FORM 17B  
  
Report of Purchases: Normal Course Issuer Bid (“NCIB”)

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

Trading Symbol:

Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Filing of CSE Form 17A Notice of Normal Course Issuer Bid:\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchasing CSE Dealer and trader ID: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total securities purchased including the most recent calendar month:­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Were securities be cancelled after purchase:  Yes  No

If “No”, provide details: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify whether this Form was filed by the Listed Issuer or the purchasing Dealer:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Securities purchased during previous month:** *State the total number of securities purchased daily and specify on which exchanges or marketplaces the purchases were made, including the volume weighted average price paid. Indicate if the block purchase exemption was used.* | | | | |
| Purchased Date | Exchange | Block Purchase Exemption (y/n) | Volume Weighted Average Purchase Price | Volume Purchased |
|  |  |  |  |  |
| Total Purchases during the month immediately preceding this filing: | | | |  |
| Remaining number of shares eligible for purchase under the Form 17A: | | | |  |

**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