

CONSENT TO ACT

To: The Board of Directors of

B & M SMITH PTY LTD

ACN 156 365 409

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: BERNARD MICHAEL SMITH
RESIDENTIAL ADDRESS: 1 NORTHEY CRESCENT
PORT AUGUSTA WEST SA 5700
FORMER NAME/S:
DATE OF BIRTH: 11/08/1949
PLACE OF BIRTH: ADELAIDE, SA

DATED: 20/03/2012

SIGNATURE: 
BERNARD MICHAEL SMITH

**Strike out if not applicable*

CONSENT TO ACT

To: The Board of Directors of

B & M SMITH PTY LTD
ACN 156 365 409

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: MOIRA JUNE SMITH
RESIDENTIAL ADDRESS: 1 NORTHEY CRESCENT
PORT AUGUSTA WEST SA 5700
FORMER NAME/S:
DATE OF BIRTH: 24/04/1951
PLACE OF BIRTH: ADELAIDE, SA

DATED: 20/03/2012

SIGNATURE:


MOIRA JUNE SMITH

**Strike out if not applicable*