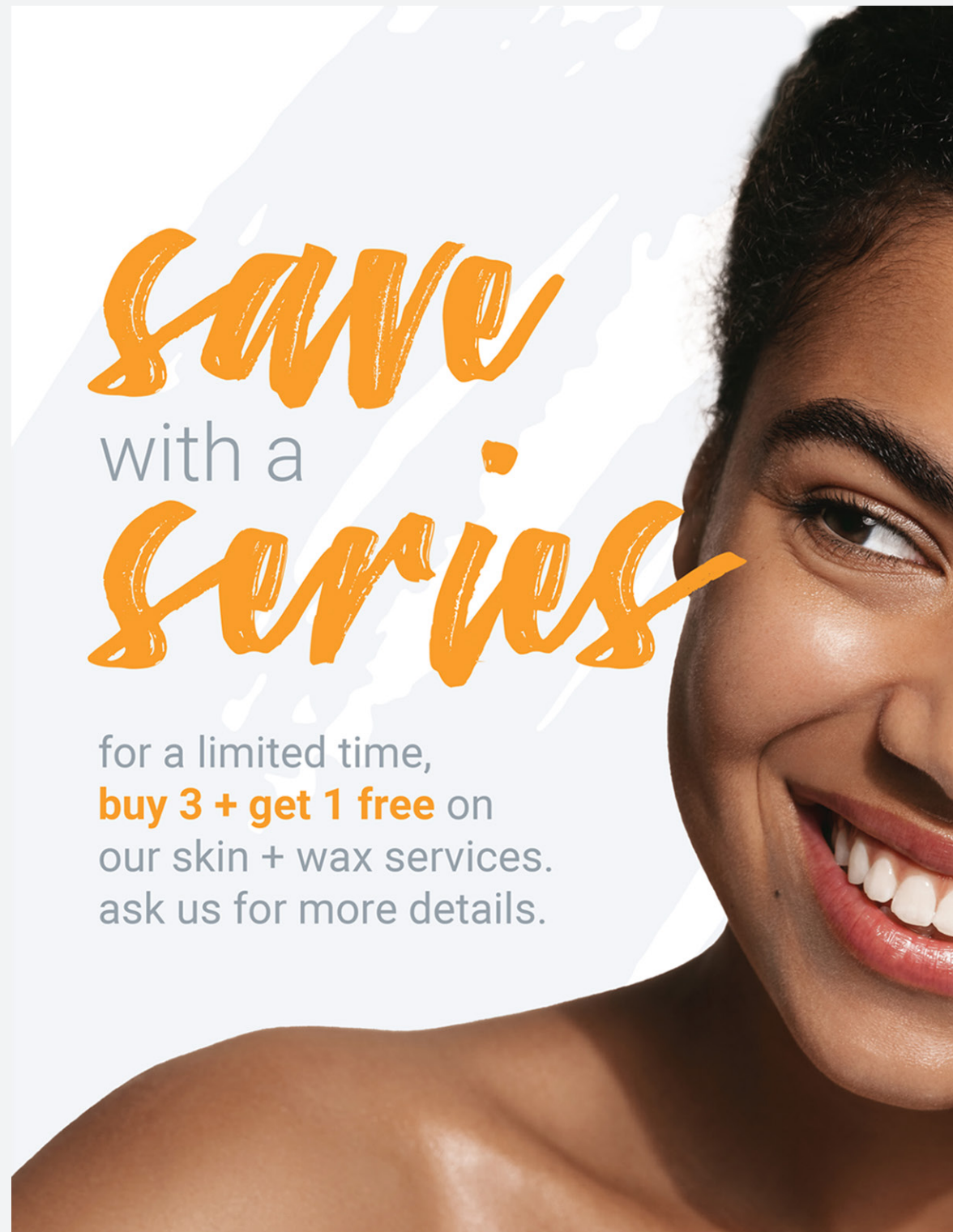


INGRID RIETS

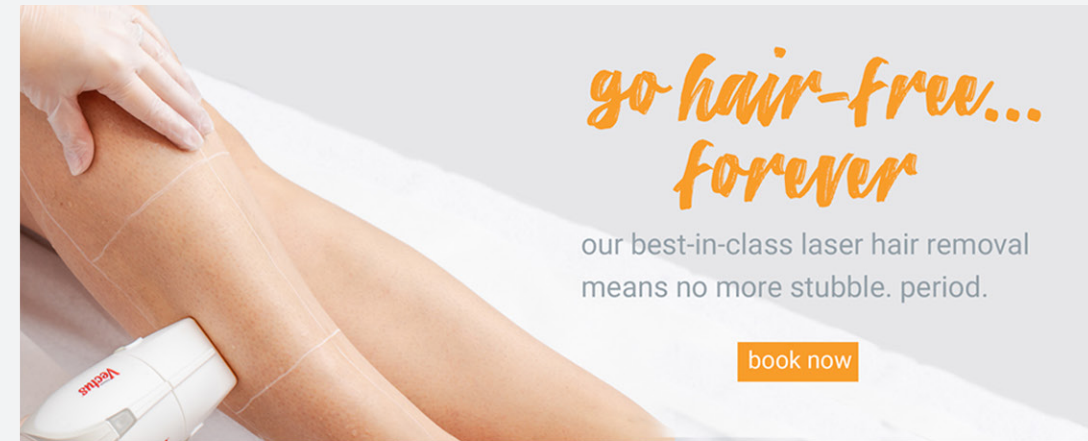
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DESIGN, PRODUCTION DESIGN, PREPRESS



