

Number of woodlots the Individual(s) or Entity which holds

PROXY FORM

I/We _____ of _____ being a member of the Great Southern 2008 High Value Timber Project ARSN 123 529 233 (Scheme) and holding _____ Woodlots hereby appoint/s _____ of _____ or failing such person the Chairperson of the meeting,

Name of Individual(s) or Entity which holds the investment

Address of Individual(s) or Entity which holds the investment

Michael Ramsden

8 Chapel St, Richmond Vic 3121

as my/our proxy to vote for and on my/our behalf at the Meeting of Members of the Scheme to be held in Victoria at Clarendon Lawyers, Level 17, Rialto North Tower, 525 Collins Street, Melbourne on Thursday 15 April 2010 commencing at 10.30am and at any adjournment thereof and I/we direct my/our proxy to vote as follows in respect of the following resolutions set out in the Notice of Meeting, subject to any amendment:

Business

- Resolution 1: Scheme to continue and not be wound up
- Resolution 2: Amendments to the Constitution
- Resolution 3: Amendments to the Agreements
- Resolution 4: Removal of GSMAL as Responsible Entity
- Resolution 5: Appointment of LCL as new Responsible Entity

For Against Abstain

	For	Against	Abstain
Resolution 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolution 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolution 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolution 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolution 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Should you wish to vote for Lowell Capital Limited to assume responsibility as RE and therefore avoid the Scheme from being wound up, tick the "For" boxes

DATED this _____ day of _____ 2010

* Please sign below if individuals or joint members
Signature of Member _____ Signature of Member _____

If the woodlots are owned by individual(s), sign here

* Please sign below if a corporate member
EXECUTED by _____)
Signature of director/sole director and sole secretary (delete as applicable) Signature of director/company secretary Signature of sole director and sole secretary (delete as applicable)
Name of director/sole director and sole secretary (delete as applicable) (print) Name of director/company secretary or sole director/sole secretary (delete as applicable) (print)

If the woodlots are owned by a Company/Entity, complete, stamp with Company seal and sign here