,000 rostered patients (Breton et al. 2011). The goal of GMFs is to provide timely care to their patients through extended after-hours care and an on-call system specifically designed for patients with complex, chronic conditions (Levesque et al. 2010). Participation is voluntary; physicians are primarily paid on a fee-for-service (FFS) basis, with additional operational funding, a small per-patient bonus, and contractual obligations to meet after-hours coverage targets.

Although early evaluations reported some positive effects (Beaulieu et al. 2006; Pineault et al. 2009), later studies suggest that GMFs fell short of their expectations in improving access. Research found no significant gains in reported access or unmet needs compared with other

► Continued on page 10

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FROM WAYNE & TAMARA

APOCALYPTO

Q At the bottom of a cupboard in a spare room I have a shoe box containing every love letter that has ever been written to me. Recently I had a look through the box and read some of the poems, cards, and long, passionate letters. It made me realize how long it had been since I felt the magic of a meaningful relationship.

Despite my romantic youth it hit me that I have not been able to kindle any skerrick of romance with any man I have met since my last relationship ended four years ago. I am single, 34, and more than anything would love to spend the rest of my life with one special man.

I believe I am attractive, youthful, positive and even charming, but it just hasn't happened that I have met someone I like, who likes me too, since my last relationship. Now when I look at the box I have a strong urge to throw it out.

It is not an urge which comes from anger or sadness or even longing, but more like a command from the gods to sacrifice something as symbolically powerful as that box. Without it the occasional trip back to my romantic past will be impossible, those sweet memories will exist only in my imagination, and there will be no tangible, physical proof that I have ever known love.

It is like taking a risk and placing my faith that the gods will fill the vacuum in my life.

Do you think I should make this sacrificial offering in the hope that the universe will repay me? Or, do you think the chances of me meeting someone have nothing to do with a symbolic gesture, and I should keep the box and show my granddaughters what a romantic young lass their grandmother was?

Angela

A Angela, our primitive nature wants to dance around the fire chanting, "Uggabugga, uggabugga."

When we are finished, we imagine the headman will step forward and say, "Bring me the child, our sacrifice to the gods." After the deed is done the headman will proclaim, "Now it can rain."

Humans search for explanations and causality. While we think we are more sophisticated than humans who lived thousands of years ago, we are driven by the same psychological forces. Behind books claiming to show you how to attract the perfect mate or save any relationship is the same psychological force which led our ancestors to chant, "Uggabugga, uggabugga, uggabugga."

We want to fight the randomness of the universe. We want to cheat the odds and make things happen, but there is a limit to what we can do. One lesson we can learn, however, is the secret of the fisherman. A fisherman knows you cannot catch fish in a cornfield. You have to be in the way of catching fish; you have to be in the stream.

We often receive letters from people trying too hard to make this happen or fishing in the cornfield of a cheating boyfriend. They are like Eugen Herrigel in "Zen in the Art of Archery." When Herrigel tried to force his shots and force the results, his teacher kicked him out of class. The lesson he needed to learn was, good things happen when we are in the flow of life.

The records of your romantic past are in your mind. Let them stay there. You don't need to cling to the past when you are moving forward, and the man for you does not need these past proofs. What you are thinking about putting on the pyre are proofs of failure, evidence of relationships which did not blossom.

Loosening your grasp on the past and living fully in the moment will put you in the stream. No one can guarantee it will happen for you, but it can, just as it happened for us.

Wayne & Tamara

WAYNE & TAMARA MITCHELL are the authors of YOUR OTHER HALF (www.yourotherhalf.com)

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primary care models (Dunkley-Hickin 2013; Levesque et al. 2012a; Strumpf 2014), even as GMFs reported better continuity and after-hours care (Tourigny et al. 2010; Aubin and Quesnel-Vallée 2016). Pineault et al. (2016) concluded that GMFs may have slowed, but not reversed, the ongoing decline in access, with little measurable impact on care outcomes or service use.