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PRODUCTION DESIGN, DESIGN, PREPRESS

Dysport aesthetic™

Fast, natural-looking results that last**

Dysport Aesthetic (abobotulinumtoxinA) is indicated for the temporary improvement in the appearance of moderate to severe glabellar lines and/or moderate to severe lateral canthal lines (crow's feet) in adult patients <65 years of age.*

* Results as soon as 24 hours with a median time to onset of 3 days.¹ The clinical effect of Dysport Aesthetic may last up to 4 months.² Prospective, comparative, triple-blind, single-center, randomized, internally controlled clinical trial in 85 patients (43-65 years) with moderate to severe wrinkles in the glabellar or crow's feet area. Patients were given a single injection on Day 0 with Dysport Aesthetic (20 U; glabellar lines, 30 U; crow's feet) and onabotulinumtoxin A (8 U; glabellar lines; 10 U; crow's feet), injected on opposite sides of the face.

GALDERMA

PART OF THE GALDERMA AESTHETICS COLLECTION

REAL RESULTS/PORTFOLIO

FAST ONSET/HIGH SATISFACTION

ACTIVE TOXIN/LASTING RESULTS

OVERVIEW

WHERE DYSPORT AESTHETIC CAN HELP

Glabellar Lines (Frown Lines)
15 units (U) at each of 3 injection sites (total, 45 U). 2 injections per comparison muscle = 1 injection in procerus muscle.

Lateral Canthal Lines (Crow's Feet)
30 U at each of 3 injection sites on each side (total, 60 U). 60 U for both sides; 2 injection sites per crown's feet area.

Fast, natural-looking results that last**

Active toxin: Dysport Aesthetic delivers a high amount of 150 kDa active toxin in each injection.

LONG-LASTING RESULTS
Clinical effect of Dysport Aesthetic may last up to 4 months*.

FAST ONSET
Natural-looking results as early as 24 hours*.

HIGHLY SATISFIED PATIENTS AND CLINICIANS
97% of patients want to have Dysport Aesthetic again.

APPROVED FOR GLABELLAR LINES AND LATERAL CANTHAL LINES (CROW'S FEET)

Patients seek aesthetic procedures to look younger and fresher/appear more rested.

A HIGH AMOUNT OF active toxin IN EACH injection*

All BoNT-A's have the same mechanism of action.
Clinical activity of botulinum toxins is mediated by the 150 kDa active toxin.

HOW DO BOTULINUM TOXIN TYPE A's DIFFER?
The difference is in the amount of active toxin.

LASTING RESULTS Efficacy MAY LAST UP TO 4 months*

INVESTIGATOR ASSESSMENT OF TREATMENT RESPONSE (IMPROVEMENT IN GRADES AT MAXIMUM CONTRACTION DYSPT™)

83% were still responding at 4 months.

FAST ONSET Natural-looking results AS EARLY AS 24 hours*

HIGH satisfaction WITH DYSPORT AESTHETIC

LASTING PATIENT AND CLINICIAN SATISFACTION

MEDIAN TIME TO ONSET OF RESPONSE WAS 3 DAYS*

PATIENT SATISFACTION

AT 3 WEEKS	AT 3 WEEKS	AT 4 MONTHS
98% overall patient satisfaction	95% overall patient satisfaction	90% overall patient satisfaction
95% overall patient satisfaction	93% overall patient satisfaction	89% overall patient satisfaction
97% overall patient satisfaction	96% overall patient satisfaction	93% overall patient satisfaction

CLINICIAN SATISFACTION 91% mean overall practitioner satisfaction* across 3 treatment cycles*

At least 93% of patients saw results by Day 7 post-treatment†

Real results BEFORE AND AFTER

Photos are real and unretouched.

Help give patients the relaxed, refined, refreshed and renewed look they desire™

RELAX Dysport aesthetic

REFINE Radiesse

REFRESH Restylane

RENEW Sculptra

For more information, please visit: DysportCanada.ca, Restylane.ca and Sculptra.ca

Safety profile

IMPORTANT safety information

References

TREATMENT-EMERGENT ADVERSE EVENTS (TEAEs) (% of INCIDENCE) IN THE GLABELLAR REGION	DYSPORT AESTHETIC (n=266) (%)	PLACEBO (n=267) (%)
Patients with at least one TEAE	88 (33)	1 (0.4)
EYE DISORDERS		
Dry eye	1 (0.4)	0
GENERAL DISORDERS AND ADMINISTRATION SITE REACTIONS		
Injection site pain	88 (33)	7 (2.6)
Injection site redness	34 (13)	7 (2.6)
INFECTIONS AND INFESTATIONS		
Nasopharyngitis	122 (46)	19 (7.1)
Upper respiratory tract infection	88 (33)	4 (1.5)
Rhinitis	88 (33)	4 (1.5)
Sinusitis	31 (12)	3 (1.1)
NERVOUS SYSTEM DISORDERS		
Headache	100 (38)	16 (6.0)

