NOTICE OF LOST CERTIFICATE



Please return the completed, signed form to:

Olympia Trust Company Attn: CSS Operations PO Box 128 STN M Calgary, AB T2P 2H6 Tel: 587.774.2340

Email: cssinquiries@olympiatrust.com

1. SECURITYH	OLDER NAME		DESCRIPTION OF SECURITIES HELD		
Full registration of account			Issuer name & Class of securities		
CERTIFICATE NUMBER(s) (if known)			NUMBER OF SECURITIES		
1. 2. 3.			1. 2. 3.		
2. CURRENT ADDRESS			PREVIOUS ADDRESS		
Street Address			Street Address		
Street Address		City/Town	Street Address		City/Town
Province/State	Postal Code/Zip Code	Country	Province/State	Postal Code/Zip Code	Country
3. CIRCUMSTANCE OF LOSS (Please provide a brief description of HOW and WHEN the security(ies) (hereinafter called the "Original", whether one or more) were lost, stolen, destroyed or misplaced) SAID ORIGINAL WAS ENDORSED: YES NO					
4. CONFIRMATION OF LOSS					
Signature 1			Signature 2 (required if securities are held jointly)		
Date (mm/dd/yyyy):					
Telephone Number: Cellular Number:			Email:		
If this form is being signed by someone other than the Securityholder, proof of appointment / authorization is required. Upon receipt of the executed form, the requirements to replace the certificate(s) will then be forwarded accordingly. Please note that ALL replacements will be subject to applicable fees.					

PRIVACY NOTICE: At Olympia Trust Company, we take privacy seriously. In providing services to you, we receive non-public, personal information about you. We receive this information through transactions we perform for you and may also receive information about you by virtue of your transactions with affiliates of Olympia Trust Company or other parties. Olympia Trust Company is committed to respecting and protecting the confidentiality of your personal information and the safeguarding of all personal information entrusted to us. To view our Privacy Policy, please visit www.olympiatrust.com.