## FORM 2

**DESIGNATION OF REPRESENTATIVE** (Special Corporate Continuance Act, S.N.B. 1999, c.S-12.01, s.2(2))

The		d	esignates
	(legal name of corpo	ration)	
	of		
(name of individual)		(give full address with street number	
1 00 1 1	1:		
and name or the R.R. number, the municip	ality or post office and the	postal code)	
as a designated representative for	the purposes of the Sp	recial Corporate Continuance Act and auth	norizes
	to carry	out the functions of a designated repre-	esentative
(name of individual)			
under the Act.			
Date	Signature	Position with corporation	