Dysport aesthetic

THE DYSPORT AESTHETIC DIFFERENCE

FAST ONSET
Onset of effect as soon as 24 hours*

LASTING RESULTS
Efficacy may last up to 4 months*

NATURAL-LOOKING RESULTS*
98% thought their results looked natural

A HIGH AMOUNT OF active toxin in each injection

DEPTH OF experience
Over 28 years of use in 73 countries*
12,800+ patients in clinical trials*

A PROVEN VERSATILE solution
Glabellar lines • Lateral canthal lines

HIGH PATIENT SATISFACTION*
97% wanted Dysport Aesthetic again

GALDERMA

PRODUCTION DESIGN, DESIGN, PREPRESS

Help prevent your patients' HAE attacks with HAEGARDA®

HAEGARDA® 60 IU/kg twice weekly demonstrated:

- 95.1% REDUCTION** in median HAE attacks vs. placebo (primary endpoint)^{1,2}
- >99% MEDIAN REDUCTION** in use of rescue medication vs. placebo (secondary endpoint; 0.32 vs. 3.89 mean uses per month)^{1,2}
- In the open-label extension study, patients experienced a median of **ONLY 1 ATTACK PER YEAR** (secondary endpoint)^{1,3,4}
- Offer your patients routine prevention of HAE attacks with HAEGARDA®

HAEGARDA® replaces missing or malfunctioning C1-INH

- bringing functional activity levels to above 40%; up to 66.6%^{1,3}, and
- increasing plasma concentrations of C4¹

INDICATION AND CLINICAL USE
HAEGARDA® (C1 Estérase Inhibiteur Subcutané Humain) is indicated for routine prevention of hereditary angioedema (HAE) attacks in adolescent and adult patients.
Clinical studies have been performed in children >8 years of age and adults <72 years of age.
¹ Range: 0.1 to 94.0. The primary endpoint was to determine the long-term safety of HAEGARDA®.

HAEGARDA® replaces the missing or malfunctioning C1-INH protein¹

HAEGARDA® increases C1-INH and complement component 4 (C4) levels¹

Untreated HAE¹ ↓ Functional C1-INH or C1-INH protein → ↓ C4

With HAEGARDA®¹ ↑ Functional C1-INH → ↑ C4

The administration of HAEGARDA® increases plasma levels of C1-INH in a dose-dependent manner, and subsequently increases plasma concentrations of C4.¹

THE C4 PLASMA CONCENTRATIONS AFTER SUBCUTANEOUS ADMINISTRATION OF 60 IU/KG HAEGARDA® WERE IN THE NORMAL RANGE (16-38 MG/DL).¹

HAEGARDA® (C1 Estérase Inhibiteur Subcutané Humain)

Subcutaneous HAEGARDA® 60 IU/kg administration builds and maintains C1-INH functional activity levels above 40%¹

The mean relative bioavailability of C1-INH was approximately 43% after subcutaneous administration with HAEGARDA® (95% CI: 35.2-50.2%).¹

HAEGARDA® is expected to maintain a mean steady-state trough functional C1-INH level of 48% after twice-weekly subcutaneous administration of the recommended dose (95% CI: 25.1-102%).^{1,2*}

40%

In the open-label extension study (mean 1.5 years of treatment): mean steady-state C1-INH functional activity increased to **66.6% with HAEGARDA® 60 IU/kg**.^{1,3}

HELP RESTORE C1-INH WITH HAEGARDA®

HAEGARDA® (C1 Estérase Inhibiteur Subcutané Humain)

PROVEN EFFICACY – PRIMARY ENDPOINT

60 IU/KG HAEGARDA® DEMONSTRATED

95.1% REDUCTION in median HAE attacks vs. placebo^{1,2*}

NUMBER OF HAE ATTACKS PER MONTH (LS MEAN)¹

60 IU/kg HAEGARDA® twice weekly as routine preventive therapy was shown to reduce the median number of HAE attacks by 95.1% vs. placebo among subjects with evaluable data (25th-75th percentiles: 79.0-100, ITT population).^{1*}

HAEGARDA® (C1 Estérase Inhibiteur Subcutané Humain)

PROVEN EFFICACY – SECONDARY ENDPOINTS

60 IU/KG HAEGARDA® DEMONSTRATED

>99% MEDIAN REDUCTION in use of rescue medication vs. placebo (0.32 vs. 3.89 mean uses per month)^{1,2*}

RESCUE MEDICATION USE PER MONTH (LS MEAN)¹

The mean rate of rescue medication use was reduced from 3.89 uses/month on placebo to 0.32 uses/month on 60 IU/kg HAEGARDA® (p<0.001).^{1,2*}

ON 60 IU/KG HAEGARDA®
90% of subjects demonstrated a ≥50% HAE attack rate reduction (95% CI: 77.0-96.0%).^{1,2*}

HAEGARDA® (C1 Estérase Inhibiteur Subcutané Humain)

Aidez à traiter les crises d'AOH aiguës chez vos patients grâce à Berinert®

Berinert (Inhibiteur de la C1 estérase, humaine) est indiqué pour le traitement des crises abdominales, faciales ou laryngées aiguës d'angioedème héréditaire (AOH) d'intensité modérée ou grave* chez les patients pédiatriques et adultes¹.

