

ALBERTA SECURITIES COMMISSION

c/o CSA Service Desk Attn: SEDAR+ Operator 12 Millennium Blvd, Suite 210 Moncton, NB, E1C 0M3 sedarplus@csa-acvm.ca

Requested by:	Issuer	Third Party Filer	Filing Agent	
(Choose One)	issuer	rimu Farty Filer	rning Agent	
Requesting Organ	nization/Individ	ual:		
		Profile:		
(Profile to be maintain	ed)	Please indicate the full issuer/ file	er name as it appears in the profile	
Official Profile Number:		Last Updated On:		
(Profile to be maintained)		(dd/mm/yyyy)	(dd/mm/yyyy)	
If Official Profile	is a Fund Issue	r, also indicate Group Numb	er:	
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Profile(s) to be De Please indicate the full		SEDAR+: ne as it appears in the profile to be o	deleted.	
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Notes:

- It is recommended that the official profile to be maintained on SEDAR+ be the profile with the most SEDAR+ filings associated with it. Any filings associated with the profile to be deleted will be transferred to the official profile named above.
- Duplicate profiles are deleted from the SEDAR+ Filer Profiles database after a review by the Canadian Securities Administrators ("CSA") to confirm their duplicate status.
- Only duplicate investment fund issuers with filings made within the SAME investment fund group can be deleted from SEDAR+. Any duplicate investment funds with different group numbers will be kept on file.

Please ensure the profile you wish to keep is up to date. Section 4.2 of National Instrument 13-103 requires the electronic filer to ensure that the information maintained in its filer profile is correct in all material aspects, and to file an amended filer profile within 10 days following any change in the information contained in its filer profile.

The undersigned acknowledges that, once received by the Alberta Securities Commission ("ASC"), the request is irrevocable. The undersigned further certifies that the signee has the authority from the Issuer/Filer to make this request on behalf of the requesting company/organization or Issuer/Filer. The ASC shall not be obligated to inform any representative of the Issuer/Filer that the deletion has occurred.

Comments:				
-				
Name of Authorized Representative:				
(The Issuer/Filer representative)	(Please Print)			
Signature of Authorized Representative:				
(The Issue) The representative)				
Date of Request:	Telephone Number:			
(dd/mm/yyyy)	Telephone Humber.			