## **AFFIDAVIT OF LOSS**

The undersigned ("Deponent"), being duly sworn, deposes and affirms as follows:

Deponent is an adult who resides at:

1.

			Address		
	_	beneficial owner or is actities (the "Securities"):	ing in a representative or fiduc	iary capacity with respect to	
			Issuer Name		
			Shareholder Name		
		c	ertificate Number(s)		
			Number of Shares		
2.	Deponent o	Deponent does further affirm that the Securities have been:			
	Lost	Stolen	Destroyed		
3.	That the Se	curities were not endorse	d.		
4.	That the Securities have not, in whole or part, been assigned, transferred, hypothecated,				
-			ner whatsoever, and that no pe	erson or entity other than	
	•	ny right, title, claim or into			
5.	•		rities should ever come into De	•	
-	-	ER AGENCY INC. for cance	d without consideration surren llation.	der the securities to	
Signed			Printed Name(s)	Dated	
	Swo	orn to before me this day:			
Notary	/ Public			Expiration of Commission	
-					
Notary	/ Seal:				