The Auditor General of Quebec (2015) also found that GMFs and network clinics had not fully met ministry objectives, primarily due to unclear rules, insufficient guidelines and incentives, and a lack of oversight by the ministry and regional agencies during implementation. The original GMF target of 1,200 to 1,500 patients per FP fell well short, averaging only 837 patients per physician (Forget 2014; Peckham, Ho, and Marchildon 2018). Patient registration barely increased, leaving the share of Quebecers with a regular doctor essentially unchanged.

Between 2009 and 2014, the number of physicians participating in GMFs increased by 41.5 percent, yet registered patients rose by only 5.9 percent (VGQ 2015). While extended hours were often the only feature distinguishing GMFs from other clinics, many GMFs failed to meet their after-hours access obligations (Dunkley-Hickin 2013; Forget 2014; VGQ 2015; Aubin and Quesnel-Vallée 2016). Yet, the ministry and regional agencies continued funding GMFs without evaluating whether their regulations or agreements were improving access, leaving GMFs and network clinics with wide latitude but limited accountability (VGQ 2015, 2020).

The initially proposed capitation model was replaced by a mixed system, still dominated by fee-for-service but supplemented with bonuses for specific services and patient registration. Later, however, the patient registration bonus was extended to physicians outside GMFs, thereby weakening the distinct financial incentives associated with GMFs (Pomey, Martin, and Forest 2013). By broadening the remuneration structure, non-GMF clinics could operate much like GMFs – enjoying higher pay but without the GMF label or its associated accountability framework. As a result, the GMF reform had only marginal effects.

In 2003, Quebec passed Bill 25, restructuring its healthcare system by replacing eighteen regional health boards with a three-tiered structure: the Ministry of Health and Social Services at the top, fifteen new intermediary administrative agencies in the middle, and ninety-five health and social services centers (CSSSs) at the local level (Bourque and Quesnel-Vallée 2014). The agencies served as administrative intermediaries between frontline care and the ministry, monitoring population health, allocating funds, and reporting on performance, while CSSSs provided an administrative umbrella for local health and social institutions that delivered direct patient care.

In effect, assigning the agencies significant managerial authority shifted greater decision-making power to the provincial level (Pomey, Martin, and Forest 2013). The new public management principles driving the reform, particularly accountability and perform-

Table 1: Major Primary Healthcare Reforms in Quebec since 2000

Year	Major Reforms	Results
2002	Family medicine groups (<i>groupes de médecins de famille</i> or GMFs) were established to improve access to and continuity of primary care, reduce emergency visits, and promote team-based models of care.	362 GMFs* were created as of August 2022. Little to no improvement in access.
2003	The Act Respecting Local Health and Social Services Network Development Agencies (Bill 25) was passed; the act overhauled the organization of the healthcare system by assigning population health responsibilities to health administrative regions.	A three-tier administrative system was created, with a 10-year lifespan; did not lead to meaningful improvements in access.
2013	An Act to Amend the Pharmacy Act (Bill 41) was passed, allowing pharmacists to adjust medication dosages, renew existing prescriptions, prescribe medication for minor conditions, and order lab tests.	Effective.
2015	The Act to Enact the Act to Promote Access to Family Medicine and Specialized Medicine Services and to Amend Various Legislative Provisions Relating to Assisted Procreation (Bill 20) was introduced to address persistent gaps in access, orphan patients, and challenges with after-hours care.	Attachment and continuity of care temporarily improved, but not with access.
2015	The Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies (Bill 10) was passed; the act overhauled the organization of the healthcare system by merging health establishments and centralizing power to the Ministry of Health and Social Services.	Moving toward more centralization; no evidence on improvement in access.
2020	An Act to Amend Mainly the Pharmacy Act to Facilitate Access to Certain Services (Bill 31) was passed to further expand the scope of practice of pharmacists to administer vaccines.	Effective.
2020	The Act to Amend the Nurses Act and Other Provisions in Order to Facilitate Access to Health Services (Bill 43) was passed to further expand the scope of practice of nurse practitioners.	Effective.
2022	An Act to Increase the Supply of Primary Care Services and to Improve the Management of that Supply (Bill 11) was passed to change how general practitioners can add to their caseloads through the Quebec Family Doctor Finder (the GAFM).	Unclear.
2025	The Act Mainly to Establish Collective Responsibility with Respect to Improvement of Access to Medical Services and to Ensure Continuity of Provision of Those Services (Bill 2) was passed to improve access by holding physician groups collectively responsible, centralizing patient registration, and imposing performance targets.	Early stage of development; unclear.

