

Statutory Declaration

For Non-Voting Shares

Name of Professional Corporation: _____

I, _____ certify and confirm that:

- a) The information contained in this declaration is accurate, true and complete,
- b) The person(s) listed are related to me (as per Section N of the Professional Corporation Advisory), and,
- c) The Articles of the Professional Corporation allow for the issuance of non-voting shares to family members.

Number of Shares and Name of Person that Non-Voting Shares were issued to:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

(Signed name)

(Position in Professional Corp.)

(Printed name)

(Date)