Power of Attorney

1. I, Robert Ta appoint Simon To to be my attorney in accordance with the *Powers of Attorney* Act to do on my behalf anything that I can lawfully do by an attorney.

2. This Power of attorney shall be exclusively for the purposes of negotiating and completing all matters necessary for the preparation and execution of all documents, agreements, instruments and deeds concerning the purchases of premises known municipally as Tower 1, Parkside Village in Mississauga, including but not limited to entering into an agreement of purchase and sale, retaining legal counsel to represent me, arranging financing for the purchase, arranging searches, investigations and inspections of the property, and generally to do, execute and perform such other acts, documents and things as my attorney shall deem necessary or advisable for the completion of any transaction contemplated therein.

3. The power of attorney shall become effective on the date of signing hereof and shall continue in effect until 31st August, 2011, after which time it shall terminate.

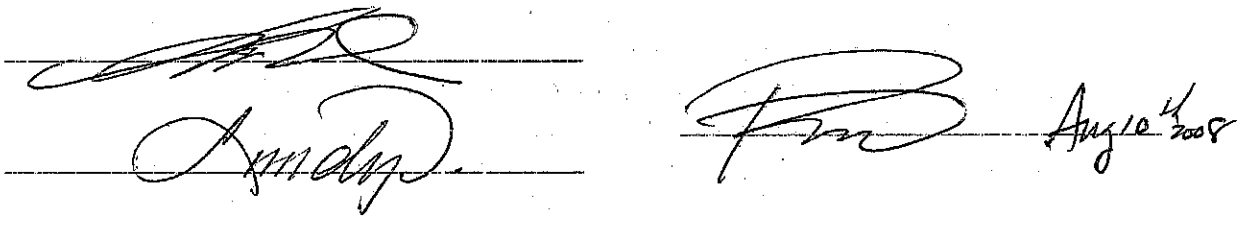
4. This power of attorney is not intended to revoke the provisions of any general power of attorney made by me.

5. 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.

6. In accordance with the *Power of Attorney Act*, I declare that, after due consideration, I am satisfied that 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 should I become a patient in a psychiatric facility and be certified as not competent to manage my estate, 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 applicable mental health legislation and in the case of the Public Trustee shall not become committee of my estate as would otherwise be the case under applicable mental health legislation.

IN WITNESS WHEREOF the donor has set his or her hand and seal on

SIGNED, SEALED AND DELIVERED
In the presence of



Notarial Certificate of True Copy

CANADA }
} **TO ALL WHOM THESE PRESENTS**
Province of Ontario }
} MAY COME, BE SEEN OR KNOWN
TO WIT: }

I, ALAN GORDON THOMSON,

a Notary Public, in and for the Province of Ontario, by Royal Authority duly appointed, residing at the Township of South Frontenac in said Province,

DO HEREBY CERTIFY AND ATTEST that the paper-writing hereto annexed is a true copy of a document produced and shown to me by Jacquelyn Thomson and purporting to be the Power of Attorney given by Robert Ta in favour of Simon To dated July 15, 2008,

said copy having been compared by me with the said original document, an act whereof being requested I have granted under my Notarial Form and Seal of Office to serve and avail as occasion shall or may require.

This photocopy conforms to the original document which has not been altered in any way.

IN TESTIMONY WHEREOF I have hereto subscribed my name and affixed my Notarial Seal of Office at Kingston, Ontario,

this 15 day of JULY, 2008.

ALAN GORDON

THOMSON

A Notary Public in and for the
Province of Ontario.

Power of Attorney

1. I, Robert Ta appoint Simon To to be my attorney in accordance with the *Powers of Attorney* Act to do on my behalf anything that I can lawfully do by an attorney.

2. This Power of attorney shall be exclusively for the purposes of negotiating and completing all matters necessary for the preparation and execution of all documents, agreements, instruments and deeds concerning the purchases of premises known municipally as Unit#3107, Tower 1, Parkside Village in Mississauga, Ontario, including but not limited to entering into an agreement of purchase and sale, retaining legal counsel to represent me, arranging financing for the purchase, arranging searches, investigations and inspections of the property, and generally to do, execute and perform such other acts, documents and things as my attorney shall deem necessary or advisable for the completion of any transaction contemplated therein.

3. The power of attorney shall become effective on the date of signing hereof and shall continue in effect until 31st August, 2011, after which time it shall terminate.

4. This power of attorney is not intended to revoke the provisions of any general power of attorney made by me.

5. 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.

6. In accordance with the *Power of Attorney Act*, I declare that, after due consideration, I am satisfied that 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 should I become a patient in a psychiatric facility and be certified as not competent to manage my estate, 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 applicable mental health legislation and in the case of the Public Trustee shall not become committee of my estate as would otherwise be the case under applicable mental health legislation.

IN WITNESS WHEREOF the donor has set his or her hand and seal on

SIGNED, SEALED AND DELIVERED
In the presence of

Debbie Howie 232 Brock St. Kingston
Name & Address

Jacqueline Thomas 232 Brock ST, Kingston
Name & Address