

(Complete in triplicate)

AFFIDAVIT OF LOSS

We/I, _____ (hereinafter called "deponent") of legal age, being duly sworn, deposes and says:

- 1. Deponent resides at: _____, City/Town _____ Province/State _____
Postal/Zip Code _____ and is by occupation _____
- 2. THAT I am authorized to make this my Affidavit on behalf of _____ and has personal knowledge of the facts hereinafter deposed to, except where such facts are stated to be on information on belief and where so stated, I verily believe such facts to be true. **(Complete #2 if deponent is a corporation)**

3. Description of Lost Share Certificate(s) [] Bond(s) [] (hereinafter called the "Certificate"):

<u>Certificate No.</u>	<u>Number of Shares</u>	<u>Shares of / Stock Issue</u>	<u>Registered in the Name of</u>
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- 4. The said Certificate has been lost, stolen, destroyed or misplaced in the manner following, to wit:
Where kept _____
How lost _____
When missed (date of Loss) _____
If stolen, provide details and copy of police report _____

5. Was said Certificate(s) endorsed? YES [] NO []
If answer to above was YES; was signature also guaranteed? YES [] NO [],
Also, describe form of endorsement _____

6. Deponent has caused a search for the Certificate and has not been able to find or recover same, and that Deponent was the unconditional owner of the Certificate at the time of loss and is entitled to the full and exclusive possession thereof; that neither the Certificate nor the rights of the Deponent therein have, in whole or in part, been assigned, transferred, hypothecated, pledged or otherwise disposed of, in any manner whatsoever, and that no person, firm or corporation other than Deponent has any right, title claim, equity or interest in, to, or respecting Certificate or the proceeds thereof, except as may be set forth in the following statement:

If Deponent's interest in the Certificate is in a representative or fiduciary capacity, indicate below the designation of such capacity (example, Administrator, Executor, Guardian, Power of Attorney etc.). Provide supporting documentation of representative capacity:

Deponent is _____ of the Estate of _____
(Specify names of any persons having an interest in the Certificate. List them below and indicate the nature of their interest, such as heir legatee, etc. - If space below is not sufficient please provide attachment.)

<u>NAME & ADDRESS</u>	<u>PERCENTAGE OF INTEREST</u>
_____	_____
_____	_____
_____	_____

7. Deponent agrees that if said Certificate should ever come into Deponent's hands, custody or power, Deponent will immediately and without consideration surrender Certificate to the Issuing Corporation, its transfer agents, subscription agents, or trustees for cancellation.

Signed, sealed and delivered by deponent, this _____ day of _____, _____.

SIGNATURE OF DEPONENT - PRINT NAME / ADDRESS / TITLE (if applicable):

A COMMISSIONER, NOTARY PUBLIC IN AND FOR THE PROVINCE / STATE OF _____

On this day of _____, _____, before me personally appeared _____ to me known and known to me to be the individual(s) described in and who executed the foregoing instrument, and they duly acknowledged to me that they executed the same for the purpose above stated, and being by me duly sworn, did depose and say that the statements therein contained are true.

(Affix Notarial Seal) _____
Notary Public My Commission Expires _____

SIGNATURE OF DEPONENT - PRINT NAME / ADDRESS / TITLE (if applicable):

A COMMISSIONER, NOTARY PUBLIC IN AND FOR THE PROVINCE / STATE OF _____

On this day of _____, _____, before me personally appeared _____ to me known and known to me to be the individual(s) described in and who executed the foregoing instrument, and they duly acknowledged to me that they executed the same for the purpose above stated, and being by me duly sworn, did depose and say that the statements therein contained are true.

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SIGNATURE OF DEPONENT - PRINT NAME / ADDRESS / TITLE (if applicable):

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(Affix Notarial Seal) _____
Notary Public My Commission Expires _____