

Filing Agent Authorization Form

1. Name of filer (the “Filer”):

If organization	Full legal name:			System Identifier
If individual	Family name:	First given name:	Secondary given names:	System Identifier

2. Name of the Filer’s Agent Authorizing Representative that is submitting and authorizing this form. If this form is being submitted in connection with a Filing Agent executing an Electronic Filer Agreement on behalf of the Filer, this Agent Authorizing Representative must be the same individual as the Filer’s Authorized Representative (as identified in the Electronic Filer Agreement):

Family name:	First given name:	Secondary given names:
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3. Name of filing agent (the “Filing Agent”):

If organization	Full legal name:			System Identifier
If individual	Family name:	First given name:	Secondary given names:	System Identifier

4. The Filer hereby authorizes the Filing Agent to use and make filings on behalf of the Filer through SEDAR+ from the date the authorization is implemented as described under “Processing and Validation” below until notice to the contrary is received by the ASC in regards to the following areas of activity (for a list of filings and their related document types and access levels, please see the SEDAR+ Filing Inventory found at <https://sedarplus.ca/onlinehelp/filings/filing-inventory/>):

<ul style="list-style-type: none"> • (i) Sign the Electronic Filer Agreement on behalf of Filer, and • (ii) Provide consent to the Alberta Securities Commission (the “ASC”), on behalf of the Authorized Representative and Authorized Super User, for the ASC (whether through itself or its designee) to take such steps as the ASC may determine to validate the Authorized Representative and Authorized Super User to the ASC’s satisfaction (including validation of their identity which may include a credit check). This includes consent to use the information provided under Part A of the Electronic Filer Agreement, any additional information subsequently requested by the ASC, and any other information available to the ASC. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Updates to Filer Profile 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Securities Offerings 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Continuous Disclosure 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Applications 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Exempt Market Offerings 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Third Party Filings and Securities Acquisitions 	<input type="checkbox"/>

5. This authorization applies to any of the Filing Agent's users at the time a filing is made through SEDAR+.
6. This authorization is non-exclusive and the Filer may grant authorization to more than one Filing Agent at a time.
7. *For Filers located in Québec only* - It is the express wish of the parties that both the English and French versions of this form (French version available: <https://www.sedarplus.ca/onlinehelp/wp-content/uploads/2023/01/SEDAR-Formulaire-d-autorisation-de-l-agent-de-depot.pdf>) and, if applicable, all related documents, be binding on the parties.

Processing and validation

This form may be subject to further processing and validation. Accordingly, there may be a delay between the time you submit this form and time that the authorizations made under this form are given effect in SEDAR+.

In witness whereof, a duly authorized representative of the Filer executes this authorization form. If I use an electronic signature to sign below, I consent to the use of this electronic signature and acknowledge that it has the same effect as if I were signing with pen and paper.

Name: _____
Title: _____

Date Signed: _____

Signature of Agent Authorizing Representative