CONSENT STATEMENT

I,		_ , hereby co	nsent 1	o the rel	ease, by the	e Canada R	evenue Agency, of
							ntation, from my
	I	ncome Tax F	Leturns	and oth	er required	d taxpayer	information to my
solicitors, Fic	lelis Law Dro	it located at	171, L	utz Stree	t, Suite 20	2, Moncton	n, New Brunswick,
E1C 5E8, tele	ephone: (506)	801-1126 an	d facs	imile: (8	44) 767 -70	099. The in	formation released
	·		•	_	-	_	and verifying my
							ehicle accident and
							the <i>Motor Vehicle</i>
		4ct and will	not b	e disclos	ed to any	other perso	on or organization
without my ap	proval.						
CIN.							
SIN:							
Address:							
Signatures:		X					
		Taxpayer				Witness	
Data							
Date:		dd/mm/yyy	T 7		_		
		aa/mm/yyy	y				