* For more information, see <https://patientsmedicalhome.ca/pmh-in-canada/pmh-quebec/>.
Source: Author's compilation with adoption from Arpin, Gautier, and Quesnel-Vallée (2025b).

ance reporting requirements, created excessive centralization incompatible with patient-centred care (Bourque and Quesnel-Vallée 2014). Problems with accessibility persisted and many Quebecers still lacked access to a family doctor. Although the reform was intended to advance regionalization, its structure and implementation may have inadvertently enabled the centralization efforts that led to the system's overhaul through the 2015 reform (Pomey, Martin, and Forest 2013; Arpin, Gautier, and Quesnel-Vallée 2025).

In 2015, Quebec passed Bill 10 to further centralize decision-making and reduce administrative layers, mirroring similar reforms in Alberta and Nova Scotia, which had consolidated multiple regional health authorities into single provincial bodies during this period. The reform abolished the fifteen agencies established in 2003, moving from a three-tiered to a two-tiered system, while merging 182 facilities into 34 integrated health and social services centers (CISSSs/CIUSSSs) responsible for both oversight and care delivery (Quesnel-Vallée and Carter 2018). Proponents argued that the restructuring would reduce bureaucracy, increase direct accountability to the ministry, enhance transparency, and improve service integration (Arpin, Gautier, and Quesnel-Vallée 2025). However, experts noted that the reform lacked evidence on achievable economies of scale, optimal organizational size, or whether vertically integrated structures could respond to diverse population needs (Béland

et al. 2014; Quesnel-Vallée and Carter 2018). Evidence supporting administrative mergers to improve access or service quality is limited (Béland et al. 2014). The governance model – where each CISSS/CIUSSS board of directors is appointed directly by the ministry and reports to it – was also criticized as increasingly political rather than evidence-based (Quesnel-Vallée and Carter 2018). Over time, this highly centralized structure created significant challenges for public health governance and health human resource management, issues that became particularly visible and were amplified during the COVID-19 pandemic (Arpin, Gautier, and Quesnel-Vallée 2025).

In 2015, in response to persistent access issues, Quebec also passed Bill 20 to expand primary care availability. The legislation required FPs to register a minimum number of patients, with non-compliance resulting in a 30 percent fee reduction (Young 2015). This reform marked a departure from previous reforms, adopting a “stick” rather than a “carrot” approach to influence physician behaviour. Within three years, both patient registration and continuity of care improved: by December 31st, 2018, 81 percent of the Quebecers were registered with a primary care physician – up from 68 percent before the reform, though short of the 85 percent target – and continuity of care rose from 68 percent to 84.4 percent (Laberge and Gaudreault 2019). While coercive measures can provoke strong

opposition, Bill 20 nonetheless produced measurable gains, even without the complete application of penalties. At the same time, the bill generated unintended consequences. Its coercive and punitive nature made family medicine less attractive to new medical graduates, thereby increasing the difficulty of attracting and retaining physicians in the field. Over the past decade, the pay gap between FPs and specialists has also widened, further undermining the appeal of family practice (Laberge and Gaudreault 2019).

Since 2013, Quebec has expanded the prescribing and diagnostic powers of other health professionals, such as pharmacists and nurse practitioners, to improve access to care and free up physicians' time to manage more complex cases (Table 1). This approach has been adopted in other provinces, such as Alberta and the Atlantic provinces, with demonstrated efficiency and relatively low-cost gains in improved access to primary care (Richards 2024).

Quebec's recent legislation, Bill 106 and Bill 2, represents a significant attempt to use “stick” again to change physician behaviour. Introduced in May 2025, Bill 106 proposed shifting family physicians from FFS to a blended model combining capitation, hourly rates, and performance-based compensation. The bill tied 10 percent of physician pay (initially 25 percent) to meeting government-set targets for patient volumes, particularly those with vulnerability codes, while automatically registering all Quebecers to clinics regardless of capacity. Physician groups are collectively responsible for meeting access goals. If targets are not met, everyone in the group faces pay reductions, regardless of individual effort or patient complexity.

