

**Certificate of Foreign Person's Claim That Income Is Effectively  
Connected With the Conduct of a Trade or Business in the United States**

▶ Section references are to the Internal Revenue Code.

▶ Go to [www.irs.gov/FormW8ECI](http://www.irs.gov/FormW8ECI) for instructions and the latest information.

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Note:** Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business. See instructions.**Do not use this form for:**

- A beneficial owner solely claiming foreign status or treaty benefits . . . . . **W-8BEN or W-8BEN-E**
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) . . . . . **W-8EXP**

**Note:** These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP.

- A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) . . . . . **W-8BEN-E or W-8IMY**
- A person acting as an intermediary . . . . . **W-8IMY**

**Note:** See instructions for additional exceptions.**Part I Identification of Beneficial Owner** (see instructions)

<b>1</b> Name of individual or organization that is the beneficial owner <b>St-Michael Strategies Inc.</b>	<b>2</b> Country of incorporation or organization <b>Canada</b>
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<b>3</b> Name of disregarded entity receiving the payments (if applicable)
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<b>4</b> Type of entity (check the appropriate box): <input type="checkbox"/> Partnership <input type="checkbox"/> Foreign Government - Controlled Entity <input type="checkbox"/> Foreign Government - Integral Part <input type="checkbox"/> Private foundation	<input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> International organization <input type="checkbox"/> Individual	<input type="checkbox"/> Complex trust <input type="checkbox"/> Central bank of issue <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Estate	<input type="checkbox"/> Tax-exempt organization
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<b>5</b> Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. <b>86 Blvd. Saint-Luc, Suite 230</b>
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City or town, state or province. Include postal code where appropriate. <b>St-Jean-sur-Richelieu, Quebec J3A 1G1</b>	Country <b>Canada</b>
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<b>6</b> Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. <b>N/A</b>
City or town, state, and ZIP code

<b>7</b> U.S. taxpayer identification number (required—see instructions) <input type="checkbox"/> SSN or ITIN <input checked="" type="checkbox"/> EIN <b>98-0529849</b>
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<b>8a</b> Foreign tax identifying number (FTIN)	<b>8b</b> Check if FTIN not legally required <input type="checkbox"/>
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<b>9</b> Reference number(s) (see instructions)	<b>10</b> Date of birth (MM-DD-YYYY)
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<b>11</b> Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States (attach statement if necessary).
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<b>12</b> Check here to certify that: you are a dealer in securities (as defined in section 475(c)(1)); you are a transferor of an interest in a publicly traded partnership (PTP) claiming an exception from withholding under Regulations section 1.1446(f)-4(b)(6); and any gain from the transfer of the PTP interest associated with this form is effectively connected with the conduct of a trade or business within the United States without regard to section 864(c)(8). <input type="checkbox"/>
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**Part II Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates,
- The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States,
- The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, and
- The beneficial owner is not a U.S. person.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.

I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

☒ I certify that I have the capacity to sign for the person identified on line 1 of this form.**Sign  
Here**

Signature of beneficial owner (or individual authorized to sign for the beneficial owner)

Chantal Prince

Print name

Date (MM-DD-YYYY)