

INSIDER REPORT

(See instructions on the back of this report)

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BOX 1. NAME OF THE REPORTING ISSUER (BLOCK LETTERS)

BOX 3. NAME, ADDRESS AND TELEPHONE NUMBER OF THE INSIDER (BLOCK LETTERS)

FAMILY NAME OR CORPORATE NAME
 GIVEN NAMES
 NO. STREET APT
 CITY
 PROV. POSTAL CODE
 BUSINESS TELEPHONE NUMBER
 BUSINESS FAX NUMBER
 CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER FROM LAST REPORT YES NO

BOX 4. JURISDICTION(S) WHERE THE ISSUER IS A REPORTING ISSUER OR THE EQUIVALENT

ALBERTA NEWFOUNDLAND
 BRITISH COLUMBIA NOVA SCOTIA
 FEDERAL ONTARIO
 BANK ACT QUEBEC
 CCAA SASKATCHEWAN
 ICA UNITED STATES
 TLCA NASDAQ
 CBCA SEC
 MANITOBA

BOX 2. INSIDER DATA

RELATIONSHIP(S) TO REPORTING ISSUER
 DATE OF LAST REPORT FILED DAY MONTH YEAR
 OR
 IF INITIAL REPORT, DATE ON WHICH YOU BECAME AN INSIDER DAY MONTH YEAR
 CHANGE IN RELATIONSHIP FROM LAST REPORT YES NO

BOX 5. INSIDER HOLDINGS AND CHANGES (IF INITIAL REPORT, COMPLETE SECTIONS A, D, E AND F ONLY. SEE ALSO INSTRUCTIONS TO BOX 5)

DESIGNATION OF CLASS OF SECURITIES	BALANCE OF CLASS OF SECURITIES ON LAST REPORT	TRANSACTIONS						PRESENT BALANCE OF CLASS OF SECURITIES HELD	DIRECT/INDIRECT OWNERSHIP/CONTROL OR DIRECTION	IDENTIFY THE REGISTERED HOLDER WHERE OWNERSHIP IS INDIRECT OR WHERE CONTROL OR DIRECTION IS EXERCISED
		DAY	DATE MONTH YEAR	NATURE	NUMBER/VALUE ACQUIRED	NUMBER/VALUE DISPOSED OF	UNIT PRICE/ EXERCISE PRICE			

ATTACHMENT YES NO

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CORRESPONDENCE ENGLISH FRENCH

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BOX 6. REMARKS

The undersigned certifies that the information given in this report is true and complete in every respect. It is an offence to file a report that at the time and in the light of the circumstances in which it is made, contains a misrepresentation.

BOX 7. SIGNATURE

NAME (BLOCK LETTERS) SIGNATURE DAY MONTH YEAR
 DATE OF THE REPORT

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BOX 2. INSIDER DATA

RELATIONSHIP(S) TO REPORTING ISSUER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF LAST REPORT FILED DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
OR	IF INITIAL REPORT, DATE ON WHICH YOU BECAME AN INSIDER DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
CHANGE IN RELATIONSHIP FROM LAST REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	

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FAMILY NAME OR CORPORATE NAME <input type="text"/>	
GIVEN NAMES <input type="text"/>	
NO. <input type="text"/>	STREET <input type="text"/>
CITY <input type="text"/>	
PROV. <input type="text"/>	POSTAL CODE <input type="text"/>
BUSINESS TELEPHONE NUMBER <input type="text"/>	
BUSINESS FAX NUMBER <input type="text"/>	
CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER FROM LAST REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FIN 2036 Rev.95 / 2 / 22 H.B. - 184 VERSION FRAN ÇAISE DISPONIBLE SUR DEMANDE

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BOX 7. SIGNATURE

NAME (BLOCK LETTERS) <input type="text"/>	SIGNATURE <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
	DATE OF THE REPORT	<input type="text"/> <input type="text"/> <input type="text"/>

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OR	DATE OF LAST REPORT FILED DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
CHANGE IN RELATIONSHIP FROM LAST REPORT <input type="text"/> YES <input type="text"/> NO	IF INITIAL REPORT, DATE ON WHICH YOU BECAME AN INSIDER DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>