HAEGARDA

Il a été démontré que Berinert soulageait les crises d'angioedème héréditaire (AOH)^{1,2}

Lors de l'étude de prolongation ouverte, Berinert administré à raison de 20 UI/kg par voie intraveineuse a montré un délai médian de soulagement de*¹

- pour les crises laryngées (n = 48)¹ (âge: 6-75 ans) **15** minutes
- pour les crises abdominales aiguës (n = 25)¹ (âge: 1-3 à 29-820 ans) **19,2** minutes
- pour les crises faciales (n = 25)¹ (âge: 1-8 à 91-9 ans) **24** minutes

Délai de soulagement des symptômes jusqu'à 4 heures après le début du traitement à l'étude¹

Berinert a un profil d'innocuité et de tolérance bien établi

- L'effet indésirable le plus grave signalé lors des études cliniques était une augmentation de la gravité de la douleur associée à l'AOH¹.
- Les effets indésirables les plus courants observés chez plus de 4 % des patients étaient les suivants : AOH, maux de tête, dysgueusie, douleurs abdominales, nausées, spasmes musculaires, douleurs, diarrhées et vomissements.¹

Berinert est un produit d'innocuité et de tolérance bien établi

HAEGARDA

Offrez à vos patients un outil de routine de prévention des crises d'AOH : HAEGARDA®

HAEGARDA (Inhibiteur de la C1 estérase sous-cutané (humain)) est indiqué pour la prévention de routine des crises d'angioedème héréditaire (AOH) chez les patients adolescents et adultes¹.

HAEGARDA

HAEGARDA ADMINISTRÉ PAR VOIE SOUS-CUTANÉE À RAISON DE 60 IU/KG DEUX FOIS PAR SEMAINE DÉMONTRÉ :

UNE RÉDUCTION DE 95,1 % du nombre médian de crises d'AOH par rapport au placebo

UNE RÉDUCTION MÉDIANE >99 % de l'utilisation du médicament de secours par rapport au placebo

Après un traitement de 1,5 an avec HAEGARDA, les patients ont obtenu les résultats suivants¹ :

- nombre médian d'une seule crise par année (par année d'évaluation secondaire)^{1,2*}
- nombre médian de 0 utilisation de médicaments de secours par année¹

HAEGARDA EST UN INHIBITEUR DE LA C1 EN DÉFICIT DE PLASMA HUMAIN, PURIFIÉ, PASTEURISÉ, NANOFILTRÉ ET LIPOSOMÉ A RECONSTITUER EN VOIE D'UNE ADMINISTRATION PAR VOIE SOUS-CUTANÉE.

HAEGARDA

HAEGARDA REMPLACE LA PROTÉINE C1-INH MANQUANTE OU DYSFUNCTIONNELLE

HAEGARDA augmente le taux de C1-INH et de composant 4 du complément (C4)¹

- Augmente et maintient la protéine C1-INH à des taux d'activité fonctionnelle > 40%¹
- Lors de l'étude de prolongation ouverte, le taux moyen d'activité fonctionnelle de la C1-INH à l'état d'équilibre est passé à 66,6 % par suite de l'administration de HAEGARDA à raison de 60 UI/kg^{1,3}
- Les patients atteints d'AOH¹ présentent des taux de C1-INH endogène ou fonctionnel bas ou nuls¹
- On s'attend à obtenir un état d'équilibre du taux de C1-INH dans les 3 semaines suivant l'administration¹

La protéine C1-INH est le seul inhibiteur connu des sous-composants C1r et C1s du complément 1 (C1), du facteur X1a et de la kallikréine plasmique¹

EN MOINS QU'UNE HEURE LA PROTÉINE C1-INH JOUE UN RÔLE MAJEUR DANS AU MOINS QUATRE SYSTÈMES EN CASCADE DU CORPS HUMAIN^{1,2,3}

HAEGARDA a un profil d'innocuité et de tolérance bien établi

- Les effets indésirables observés chez plus de 4 % des patients étaient les suivants : réaction au point d'injection, hypersensibilité, myalgies et étourdissements¹.
- Parmi les réactions au point d'injection, 95 % étaient d'intensité légère et 82,5 % se sont résolues moins d'une journée après leur apparition¹.

HAEGARDA

Berinert®

HAEGARDA

CSL Behring

DESIGN, FINAL PRODUCTION

FORAN

North America's Leading Copper Developer:
Permitted, In Construction, Scalable, and Unmatched

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Foran – The Ideal Investment for Copper's Future

- Multi-Generational Asset with Scalable Expansion Potential
- Saskatchewan – a Premier Jurisdiction
- VHMS Deposits = Company Makers
- Strategic Partnerships & Renowned Shareholder Register
- Sustainability Focused – Targeting Net Zero Carbon Copper
- Producer Status Re-Rating Opportunity

Maximizing Returns for Shareholders

FORAN 4

Successful Execution with Catalyst-Driven Growth Ahead

Foran's methodical approach – focusing on capital structure, assembling the right team, and maximizing our company-making asset – will combine to facilitate the Company's primary objective, maximizing risk-adjusted returns for shareholders

Timeline of Key Milestones:

- May 21: Fairfax Strategic Shareholder
- Jun 21: Project Credit Facility
- Dec 22: Collaboration Agreement Signed with PDCO
- Jun 23: TSX Listing
- Jul 23: Environmental Permit Approval
- Sep 23: G Mining Services Integrated Project Management Team
- Sep 23: Bridge Zone Discovery
- May 24: Inaugural Sustainability Report
- Jul 24: Applies Eagle Strategic Investment & Project Financing
- Jul 24: First Production at McIlvenna Bay

FORAN 23

Unrecognized Advantage: The Value of a Top-Tier Jurisdiction

It takes 23 years to bring a project from discovery to production. **Half of that time** is from feasibility study to production.

