THIS GENERAL POWER OF ATTORNEY

is given on the 11 day of [illegible] year [illegible]

By [illegible]
of [illegible]

I APPOINT [illegible]
of [illegible]

Jointly / jointly and severally
To be my attorney (s) in accordance with the Power of Attorney Act to do on my behalf anything that I can lawfully do by an attorney and particularly the following acts, the enumeration of which is not in any to any limit the general powers herein conferred, namely:

a) To purchase, sell, make, draw, accept, endorse, discount, transfer, renew, negotiate and in every way deal with cheques, bills of exchange, promissory notes, deposit receipts, bonds, debentures, coupons and every kind of negotiable instrument and security;

b) To subscribe for, accept, purchase, sell, pledge, transfer, surrender and in every way deal with shares, stocks, bonds, debentures and coupons of every kind and description and to vote and act in respect thereof;

c) To receive and collect rents, dividends, bonuses, profits, interest, commissions, fees, salaries, debts and claims of every kind and to give receipts, and discharges therefore and to distrain for rent and interest;

d) To purchase, sell, rent, exchange, mortgage, charge, lease, surrender, manage, and in every way deal with real estate and any interest therein including any right of possession in a matrimonial home under Part II of the Family Law Act, and execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases, consents, and other instruments required for any such purpose;

e) To take, assume, purchase, discharge, assign, pledge and in every way deal with mortgages of real and personal property and to exercise all powers of sale and other powers therein;

f) To conduct any business operations

In accordance with the Power of Attorney Act, I declare that this power of attorney may be exercised during any subsequent legal incapacity on my part.

In accordance with the Power of Attorney Act, I declare that, after due consideration, I am satisfied that the authority conferred on the attorney named in this power of attorney is adequate to provide for the competent and effectual management of all my estate in case I should become a patient in a psychiatric facility and be certified as not competent to manage my estate under the Mental Health Act. I therefore, direct that in that event, the attorney named in this power of attorney may retain this power of attorney for the management of my estate by complying with subsection 58 (1) of the Mental Health Act and in that case the Public Trustee shall not become committee of my estate as would otherwise be the case under clauses 58 (1) and (b) of that Act.

Any power of attorney or other designation of authority to an agent heretofore given by me is hereby revoked.

This power of attorney is subject to the following conditions and restrictions:

I have signed this power of attorney in the presence of both witnesses whose names appear below on the 11 day of [illegible] year [illegible]

____
(Grantor)

WITNESS BY:

[signature]	[signature]
Signature of witness	Signature of witness
Ricky [illegible]	SANDY LIU
Name of witness	Name of witness
[illegible]	6 [illegible]
Address	Address
[illegible]	[illegible]

Note: Witness should not be the attorney or the attorney's spouse.

THIS GENERAL POWER OF ATTORNEY

is given on the 9 day of September, year 2007

By
of

I APPOINT Lai Fun Ho[illegible]
of 60 Carlbrook[illegible] Square, Scarborough ON M1V 1H8[illegible]

Jointly / jointly and severally

To be my attorney (s) in accordance with the Powers of Attorney Act to do on my behalf anything that I can lawfully do by an attorney and particularly the following acts, the enumeration of which is not in any way to limit the general powers herein conferred, namely:

a) To purchase, sell, make, draw, accept, endorse, discount, transfer, renew, negotiate and in every way deal with cheques, bills of exchange, promissory notes, deposit receipts, bonds, debentures, coupons and every kind of negotiable instrument and security;

b) To subscribe for, accept, purchase, sell, pledge, transfer, surrender and in every way deal with shares, stocks, bonds, debentures and coupons of every kind and description and to vote and act in respect thereof;

c) To receive and collect rents, dividends, bonuses, profits, interest, commission, fees, salaries, debts and claims of every kind and to give receipts, and discharges therefore and to distrain for rent and interest;

d) To purchase, sell, rent, exchange, mortgage, charge, lease, surrender, manage, and in every way deal with real estate and any interest herein including any right of possession in a matrimonial home under Part II of the Family Law Act, and execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases, consents, and other instruments required for any such purposes;

e) To take, assume, purchase, discharge, assign, pledge and in every way deal with mortgages of real and personal property and to exercise all powers of sale and other powers therein;

f) To conduct any business operations.

In accordance with the Powers of Attorney Act, I declare that, this power of attorney may be exercised during any subsequent legal incapacity on my part.

In accordance with the Powers of Attorney Act, I declare that, after due consideration, I am satisfied that the authority conferred on the attorney named in this power of attorney is adequate to provide for the competent and effectual management of all my estate in case I should become a patient in a psychiatric facility and be certified as not competent to manage my estate under the Mental Health Act. I therefore direct that in that event, the attorney named in this power of attorney may retain this power of attorney for the management of my estate by complying with subsection 56 (2) of the Mental Health Act and in that case the Public Trustee shall not become committee of my estate as would otherwise be the case under clauses 55 (1) and (b) of that Act.

Any power of attorney or other designation of authority to an agent heretofore given by me is hereby revoked.

This power of attorney is subject to the following conditions and restrictions:

I have signed this power of attorney in the presence of both witnesses whose names appear below on the 9 day of SEPTEMBER, year 2007.

(Grantor)

WITNESS BY:

Signature of witness	Signature of witness
Fiona Ho	Vincent Ho
Name of witness	Name of witness
83 Abbeyfield Cr. NE	83 Abbeyfield Cres NE
Address Calgary, AB T2A 6P4	Address Calgary, AB T2A 6P4