

DESIGNATION OF A HEALTH CARE PROXY

1. I, Lionel Andre Bouchard, hereby designate the following persons as my Health Care Proxies:

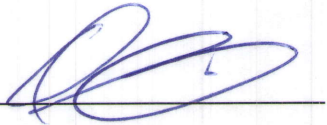
- a) my sister, Madeleine Fillion,
- b) my daughter, Marlene Legare,
- c) my cousin, Jules Chartrand.

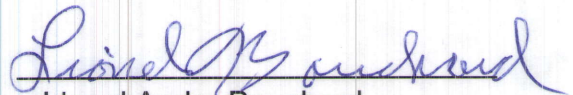
2. I wish my Proxies to act consecutively so that my cousin, Jules Chartrand will only act if my daughter, Marlene Legare, cannot or will not act and that my daughter, Marlene Legare, will only act if my sister, Madeleine Fillion, cannot or will not act.

3. I place no restrictions on the ability of my Health Care Proxy to make medical decisions on my behalf when I lack the capacity to do so for myself.

SIGNED at the City of Winnipeg, in the Province of Manitoba, this 8th day of February, 2008.

Witness




Lionel Andre Bouchard


AFFIDAVIT OF EXECUTION

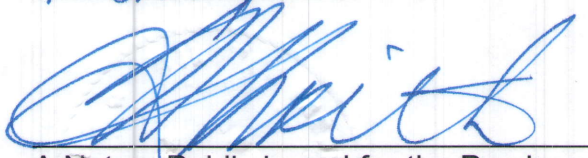
CANADA) I, DENNIS ALFRED SMITH,
PROVINCE OF MANITOBA) of the City of Winnipeg, in the
TO WIT:) Province of Manitoba, Barrister and
) Solicitor

MAKE OATH AND SAY as follows:

1. That I know Lionel Andre Bouchard and witnessed his execution of the attached Health Care Proxy on the date indicated thereon.
2. That, as of the said date, Lionel Andre Bouchard was of the full age of sixteen (16) years and in my opinion was of sound mind, memory and understanding and was under no duress, fraud or undue influence.
3. That I am not related to Lionel Andre Bouchard by blood, marriage or adoption.
4. That I have no material interest, financial or otherwise in the health care, or the health care decisions of Lionel Andre Bouchard.

SWORN before me at the City)
of Winnipeg, in the Province)
of Manitoba this 5th day of)
FEBRUARY, 2008.)
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A Notary Public in and for the Province
of Manitoba