Fraser Institute Ranking Relative to Future Copper Production's axis

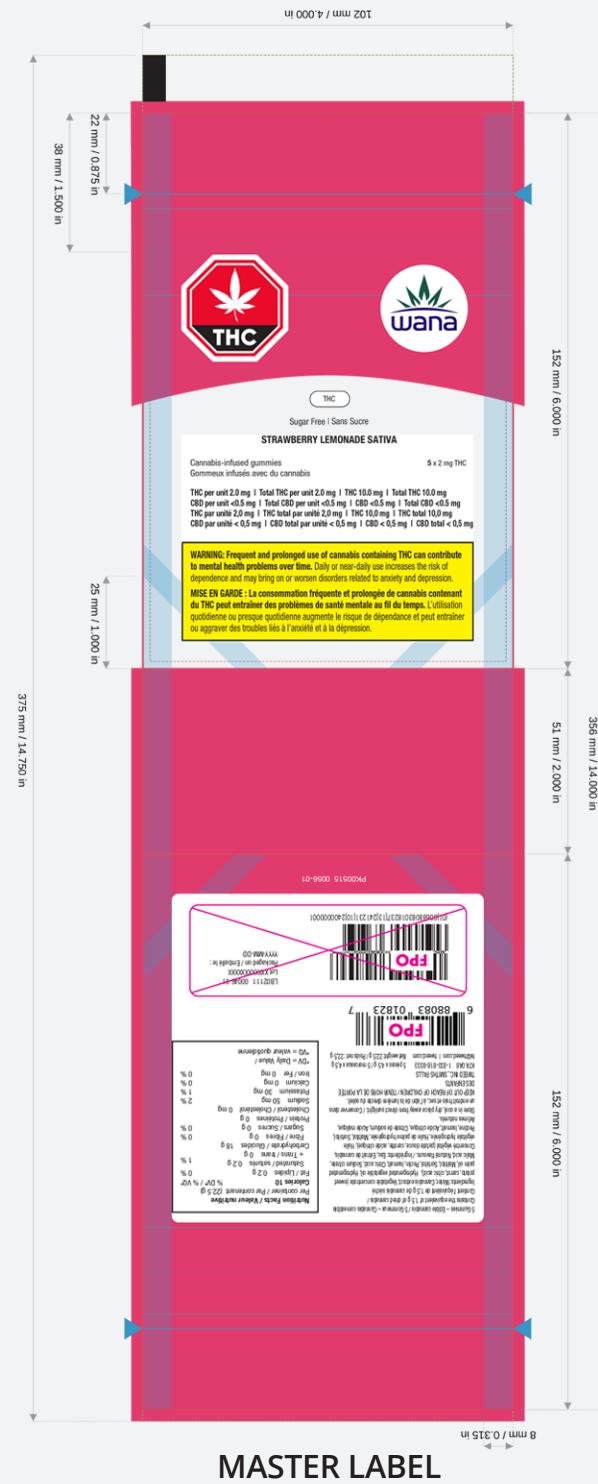
McIlvenna Bay

Lower Risk | Higher Risk

% of Future Copper Production

FORAN 10

PRODUCTION DESIGN, ASSET CREATION, PREPRESS



MASTER LABEL



ALBERTA VERSION

ART DIRECTION, DESIGN, PRODUCTION DESIGN, PREPRESS

PEDELA'S CYCLING MAG

FALL/WINTER 2018

PEDAL

FATBIKING
Get Fat This Winter
ePEDAL
5 Bike Tests

Lord of the Squirrels
Whistler's Hidden Gem

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With the onset of winter, skinny tires and Lycra don't cut it outside for many these days. This time of year when we find out who's Canadian to the core. The ones who say "Snow? Bring it on!" Those who strategically pile on layers of wool, down, Neoprene and Gore-Tex and pull comically wide-tired bicycles out of garages to roll into the snowy world wearing goggles and glibly baffle-up-covered gins. Some are simply addicted to this new winter pastime. Of course we still have both in all the Zeitgeist of our times who could become year-round outdoor cyclists if they just gave the word and wonderful they called tubing this.

BY SIONA WALTERS

Canadians Get Fat This Winter

FATBIKING

12 PEDAL FALL/WINTER 2018 www.pedalmag.com

Although locals may suggest that on this trail you're not really that far away from civilization, it often left that we were heading "nowhere" or into bear territory. The map pointed somewhere in the mountains, just beneath Mount Spirit, and the statistics showed that the route was no joke. A 1,700-meter ascent from the valley floor at Cowkevide was ahead of us, followed by another 1,700 meters of descent. Okay, full disclosure, that descent was the "real" reason why we climbed.

