



NEO EXCHANGE INC.

## Listing Forms – Form 18

### NOTICE OF SECURITY CONSOLIDATION (Reverse Stock Split)

**Name of Listed Issuer:**

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**Trading symbol:**

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**Date:**

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**If this is updating a prior notice, give date(s) of those notices:**

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**Date of news release(s) disclosing the consolidation:**

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**Number of Listed Securities outstanding on the day preceding the public announcement of the consolidation:**

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**Closing price of Listed Securities on the day preceding the public announcement of the consolidation:**

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(i) Provide the following information concerning consolidation:

**Effective Date:**

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**Date of mailing the letter of transmittal to securityholders:**

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**CUSIP for the post-consolidation securities:**

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**Trading symbol for the post-consolidation securities:**

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**Terms of the consolidation:<sup>1</sup>**

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(ii) Complete the following:

Is shareholder approval required in connection with the consolidation?

☐ Yes

☐ No

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<sup>1</sup> Ex: "one for ten reverse stock split."

Is the Listed Issuer relying on any exemption from  
shareholder approval requirements?

☐ Yes

☐ No

If the response to any of the foregoing questions is “Yes”, provide full particulars:

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(iii) Will the Listed Issuer continue to meet continuous listing requirements following the  
consolidation?

☐ Yes

☐ No

(iv) Provide full particulars of continuous listing requirements compliance following the  
consolidation:

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## CERTIFICATE

The undersigned certifies that:

1. The undersigned is duly authorized to sign this certificate on behalf of the Listed Issuer;
  2. To the best of the undersigned's knowledge after reasonable inquiry, the Listed Issuer is in compliance with applicable securities legislation and Exchange Requirements, except as follows:
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3. All information in this form is true and complete, and the form contains no untrue statement of material fact and does not omit to state a material fact that is required to be stated or that is necessary to make a statement not misleading in the light of the circumstances in which it was made.

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Signature of Authorized Person

Name

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Position

Date