RELAY MEDICAL CORP.

REQUEST FOR FINANCIAL STATEMENTS

In accordance with National Instrument 51-102 – *Continuous Disclosure Obligations*, registered and beneficial shareholders may elect annually to receive a copy of our annual financial statements and corresponding management discussion and analysis ("MD&A") or interim financial statements and corresponding MD&A, or both.

If you wish to receive these documents by mail, please return this completed form to:

AST TRUST COMPANY (CANADA) Proxy Department PO Box 721, Agincourt, Ontario M1S 0A1

Rather than receiving the financial statements by mail, you may choose to view these documents on the SEDAR website at www.sedar.com.

I HEREBY CERTIFY that I am a registered and/or beneficial holder of **Relay Medical Corp.** (the "**Company**"), and as such, request that my name be placed on the Company's Mailing List in respect to its annual and/or interim financial statements and the corresponding MD&A for the current financial year.

Please send me:	Interim Financial Statem	nents with MD&A like to receive the Interim Financial Statements and Related
	Annual Financial Statem (Mark this box if you would li MD&A)	nents with MD&A like to receive the Annual Financial Statements and Related
PLEASE PRINT		
FIRST NAME	LAST NAME	
ADDRESS		
CITY	PROVINCE/ STATE	POSTAL / ZIP CODE
COUNTRY		
SIGNED:	(Signature of Shareholder)	
	ADDRESS CHANGE, PLEASE CHECK HERE: vious address below)	