One year earlier, we couldn't realize this bucket-list adventure because it was snow-covered, and we returned home knowing that we had to come back one day. With the trail now open and only a couple sections of tender snow, there was no turning back and our small crew of riders immediately undertook its challenge. Despite our enthusiasm, 15 straight days of riding in North Vancouver, Roberts Creek, Pemberton and Squamish left us feeling a bit dead. To be totally honest, our legs cramped up from time to time. Joining our six-ride

group was a longtime friend, Nicholas Soosa, who has worked in Whistler for the past two years, but never ridden the mountain loop. In fact, despite being a bike-geek at heart, he'd never even heard of it.

Into the Mystic - Earning the Ride
"When we're going, there's no make-it-or-buy-it schedule. The destination doesn't matter," remarked Filip, one of the fittest guys in our crew, with a snaky smile. "Yeah, yeah, stop being so philosophical. I hope you have a rope to drag me to the top." I quipped.

The journey begins in Cowkevide, which saw five new trails open this past summer, adding more route options to enjoy at Whistler Bike Park. We crossed the Sea-to-Sky Highway with its stunning views of beautiful Nias Lake and then traversed a railway trail to begin the first part of the climb. The same trail weaved around some luxurious houses on the hillside before taking us to a fire road, where we finally got our tires dirty.

"How going to suffer, hey?" said Tegan, looking at the TrailRiders graphics while keeping his pedals turning. "We know that before leaving taking us this morning," said a smiling Filip, who was supposed to begin pedaling upward, while everyone else was taking their time. Along the steep part of the climb, we met a couple of bike-geek instructors with three kids all geared up in time. "Are you heading up to Squishies?" they asked. "Yes, first time for us."

regional. "Lucky you. It's quite something else. Enjoy the pain and have fun," said one of the guides as we passed company.

A part of me yearned to follow those kids down the blue line they were taking, but our destination was upward. The decision had been made and we cut to the chase and began pushing our bikes up a one-kilometer fire road called Leftovers. The 200-meter climb was unrelenting and the pedaling effort was great. Soon, my calves were burning from being constantly on my toes.

Finally at the top, we arrived at the Mystic, a 12-kilometer trail with 1,000 meters of climbing that really kicked off our journey to land of the Squishies. This machine-built non-technical climb is wide enough to ride beside your buddies and offers the perfect balance of steep sections with small descents or flat sections that allow you to recover. "It would be so cool if the uphill was actually like this all the way to the top," said Tegan. "No way," we replied in unison.

The climb just went on and on below the tree line, zigzagging all the way with an unbelievable flow. "Now I understand why it took so much time to build. The way they took advantage of the mountain is incredible," observed Roberts, who is responsible for developing our trail network at home on Madeira Island. "It's a work of art." The effort, the sweat and the pain paid off with spectacular views and the feeling of really being in the middle of nowhere. We

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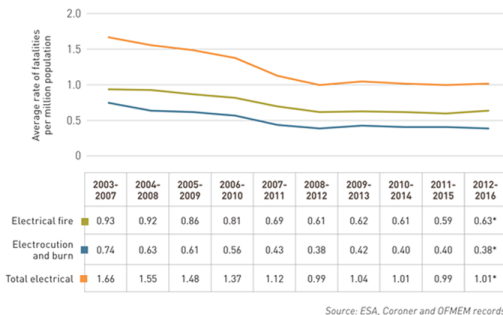


Executive Summary

The Ontario Electrical Safety Report (OESR) is produced by the Electrical Safety Authority (ESA) to provide a comprehensive perspective of electrical fatalities and incidents in Ontario. Data presented in this report have been compiled from multiple sources, investigations and root-cause analyses. Information on potential electrical risks and high-risk sectors are provided. This report is used by ESA and others to better understand the dynamics of electrical safety, and to encourage the development of initiatives to improve the status of electrical safety in the province.

Over the past ten years (2007-2016), there has been a downward trend in the rates of electrical-related fatalities, electrical fire fatalities (where the ignition source was identified to be electrical), and electrical injuries in Ontario. While progress has been made to reduce the number of fatalities and injuries, the causes and contexts of serious incidents remain the same. Concerted efforts remain essential for rates to continue to decrease.

FIVE-YEAR ROLLING AVERAGE OF ALL ELECTRICAL-RELATED FATALITIES IN ONTARIO, 2003-2016



Source: ESA, Coroner and DFMEM records.

* Preliminary data subject to change.

Electrical Fatalities

In the past ten years, there were 142 electrical fatalities in Ontario. From 2007 to 2016, 54 people have died from electrocution (non-intentional death caused by contact with electricity) or by the effects of electrical burns, and 88 have died as a result of electrical fires (where the ignition fuel was identified as electricity and/or ignition source was electrical distribution equipment). In comparison, the previous ten-year period, from 2006 to 2015, reported 63 deaths from electrocutions and burns, and 97 fire deaths where the ignition source was identified as electrical.

