

PAYMENT INSTRUCTION

NAME OF MEMBER/DULY AUTHORIZED PERSON:

INCORPORATED COMPANY (IF APPLICABLE):

**I hereby order SODRAC 2003 Inc to pay all royalties due to me/us
to the Beneficiary identified below:**

NAME OF BENEFICIARY: _____

COMPANY (IF APPLICABLE): _____

EMAIL: _____

TELEPHONE: _____

ADDRESS: _____

Effective as of (date): _____

* but not before the receipt date hereof by SODRAC 2003 Inc.

I acknowledge and agree that this payment instruction releases SODRAC 2003 Inc. from its obligation to pay me/us directly and/or report to me/us, until the cancellation of this payment instruction or the production of a new payment instruction.

MADE IN: _____

DATE: _____

SIGNATURE OF MEMBER/DULY AUTHORIZED PERSON