When contract negotiations with medical professional organizations stalled, the government passed Bill 2 in October, aiming to end the labour dispute. The law incorporates most Bill 106 proposals but adds strict penalties for “concerted action” by physicians, prohibiting collective withdrawal from activities or teaching stoppages to challenge government policies. The move sparked widespread outrage. At the time of writing, the situation remains volatile: at least 125 doctors have completed processes to practice in Ontario, with 200 more in progress. The medical directors of regional departments of family medicine have also refused to comply with parts of Bill 2, stating they will not assign 1.5 million orphan patients to already overburdened physicians and clinics. Given past failures and ongoing physician resistance, this approach seems unlikely to succeed in improving access.

Quebec has been active in pursuing health reforms over the past two decades, along with other organizational innovations (Box 1), yet these efforts have had limited impact on improving access to care. Despite many attempts to influence physician behavior, Quebec continues to report the highest proportion of residents without a regular healthcare provider among Canadian provinces. Several reforms, most notably coercive quota and penalty-based measures such as Bill 20 and Bill 2, remain unique to Quebec. To date, evidence shows that these approaches have strained physician morale and relationships, with little demonstrable improvement in access.



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Week of January 11 to 17, 2026

The luckiest signs this week:
CAPRICORN, AQUARIUS AND PISCES



ARIES

Your health remains a priority this week. Your doctor may finally determine the cause of your discomfort and recommend a treatment to speed up your recovery. If you trust their expertise, you'll notice a big improvement in your well-being.



TAURUS

You'll have to act as a mediator at work or in your personal life. Your diplomatic skills will help you ease tensions and find effective solutions, whether you're handling a union dispute or dissatisfied customers.



GEMINI

Work is piling up, and messages are coming in non-stop. However, you'll catch up by doubling down on your efforts. At home, you'll also put a lot of your energy into maintaining a clean and tidy living space.



CANCER

You'll be congratulated for your accomplishments, and your success will earn you widespread admiration. This recognition will fill you with a deep sense of personal pride and boost your confidence. You'll feel empowered to fearlessly tackle any project.



LEO

Since you couldn't see all your loved ones over the holidays, a wonderful opportunity to get together is on the horizon. You're doing a great job at work and at home, even if some people prove to be difficult to please despite your best efforts.



VIRGO

You'll feel a strong urge to talk and communicate with others. Whether you're sharing holiday memories or family stories, your words will flow freely. At work, your sociability will help you reach particularly good agreements.



LIBRA

A touch of refinement will brighten your world. You may unexpectedly be offered a promotion at work. However, this advancement may bring with it added stress, fatigue and moments of confusion.



SCORPIO

Your energy is magnetic and will draw the attention of others. You'll express your creativity brilliantly or find real joy in appreciating art, even if it's simply pausing to admire a work that inspires you.



SAGITTARIUS

If your career path feels uncertain, you could have a revelation that will light the way and guide you in the right direction. A loved one may ask for your help, giving you the chance to offer meaningful support.



CAPRICORN

With the festivities behind you, it's time to get back into a routine. However, you'll manage to keep an active social life, both in person and on social media. Just remember to set aside time for rest.



AQUARIUS

Amid professional changes, you'll be asked to step into a role where your skills will produce outstanding results. At home, you'll take the initiative to start a major clean-up involving the whole family.



