



**IMPORTANT NOTICE**  
**THE COMPANY ENCOURAGES YOU TO REQUEST RECEIVING FINANCIAL STATEMENTS AND MD&A VIA EMAIL BY PROVIDING YOUR EMAIL ADDRESS IN THE LINE BELOW**

**FINANCIAL STATEMENTS REQUEST FORM**

Securities regulations require the LFNT Resources Corp. (the “**Company**”) to send a form annually to the registered holders and beneficial owners of its securities (“**Securityholders**”) to allow Securityholders to request a copy of the Company’s annual financial statements and related Management’s Discussion and Analysis (“**MD&A**”), interim financial statements and related MD&A, or both. If you wish to receive such mailings, please complete and return this form as follows:

**Mail to:** **LFNT Resources Corp.**  
**Suite 480, 789 West Pender Street**  
**Vancouver, BC V6C 1H2**  
**Fax to:** **604-428-7052**  
**Email to:** **filings@aroconsulting.ca**

Alternatively, you may choose to access the report(s) online under the Company’s profile at [www.sedarplus.ca](http://www.sedarplus.ca).

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Please mark this box if you would like to receive interim financial statements and the related MD&A by mail or email.

Please mark this box if you would like to receive annual financial statements and the related MD&A by mail or email.

Please note that a request form will be mailed each year and Securityholders must return such form each year to receive the documents indicated above. You will not automatically receive copies of the financial statements unless this card is completed and returned.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

*I confirm that I am a registered or beneficial shareholder of LFNT Resources Corp.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By providing an email address, you will be deemed to be consenting to the electronic delivery to you at such email address of the above selected financial statements:

\_\_\_\_\_

Email address (optional)

*The Company will use the information collected solely for the mailing of such financial statements and will treat your signature on this form as your consent to the above.*