

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

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

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PROV. POSTAL CODE

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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	

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	

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A	B	C						D	E	F
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FIN 2036 Rev.95 / 2 / 22 H.B. - 184 VERSION FRAN ÇAISE DISPONIBLE SUR DEMANDE

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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	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"/>

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

ATTACHMENT YES NO

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CORRESPONDENCE ENGLISH FRENCH

KEEP A COPY FOR YOUR FILE

FIN 2036 Rev.95 / 2 / 22 H.B. - 184 VERSION FRAN ÇAISE DISPONIBLE SUR DEMANDE

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

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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
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 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

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