Electrical-Related Fatalities (Electrocutions and Electrical Burn Fatalities)

The rate of electrical-related fatalities, defined as non-intentional deaths caused by contact with electricity, continue to decrease:

10-year period		
2007-2011	<ul style="list-style-type: none"> 28 electrical-related fatalities Five-year rolling average of 0.43 per million population 	Rate decrease of 12%
2012-2016	<ul style="list-style-type: none"> 26 electrical-related fatalities Five-year rolling average of 0.38 per million population 	

The number of utility-related electrocutions have accounted for 50% of all electrical-related fatalities in the past ten years:

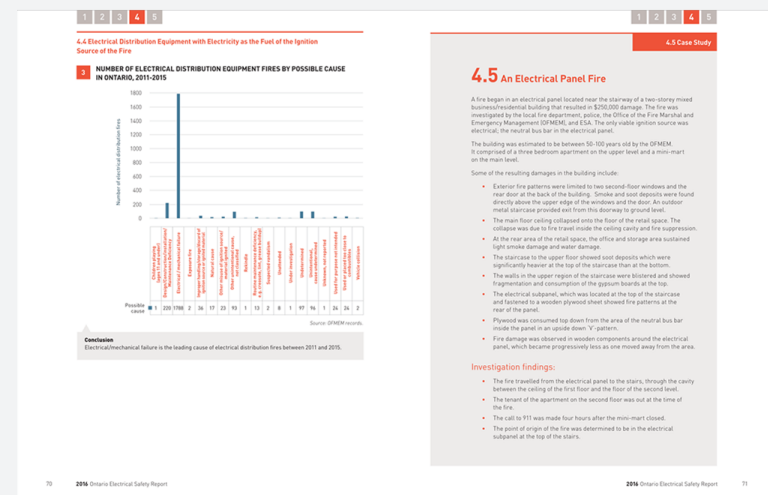
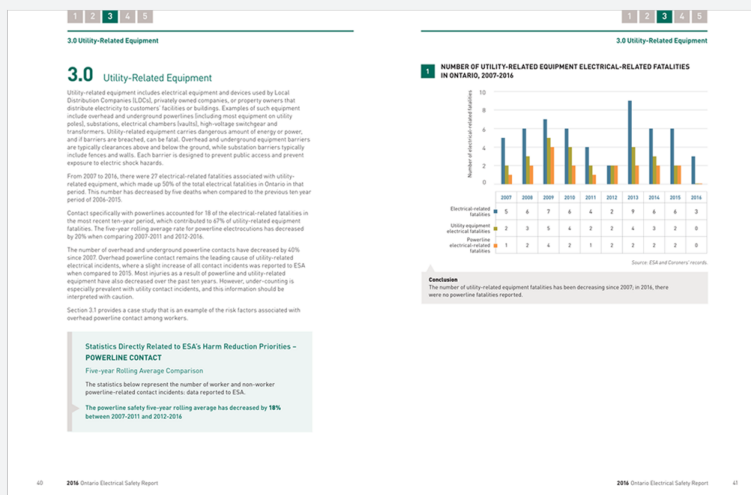
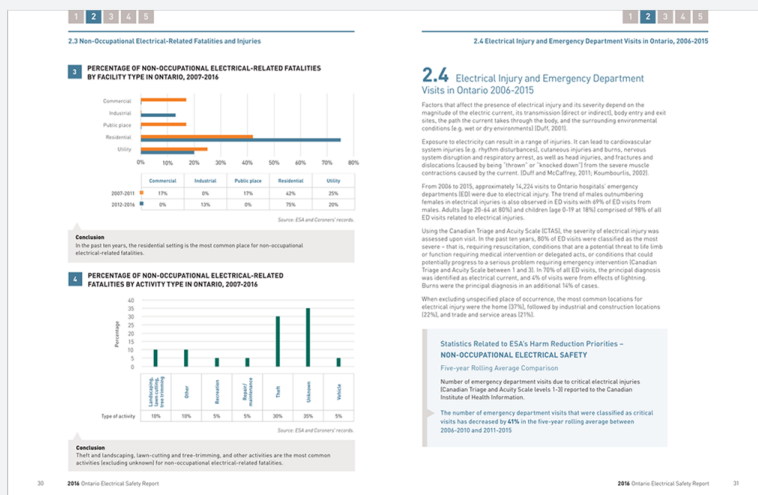
10-year period	
2007-2011	36% of all electrical-related fatalities (10/28) were from powerline contact
2012-2016	31% of all electrical-related fatalities (8/26) were from powerline contact

Occupational electrical-related fatalities continue to outnumber non-occupational fatalities by a ratio of 2 to 1 in the past ten years:

