## "SASKATCHEWAN LOCAL INSTRUMENT 11-501 CONFLICTS OF INTEREST

## "FORM 11-501F2 ANNUAL CERTIFICATE OF COMPLIANCE

To:

Chairperson/Director

Saskatchewan Financial Services Commission

I understand the provisions of Saskatchewan Local Instrument 11-501 Conflicts of Interest and confirm that I have observed them.						
Check applicable box(es):						
	I do not beneficially own, directly or indirectly, or exercise control or have direction over any securities.					
	I have attached a portfolio statement containing a complete list of all securities that I beneficially own, directly or indirectly, or over which I exercise control or have direction.					
If my spouse is a registrant or employed by a registrant pursuant to <i>The Securities Act, 1988</i> , I have disclosed below the names of my spouse and the registrant. If I am employed by a registrant pursuant to <i>The Securities Act, 1988</i> , I have disclosed below the name of the registrant.  Name of spouse:						
Name of Registrant/Employer:						
Da	ted:	Signed:				
Pri	nt name:					