SOLEMN DECLARATION

| KIRKLAND, THIS | |
|--|--|
| I, UNDERSIGNED, | , |
| RESIDING AT | , |
| DECLARE THE FOLLOWING | |
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| | |
| ATTACHED PIECES OF ID (2) Including one with | n signature and address : |
| PIECE OF ID NAME/NUMBER : | |
| PIECE OF ID NAME/NUMBER : | |
| | VIDED ON THIS FORM IS TRUE, ACCURATE AND COMPLETE. IN HAS THE SAME FORCE AND EFFECT AS AN AFFIDAVIT MADE ANADA EVIDENCE ACT. |
| SIGNATURE OF DECLARANT | DATE |
| SOLEMNLY DECLARED BEFOR | RE ME IN THE TOWN OF KIRKLAND, QUEBEC, THIS |
| | DATE |
| | SEAL OF THE COMPETENT AUTHORITY COMMISSIONNER OF OATHS |