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CITY <input type="text"/>	
PROV. <input type="text"/>	POSTAL CODE <input type="text"/>
BUSINESS TELEPHONE NUMBER <input type="text"/> - <input type="text"/>	
BUSINESS FAX NUMBER <input type="text"/> - <input type="text"/>	
CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER FROM LAST REPORT <input type="text"/> YES <input type="text"/> NO	

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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BOX 7. SIGNATURE

NAME (BLOCK LETTERS) <input type="text"/>	SIGNATURE <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
		DATE OF THE REPORT <input type="text"/> <input type="text"/> <input type="text"/>

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 FEDERAL ONTARIO
 BANK ACT QUEBEC
 CCAA SASKATCHEWAN
 ICA UNITED STATES
 TLCA NASDAQ
 CBCA SEC
 MANITOBA

BOX 2. INSIDER DATA

RELATIONSHIP(S) TO REPORTING ISSUER
 DATE OF LAST REPORT FILED DAY MONTH YEAR
 OR
 IF INITIAL REPORT, DATE ON WHICH YOU BECAME AN INSIDER DAY MONTH YEAR
 CHANGE IN RELATIONSHIP FROM LAST REPORT YES NO

BOX 5. INSIDER HOLDINGS AND CHANGES (IF INITIAL REPORT, COMPLETE SECTIONS A, D, E AND F ONLY. SEE ALSO INSTRUCTIONS TO BOX 5)

DESIGNATION OF CLASS OF SECURITIES	BALANCE OF CLASS OF SECURITIES ON LAST REPORT	TRANSACTIONS						PRESENT BALANCE OF CLASS OF SECURITIES HELD	DIRECT/INDIRECT OWNERSHIP/CONTROL OR DIRECTION	IDENTIFY THE REGISTERED HOLDER WHERE OWNERSHIP IS INDIRECT OR WHERE CONTROL OR DIRECTION IS EXERCISED
		DAY	DATE MONTH YEAR	NATURE	NUMBER/VALUE ACQUIRED	NUMBER/VALUE DISPOSED OF	UNIT PRICE/ EXERCISE PRICE			

ATTACHMENT YES NO

This form is used as a uniform report for the insider reporting requirements under all provincial securities Acts, *Bank Act, Cooperative Credit Associations Act, Insurance Companies Act, Trust and Loan Companies Act* and *Canada Business Corporations Act*. The terminology used is generic to accommodate the various Acts.

CORRESPONDENCE ENGLISH FRENCH

KEEP A COPY FOR YOUR FILE

BOX 6. REMARKS

The undersigned certifies that the information given in this report is true and complete in every respect. It is an offence to file a report that at the time and in the light of the circumstances in which it is made, contains a misrepresentation.

BOX 7. SIGNATURE

NAME (BLOCK LETTERS) SIGNATURE DAY MONTH YEAR
 DATE OF THE REPORT

INSIDER REPORT

(See instructions on the back of this report)

Where freedom of information legislation is in force in the jurisdiction where this form is filed: The personal information requested on this form is collected under the authority and used for the purposes of administering the provincial securities Acts, *Bank Act, Cooperative Credit Associations Act, Insurance Companies Act, Trust and Loan Companies Act* and *Canada Business Corporations Act*. Under the CBCA the information provided satisfies the disclosure requirements of section 127. While the federal *Privacy Act* protects personal information provided, it also permits public disclosure pursuant to section 266 of the CBCA. All information contained in this form will be made available to the public. Federally, this form will be stored in personal information bank number CCA/P-092. In British Columbia, if you have questions about how the freedom of information legislation applies to the personal information collected on this form, call the Manager, Public Information and Records at (604)660-4827 or write the Manager, 1100-865 Hornby Street, Vancouver, B.C. V6Z 2H4.

