

## CONSENT TO ACT

To: The Board of Directors of

**ARBORCARE SUPERANNUATION PTY LTD**  
**ACN 158 561 954**

I hereby consent to act as \*Director/Alternate Director/Secretary/Public Officer/Member of the Company and I require you to table at the next meeting of the Company the following information:

FULL NAME: DAVID MARK GREENWOOD MABLY  
RESIDENTIAL ADDRESS: 11 ALPHA CRESCENT  
PANORAMA SA 5041  
FORMER NAME/S:  
DATE OF BIRTH: 10/03/1962  
PLACE OF BIRTH: REDRUTH, CORNWALL UNITED KINGDOM

DATED: 25/05/2012

SIGNATURE:   
DAVID MARK GREENWOOD MABLY

*\*Strike out if not applicable*