

SECTION 1: IDENTIFICATION**1.1 HOLDER OR HOLDER RESPONSIBLE**

| | | | |
|--|----------------------|----------------------|--------------------------------|
| Name of corporation | | Client No. | % |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | Client No. | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address (number, street, or rural route) | | Apt. | Town, Village, or Municipality |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Province | Country | Postal Code | Area Code Telephone (home) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | Area Code Telephone (office) |
| | | | <input type="text"/> |
| Area Code Fax | E-mail Address | | |
| <input type="text"/> | <input type="text"/> | | |

1.2 HOLDER'S REPRESENTATIVE

| | | | |
|--|----------------------|----------------------|--------------------------------|
| Name of corporation | | Client No. | % |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | Client No. | % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address (number, street, or rural route) | | Apt. | Town, Village, or Municipality |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Province | Country | Postal Code | Area Code Telephone (home) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | Area Code Telephone (office) |
| | | | <input type="text"/> |
| Area Code Fax | E-mail Address | | |
| <input type="text"/> | <input type="text"/> | | |

SECTION 2: LOCATION OF THE MINING RIGHTS TO BE CONVERTED

(C) Township, (P) Parish, (S) Seignory, and (F) NTS Sheet

| | | |
|----------------------|---------------------------------------|----------------------|
| C, P, S, or F | Name of Township, Parish, or Seignory | NTS Map Sheet |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C, P, S, or F | Name of Township, Parish, or Seignory | NTS Map Sheet |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C, P, S, or F | Name of Township, Parish, or Seignory | NTS Map Sheet |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C, P, S, or F | Name of Township, Parish, or Seignory | NTS Map Sheet |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 3: AGREEMENT BETWEEN HOLDERS REGARDING THE BOUNDARIES OF THE TITLES TO BE CONVERTED

Does the Department's digitized map show one or more mining titles held by a third party within 400 m of the titles that you wish to convert?

 Yes. How many holders, other than you, hold claims within 400 m of your property?

Do the holders of titles located within 400 m of your property agree to the location of your claims as indicated on the Department's digitized map?

 Yes. You may attach a summary document to this application for this purpose. Each document must be signed by the appropriate holder. No. You must enter into and sign an agreement with each holder and append it to this application.*You may use the form entitled "Agreement between mining rights holders on the boundaries of titles to be converted or replaced."***SECTION 4: DISTRIBUTION OF EXCESS WORK**How do you wish the excess work to be distributed? *Select the appropriate box.* Among all map designated claims.**If unchecked, the excess work will be distributed among all new map designated claims based on their surface area.* According to the actual location of the work**The holder must provide the distribution of the excess work and take into account the actual location of the work.*

SECTION 5: LIST OF TITLES FOR CONVERSION AND THEIR LOCATIONS

Do you accept the location of claims to be converted or replaced on the Department's official mining rights map?

 Yes. (If you check this box, you do not need to enter the coordinates of the points for each angle of the perimeter of the titles to be converted.) No. I request that the claims be repositioned according to the perimeter's coordinates indicated in this section prior to conversion. (If you check this box, you must enter the coordinates of the points for each angle in the perimeters of the titles to be converted.)

Attach a copy of the Department's digitized map indicating the perimeter of the titles to be converted and, if applicable, appoint a number to each point of the perimeter of each titles to be converted.

| CL or PRS number | LOT | RANGE | BLOCK | Geographic Coordinates (NAD 83) of the Perimeter | | |
|------------------|-----|-------|-------|--|--------------------------------------|--------------------------------------|
| | | | | Point Number | Latitude (North) (DD° MM' SS,SS") | Longitude (West) (DD° MM' SS,SS") |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |
| | | | | | 0 ' , " | 0 ' , " |

Indicate the number of claims that you wish to convert:

(Conversion applications apply only to staked claims.)

Note: If more space is needed, please print an additional page.

SECTION 6: STATEMENT

As a holder or holder representative, you are responsible of all information disclosed on this form.

Check the appropriate box; print your name; and date and sign the statement.

Statement of the Mining Rights Holder or his Representative

| | | |
|-----------------------|------------------------|-----------|
| Signatory's Last Name | Signatory's First Name | Client No |
| | | |

I hereby certify that the information provided herein and on the attached documents is true and correct. I am the holder of these mining rights or the duly authorized representative of the holder.

| | |
|-------|----------------|
| _____ | X SIGNATURE |
| DATE | |

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| This form can be: Sent to the following mailing address Ministère de l'Énergie et des Ressources naturelles Direction des affaires minières et de la coordination 5700, 4e Avenue Ouest, local C-320 Québec (Québec) G1H 6R1 | or emailed to: services.mines@mern.gouv.qc.ca or faxed to 418 643-9297 |
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