BOX 1. NAME OF THE REPORTING ISSUER (BLOCK LETTERS)

BOX 2. INSIDER DATA

RELATIONSHIP(S) TO REPORTING ISSUER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF LAST REPORT FILED DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
OR	IF INITIAL REPORT, DATE ON WHICH YOU BECAME AN INSIDER DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
CHANGE IN RELATIONSHIP FROM LAST REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	

BOX 3. NAME, ADDRESS AND TELEPHONE NUMBER OF THE INSIDER (BLOCK LETTERS)

FAMILY NAME OR CORPORATE NAME <input type="text"/>	
GIVEN NAMES <input type="text"/>	
NO. <input type="text"/>	STREET <input type="text"/>
CITY <input type="text"/>	
PROV. <input type="text"/>	POSTAL CODE <input type="text"/>
BUSINESS TELEPHONE NUMBER <input type="text"/>	
BUSINESS FAX NUMBER <input type="text"/>	
CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER FROM LAST REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	

BOX 4. JURISDICTION(S) WHERE THE ISSUER IS A REPORTING ISSUER OR THE EQUIVALENT

<input type="checkbox"/> ALBERTA	<input type="checkbox"/> NEWFOUNDLAND
<input type="checkbox"/> BRITISH COLUMBIA	<input type="checkbox"/> NOVA SCOTIA
<input type="checkbox"/> FEDERAL	<input type="checkbox"/> ONTARIO
<input type="checkbox"/> BANK ACT	<input type="checkbox"/> QUEBEC
<input type="checkbox"/> CCAA	<input type="checkbox"/> SASKATCHEWAN
<input type="checkbox"/> ICA	<input type="checkbox"/> UNITED STATES
<input type="checkbox"/> TLCA	<input type="checkbox"/> NASDAQ
<input type="checkbox"/> CBCA	<input type="checkbox"/> SEC
<input type="checkbox"/> MANITOBA	

BOX 5. INSIDER HOLDINGS AND CHANGES (IF INITIAL REPORT, COMPLETE SECTIONS A, D, E AND F ONLY. SEE ALSO INSTRUCTIONS TO BOX 5)

A	B	C						D	E	F
DESIGNATION OF CLASS OF SECURITIES	BALANCE OF CLASS OF SECURITIES ON LAST REPORT	TRANSACTIONS						PRESENT BALANCE OF CLASS OF SECURITIES HELD	DIRECT/INDIRECT OWNERSHIP/CONTROL OR DIRECTION	IDENTIFY THE REGISTERED HOLDER WHERE OWNERSHIP IS INDIRECT OR WHERE CONTROL OR DIRECTION IS EXERCISED
		DAY	DATE MONTH YEAR	NATURE	NUMBER/VALUE ACQUIRED	NUMBER/VALUE DISPOSED OF	UNIT PRICE/ EXERCISE PRICE	\$ US		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ATTACHMENT YES NO

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CORRESPONDENCE ENGLISH FRENCH

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BOX 6. REMARKS

The undersigned certifies that the information given in this report is true and complete in every respect. It is an offence to file a report that at the time and in the light of the circumstances in which it is made, contains a misrepresentation.

BOX 7. SIGNATURE

NAME (BLOCK LETTERS) <input type="text"/>	SIGNATURE <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
		DATE OF THE REPORT <input type="text"/> <input type="text"/> <input type="text"/>

INSIDER REPORT

(See instructions on the back of this report)

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RELATIONSHIP(S) TO REPORTING ISSUER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF LAST REPORT FILED DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
OR	DATE OF LAST REPORT FILED DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
CHANGE IN RELATIONSHIP FROM LAST REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	IF INITIAL REPORT, DATE ON WHICH YOU BECAME AN INSIDER DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>

BOX 3. NAME, ADDRESS AND TELEPHONE NUMBER OF THE INSIDER (BLOCK LETTERS)

FAMILY NAME OR CORPORATE NAME <input type="text"/>	
GIVEN NAMES <input type="text"/>	
NO. <input type="text"/>	STREET <input type="text"/>
CITY <input type="text"/>	
PROV. <input type="text"/>	POSTAL CODE <input type="text"/>
BUSINESS TELEPHONE NUMBER <input type="text"/>	
BUSINESS FAX NUMBER <input type="text"/>	
CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER FROM LAST REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	

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<input type="checkbox"/> BRITISH COLUMBIA	<input type="checkbox"/> NOVA SCOTIA
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A	B	C						D	E	F
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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