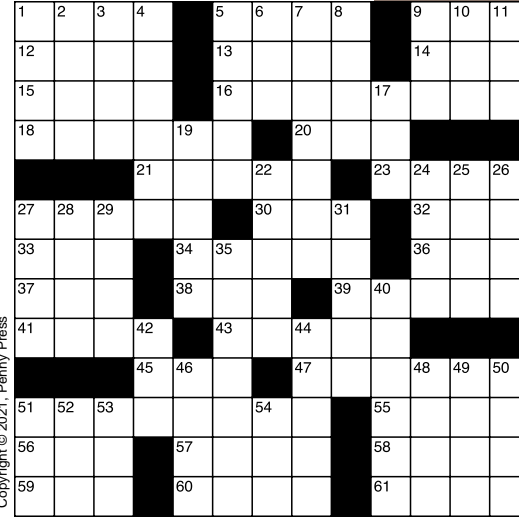
PISCES

You'll feel a strong urge to get away from it all and plan a holiday, whether alone or with your partner, to an exotic destination or a cozy chalet. Your social life will also get a boost this week.

Coffee Break

CROSSWORDS

PUZZLE NO. 295



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ACROSS

- Grand celebration
- Kitchen head
- Automotive fuel
- Former spouses
- Angel's crown
- Beer
- Expression of regret
- Portable rain protection
- Convert
- Bard's work
- Plant again
- Behind schedule
- Gives forth
- Itty-bitty
- Dominated
- Youngster
- Corrosive substances
- Price mark
- Alkaline substance
- Hit the jackpot

DOWN

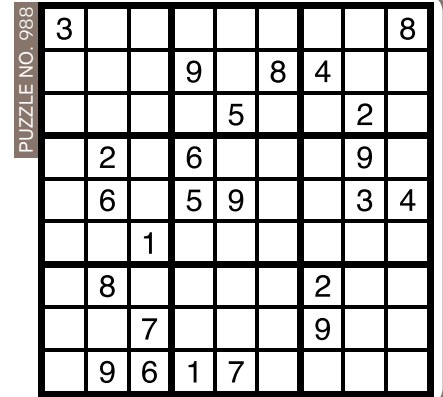
- Outfit
- Car's wheel shaft
- Sheet of paper
- Classify
- Pals
- Showy actor
- Nudged
- Mustang maker
- Lassie
- Puff away
- Daytime TV
- Consent
- Botch
- Snoozing
- Baby-grand players
- Volcanic overflow
- Coffee container
- Dancer's jump
- Kitchen appliance
- Learn
- Outcomes
- Cowboy country
- Everyone
- Baltic, e.g.
- Wiggly fish
- Cut wood, again
- Being in debt
- Choir voice
- Furniture wood
- Hem
- Pipe joints
- BLT spread
- View
- Dangerous curves
- Roughen
- Laid-back
- Inky implement
- Grates
- Enrage
- Building overhang
- Special nights
- Breathe hard
- Small dog
- Bitter anger
- Colony insect
- Little bit

Sudoku

HOW TO PLAY:

Fill in the grid so that every row, every column, and every 3x3 box contains the numbers 1 through 9 only once.

Each 3x3 box is outlined with a darker line. You already have a few numbers to get you started. Remember: You must not repeat the numbers 1 through 9 in the same line, column, or 3x3 box.

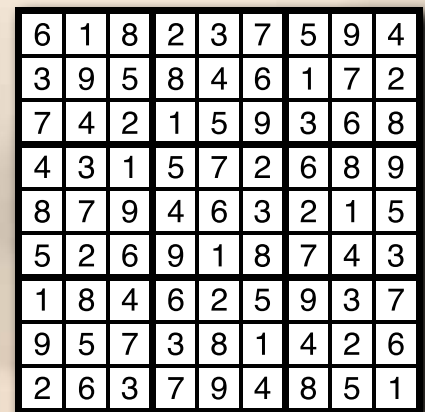


Last Issue's Answers

CROSSWORDS



Sudoku



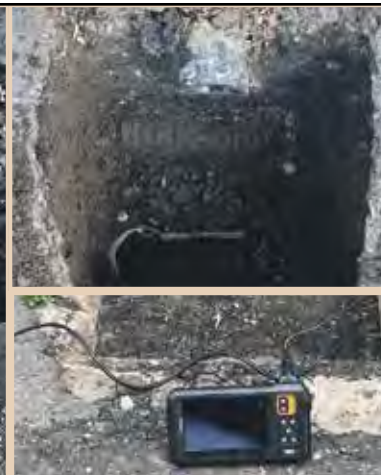
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