FORM 16

Notice of Issuer Bid

Name of Listed Issuer: (the “Listed Issuer”).

Trading Symbol:

Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of news release(s) disclosing the issuer bid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of outstanding listed securities as of date of this notice:

Maximum number of securities to be acquired under the bid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage of issued and outstanding securities to be acquired under the bid:­

Description of any agreements to tender to the bid: ­­­­­­­­­­­­­­­­­

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1. Describe any additional material terms of the issuer bid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Provide particulars of any direct or indirect involvement by Related Persons in the bid (including receipt of any brokerage or finder’s fees).

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3. Complete the following:

a) Will the completion of the issuer bid materially affect control of the Listed Issuer? [ ]  Yes [ ]  No

b) Is Multilateral Instrument 61-101 – *Protection of Minority Holders in Special Transactions* applicable to the issuer bid?

 [ ]  Yes [ ]  No

c) Is shareholder approval required in connection with the issuer bid?

 [ ]  Yes [ ]  No

d) is the Listed Issuer relying on any exemption from shareholder approval requirements? [ ]  Yes [ ]  No

Provideparticulars if the response to any of (a) through (d) is “Yes”

**Certificate**

The undersigned hereby certifies that:

1. The undersigned is a director and/or senior officer of the Issuer and has been duly authorized by a resolution of the board of directors of the Issuer to sign this Certificate of Compliance.
2. As of the date hereof there is no material information concerning the Issuer which has not been publicly disclosed.
3. The undersigned hereby certifies to the Exchange that the Issuer is in compliance with the requirements of applicable securities legislation (as such term is defined in National Instrument 14-101) and all Exchange Requirements (as defined in CSE Policy 1).
4. All of the information in this Form is true.

Dated .

Name of Director or Senior Officer

Signature

Official Capacity