

SEDARâ Subscriber Update

August 15, 2002

SEDAR EDI PAYMENT RECONCILIATION REPORT SERVICE:

CDS INC. is now able to offer a value-added service to our subscribers that will assist filers with reconciling their SEDAR EDI payments to their bank statements. CDS INC. can provide a reconciliation text file of your EDI transactions in one of two forms:

- Annual subscription for a Monthly Reports File to be sent to your Internet address
- Ad-hoc Reports to be sent to your Internet address

We anticipate this service could be of significant assistance both internally to subscribers for account balancing and as a means for you to provide your clients with a detailed breakdown of payments made on their behalf.

For the monthly option, CDS INC. will send subscribers an electronic file within five (5) business days following each month end. This file will be in text format.

The file will include the following information: payment number, project number, matter number, filing type, Issuer name, payee, date sent to FI, date from FI, amount, FI accept, and User ID. SEDAR subscribers will be able to retrieve the file and convert the text data to a spreadsheet for reconciliation and internal and external reporting. CDS will provide instructions on how to convert the file.

For the Ad-hoc Report option, subscribers can request that CDS produce a text report of EDI payments for specified month(s). These reports will be sent to the defined Internet e-mail ID on the enclosed form and will also include the following information: payment number, project number, matter number, filing type, Issuer name, payee, date sent to FI, date from FI, amount, FI accept, and User ID.

To take advantage of these services, please send the enclosed form via fax to CDS INC. to the fax number and contact noted on the form.

<p>For more information, please contact your local SEDAR Customer Service Representative or the CDS INC. Help Desk at 1-800-219-5381.</p>
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SEDAR EDI Payment Reconciliation Report Request Form

Subscriber Name: _____
(in full)

Please provide our firm with the EDI reconciliation reports as below (Choose one):

- G Regular Monthly Reports option**
(\$150 rate per calendar year + applicable taxes, billed in advance, pro-rated where applicable)

- G Ad-hoc Monthly Reports option for the following months**
(\$20 per month + applicable taxes.

(e.g.: Jan, Feb, Mar, etc. Please also indicate year)

The Subscriber requests that one copy of each of the EDI Reconciliation Reports noted above be sent to Subscriber in electronic format (text file) by Internet to the following e-mail address (please print clearly):

This EDI Reconciliation Request Form should be submitted with a covering letter on subscriber's company letterhead with authorized signature.

Signature: _____ Title: _____
Authorized Representative of Subscriber

Name: _____ Date: _____
(please print)

Telephone: (_____) _____

Terms of Service: This service and the EDI payment detail and other information provided by the Subscriber's financial institution and/or from the SEDAR system and comprised in the report is on an "as is" basis. CDS does not verify, validate or confirm the accuracy of the payment details or other information. The Subscriber agrees to pay all charges for this service. Charges will be added to Subscriber's invoice for the month following receipt of request. All charges are subject to change without notice.

Subscriber is responsible for the provision and maintenance of the necessary communications lines, hardware and software in order to be able to receive, access and use the reports.

FOR OFFICE USE ONLY

Date received by Billing Analyst: ___/___/___ (mm/dd/yy)

Date request sent to subscriber (if applicable): ___/___/___ (mm/dd/yy)

Months requested for report (if applicable): _____ x \$20.00

\$_____ Total amount to be billed (before taxes)

Date entered into billing system: ___/___/___ (mm/dd/yy)