BC Form 45-505F2

Report of exempt distribution in respect of eligible pooled funds

Nam	e, address and telephone number of each eligible pooled fund distributing securities.
Nam	e(s) of eligible pooled fund(s)
Add	ress
() Tele	phone Number
	e, address and telephone number of the eligible portfolio manager of the eligible ed fund(s).
Nam	e of eligible portfolio manager
Add	ress
() Tele	phone Number
	eribe the type of security and the aggregate number of securities distributed during alendar year by each eligible pooled fund.
	the calendar year in which the distributions of securities of each eligible pooled occurred.
State	either:
(a)	the total dollar value of the securities distributed during the calendar year by each eligible pooled fund to purchasers resident in British Columbia that represented "additional assets under management" as defined in BC Instrument 45-505:

	eligible pooled fund to purchasers resident in British Columbia: \$ •	
6.	State the total dollar value of fees payable by the eligible pooled fund(s), i.e. 0.01% of the amount disclosed in section 5.	
	Fees payable (in aggregate): \$ ●	
7.	The eligible pooled fund(s) is (are) eligible to file reports under BC Instrument 45-505 for the calendar year in which the distributions took place.	
	dersigned hereby certifies, to the best of his/her knowledge, information and belief, that the made in this report are true and correct.	
DATE	D at Vancouver, British Columbia this • day of •, 20•.	
	Name of eligible portfolio manager (please print)	
	on behalf of	
	Name(s) of eligible pooled fund(s) (please print)	
	Per:	
	Signature of authorized signatory	
	Name and office of authorized signatory (please print)	

the total dollar value of the securities distributed during the calendar year by each

(b)

IT IS AN OFFENCE FOR A PERSON TO MAKE A STATEMENT IN A RECORD REQUIRED TO BE FILED OR PROVIDED UNDER THE SECURITIES ACT OR SECURITIES RULES THAT, AT THE TIME AND IN LIGHT OF THE CIRCUMSTANCES UNDER WHICH IT IS MADE, IS A MISREPRESENTATION.