APPLICATION FOR A T100 IDENTIFICATION NUMBER (TIN) ON THE EXERCISE OF FLOW-THROUGH WARRANTS (FTWs) AND DETAILS OF THE FTWs EXERCISED

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 If you need the instructions, ask for Form T100 – Instructions for the Flow-through Shar Program or visit our Website at www.cra.gc.ca/fts. 						Do not use this area	
• To request a TIN on the	e exercise of FTWs,	complete	this fo	orm.			
 A corporation filing For Other Programs Unit, D Ottawa ON K1A 1A2 							
On this form, legislative	e references are to th	e Income	Tax .	<i>Act</i> , ar	d re	gulatory references are to the	ne Income Tax Act Regulations.
that the agreement or t	he expenses meet al	l or any o	f the	require	mer		hat the shares are flow-through shares, ith respect to flow-through shares, or that be subject to an audit.
		c	ompl	ete Ap	plic	cation Checklist	
 Used the current version Signed and dated Form Provided a complete list 	on of Form T100C form on T100C in the "CER sting of the investors as issued on the filing	the appl TIFICATI who exer of Form	ication ON" a rcised T100	n. area. their F A to id	TW entif		
Part 1 – General Infor	mation (please pri	nt)					Corporation account number
Corporation address						Mailing address (if different)	
						, ,	
City	Province	1 1	Postal	code 	I	City	Province Postal code
Location of records (if different)				oration mailing		Contact person and title	
City	Province		Postal	code		Telephone ()	FAX ()
	number previously is umber that was issue ement that is related or the FTWs identified	d on the i to the ex d on this f	ercise orm.	e of the			equired for the Canada Revenue Agency Form T100A must not be used to
Actual number of FTW Exercise price per FTV	's exercised						(45) (46) \$

(47) <u>\$</u>

Total proceeds from the exercise of the FTWs to be spent on eligible expenditures (45) X (46)

Part 3 – List of investor who exercised their FTWs No agent's name should appear in this list.

SIN , CORP. OR PARTNERSHIP NO.	INVESTORS' NAME	DATE OF EXERCISE	NUMBER OF FTWs EXERCISED	TOTAL AMOUNT INVESTED
TOTAL (TOTAL A	MOUNT INVESTED must be equal to line 47)			

If additional space is required, please attach a list using the same format as on this form. No agent's name should appear in this list.

The renunciations should be made in the name of the shareholders and not the agent.

CERTIFICATION								
I certify that the information given on this form is to the best of my knowledge, true, correct and complete in every respect.								
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Date	Name of Authorized Officer (Print)							
Signature of Authorized Officer		Position or Title (Print)						