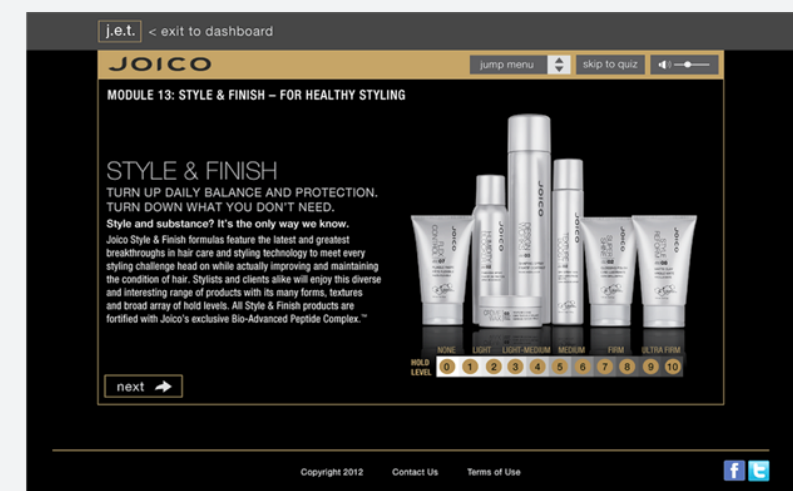
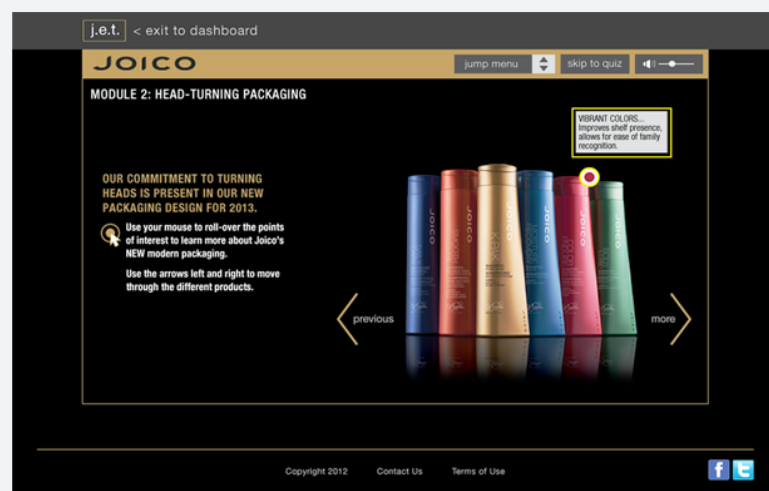
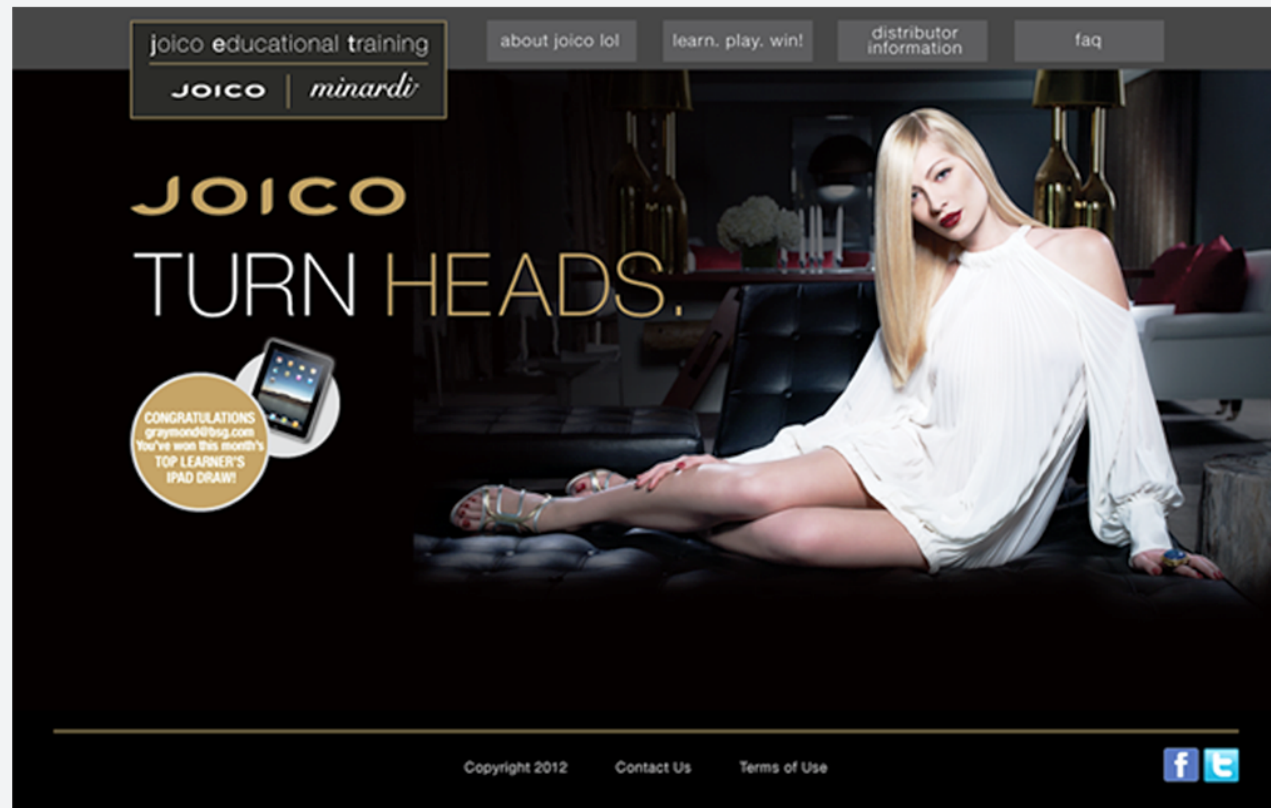
10-year period	
2007-2011	64% of electrical-related fatalities (18/28) were occupational
2012-2016	69% of electrical-related fatalities (18/26) were occupational

Electricians and apprentice electricians account for 28% of occupational electrical-related fatalities between 2007 and 2016 as they are critically injured on the job when working on energized electrical panels or Ballasts/347V lighting.

The non-occupational electrical-related fatality rate has decreased compared to the previous year, as no deaths of this type were reported in 2016. The five-year rolling average rate also reflects this observation:



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