## THIS GENERAL POWER OF ATTORNEY

Is given on the <u>22</u> day of <u>January</u>, year <u>2008</u>

By of SATINDERPAL SIDHU

I APPOINT RAVINDER DHILLON

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 to way limit the general powers herein conferred, namely:

- 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;
- 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 purpose;
- e) To take, assume, purchase, discharge, assign, pledge and in every way deal with mortgages of real and personal property and to execute 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 even, 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 56 (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	wing conditions and restrictions:
PURCHASE OF CONOC	MANUAL FILE SULTE # 22/1
I have signed this power of attorney in the	MINIUM ELLE SUITE # 2211 presence of both witnesses whose names appear below on the year 200. 8
	year <u>200</u> . §
[Grantor]	
[Gianor]	
WITNESS BY:	
Signature of witness	Signature of witness
GRETA MCLEAN	PAWAN JIT MALHI
Name of witness	Name of witness
% AMACON	To Remar Realty Services inc
Address	Address

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