

NOTICE OF INTENT TO EXERCISE EMPLOYEE STOCK OPTIONS

Fax Completed Form to: 1-800-569-9470

ISSUER NAME		CONTACT NAME			PHONE NUMBER
EMPLOYEE NAME		PHONE NUMBER			ITRADE ACCOUNT NUMBER
I elect to exercise my option to	purchase the commo	on shares of th	he above issuer as	s follows:	
Date of Grant	No. of shares exercised		Exercise price/share		Purchase Price
MM DD YYYY		Χ		=	\$
MM DD YYYY					
·		Χ		=	\$
MANA DD VAAAA					
MM DD YYYY					
I instruct iTRADE to sell I request that iTRADE loan me t					RADE Investment Representative ADE to pay this amount to the
I instruct iTRADE to sell I request that iTRADE loan me t Issuer as directed by the Issuer.	he amount of the Pu	ırchase Price c			
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I instruct iTRADE to sell I request that iTRADE loan me t Issuer as directed by the Issuer. I authorize iTRADE to disclose means and the stock option agreement will advise iTRADE at the time I confirm that the stock certification.	ny account number to of sale if I am deeme ate representing the s name), unless otherw nto on or before the	o the issuer. ed by securities shares of the rise arranged to settlement d	es regulations to le exercised option(with the iTRADE I late of the sale.	direct iTR be an insides) will be represented the second control of the second control	ADE to pay this amount to the ler of the Issuer. Registered in the name of Scotia t Representative and delivered to
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