## LIFESTYLE DELIVERY SYSTEMS INC.



+

Please return completed form to: Computershare 8th Floor, 100 University Avenue Toronto, Ontario M5J 2Y1

|  | 7      | Interim Fi<br>Mark this l<br>receive Interestation | box if yo<br>terim Fi | ou would<br>nancial |           |            | Ma<br>re | nnual<br>ark this<br>ceive t<br>ateme | s box<br>he Aı | if you<br>nual | ı wou<br>Finar | d like |       |       |         |       |       |        |          |      |       |       |  |
|--|--------|--|-----------------------|---------------------|-----------|------------|----------|---------------------------------------|----------------|----------------|----------------|--------|-------|-------|---------|-------|-------|--------|----------|------|-------|-------|--|
|  |        |  |                       |                     |           |            |          |                                       |                |                |                |        |       |       |         |       |       |        |          |      |       |       |  |
| Financial Statements Request Form  |        |  |                       |                     |           |            |          |                                       |                |                |                |        |       |       |         |       |       |        |          |      |       |       |  |
| Under securities regulations, a reporting issuer must send annually a form to holders to request the Interim Financial Statements and MD&A and/or the Annual Financial Statements and MD&A. If you would like to receive the report(s) by mail, please make your selection and return to the address as noted or register online at www.computershare.com/mailinglist. |        |  |                       |                     |           |            |          |                                       |                |                |                |        |       |       |         |       |       |        |          |      |       |       |  |
| 4lternati\   | ely, y | ou may o   | hoose                 | to acce             | ss the re | eport(s) c | nline    | at ww                                 | w.se           | dar.d          | om.            |        |       |       |         |       |       |        |          |      |       |       |  |
|  |        | will use the                                       |                       |                     |           |            |          |                                       |                |                |                | tater  | nents | s. Yo | u ma    | ıy vi | ew C  | omp    | uters    | hare | 's Pr | ivacy |  |
|  |        |  |                       |                     |           |            |          |                                       |                |                |                |        |       |       |         |       |       |        |          |      |       |       |  |
| Please pla   | ice my | name on  | your fin              | ancial st           | atements  | mailing li | st.      | ***                                   | 3              |                | w              | *      | w     |       | 8       | w     | 3     | **     | w        |      |       |       |  |
|  |        |  |                       |                     |           |            |          |                                       |                |                |                |        |       |       |         |       |       |        |          |      |       |       |  |
| Apt.   |        | Street Number                                      |                       | Stre                | eet Name  | * *        |          |                                       |                |                |                |        |       |       |         |       |       |        |          |      |       | _     |  |
|  |        |  |                       |                     |           |            |          |                                       |                |                |                |        |       |       |         |       |       |        |          |      |       |       |  |
| City   |        |  |                       |                     |           |            |          |                                       |                |                |                |        |       | Prov  | / State | •     | Posta | l Code | / Zip Co | ode  |       |       |  |
|  |        | -  |                       |                     |           |            |          |                                       |                |                |                |        |       |       |         |       |       |        |          |      |       |       |  |

