TRADING AUTHORIZATION.

To: Friedberg Mercantile Group Ltd. Brookfield Place, 181 Bay Street Suite 250, P.O. Box 866 Toronto, Ontario M5J 2T3

Dear Sirs:		
The undersigned,		hereby
authorizessigned to buy, sell (including short sales) and trade in securities, account and risk and in the account bearing the undersigned's na indemnify and hold you harmless from, and to pay you promptly obalances due thereon.	ame on your books. The undersi	g to the undersigned's igned hereby agrees to
In all such purchases, sales or trades you are authorized to for every respect concerning the above mentioned account with you; and in the undersigned's behalf in the same manner with the same with respect to such purchases, sales or trades as well as with respect to such purchases, sales or trades.	and said party is authorized to a e force and effect as the undersig ect to all other things necessary of	net for the undersigned med might or could do or incidental to the fur-
The undersigned hereby ratifies and confirms any and all trans for the said account. This authorization and indemnity is in addition to (and in no under any other agreement or agreements between the undersigned your firm is in no way responsible for any loss to the undersigned zation named above and that your firm does not, by implication or vidual or organization. The undersigned further understands that zation authority to exercise any of the rights of the undersigned over so at the undersigned's own risk. This authorization and indemnity is also a continuing one and undersigned by a written notice actually received by you, but su	way limits or restricts) any right ned and your firm. The undersi d occasioned by the actions of the otherwise, endorse the operating t if the undersigned gives to such er the account of the undersigned shall remain in full force and effe	s which you may have gned understands that e individual or organizemethods of such indihirdual or organith the undersigned does ect until revoked by the
resulting from transactions initiated prior to such revocation. In witness whereof, I/we have hereunto set my/our hand/s t		
	day of	20
Signature of Authorized Agent:	Account Name	
Mailing Address of Authorized Agent:	Account Name	
	Signature	
	Name	
Postal Code	Title	