See instructions for completion on the back of this form.

Annual Return

Business Corporations Act

| Corporate Access No | For Y | ear Endir | ng | | |
|-------------------------------|-------------------------------|-----------|----------------------------|-------------------------|---------------------------------|
| Date of Incorporation, Contin | uance, Amalgamation or Regist | ration _ | | | |
| 1 Name of Corneration | | | YEAR MONTH DAY | | |
| Name of Corporation | | | | | |
| 2. Address | | | Email: (required) | | |
| | | | | | |
| 3. Has there been any chang | e of directors? | | Yes No | | |
| | gistry Records been updated? | | Yes No If No, attach the u | pdate to this form. | |
| 5. SHAREHOLDER INFO | | | 6. CHANGES IN SHAREH | | |
| Name and Address | | | Name and Address | % of voting shares iss | ued |
| | | | | | |
| | | | | | |
| | | | | | |
| Corporate Access Number | If a Dire | | Corporate Access Number | | f a Director, check this box |
| Name and Address | % of voting shares issued | | Name and Address | % of voting shares iss | ued |
| | | | | | |
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| Corporate Access Number | If a Dire | | Corporate Access Number | 1 | f a Director, |
| | % of voting shares issued | nis box | Name and Address | % of voting shares iss | check this box |
| ianic and Addicas | 70 OF VOLING SHARES ISSUED | | Ivallic and Addless | 70 OF VOLING SHARES ISS | ueu |
| | | - | | | |
| | | | - | | |
| Corporate Access Number | If a Dire | ctor. | Corporate Access Number | ı | f a Director, |
| | | | | | check this box |
| Name and Address | % of voting shares issued | | Name and Address | % of voting shares iss | ued |
| | | | | | |
| | | | | | |
| | | | | | |
| Corporate Access Number | If a Dire | | Corporate Access Number | | f a Director, |
| Name and Address | % of voting shares issued | IIS DOX | Name and Address | % of voting shares iss | check this box |
| tame and Addicas | 70 OF VOLING SHALES ISSUED | | Traille and Addiess | 70 OF VOLING SHARES ISS | ueu |
| | | L | | | L |
| | | | | | |
| Company A N | If a Dire | octor — | | | f a Director, |
| Corporate Access Number | check the | | Corporate Access Number | | check this box |
| 7. IMPORTANT NOTICE | TO CORPORATION | | • | | · · |
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| | | | | | |
| | | | Telephone Number | Date | |