

CANADA) **TO ALL WHOM THESE PRESENTS**
Province of Ontario) may come, be seen or known
To Wit)

I, R. Gregory Laing, a Notary Public, in and for the Province of
Ontario, by Royal Authority duly appointed, residing at the Town of Oakville in said
Province.

DO CERTIFY AND ATTEST that the paper-writing hereto annexed is a true copy of a
document produced and shown to me purporting to be a:

Certificate of Articles of Amalgamation of Agnico-Eagle Mines Limited dated
August 1, 2007;

the said copy having been compared by me with the said original document, an act
whereof being requested I have granted under my Notarial Form and Seal of Office to
serve and avail as occasion shall or may require. This photocopy conforms to the original
document that has not been altered in any way. **IN TESTIMONY WHEREOF** I have
hereto subscribed my name and affixed my Notarial Seal of Office at Toronto this
17th day of October 2007.



A Notary Public in and for the
Province of Ontario
R. Gregory Laing
240 Dolphin Court
Oakville, Ontario
L6J 5S8
Canada



Ministry of
Government Services

Ministère des
Services gouvernementaux

Ontario

CERTIFICATE

This is to certify that these articles
are effective on

CERTIFICAT

Ceci certifie que les présents statuts
entrent en vigueur le

AUGUST 01 AOUT, 2007

Director / Directrice

Business Corporations Act / Loi sur les sociétés par actions

1742273

ARTICLES OF AMALGAMATION STATUTS DE FUSION

Form 4
Business
Corporations
Act

Formule 4
Loi sur les
sociétés par
actions

1. The name of the amalgamated corporation is: (Set out in BLOCK CAPITAL LETTERS)

Dénomination sociale de la société issue de la fusion (écrire en LETTRES MAJUSCULES SEULEMENT) :

A	G	N	I	C	O	-	E	A	G	L	E		M	I	N	E	S		L	I	M	I	T	E	D	/	M	I	N
E	S		A	G	N	I	C	O	-	E	A	G	L	E		L	I	M	I	T	E	E							

2. The address of the registered office is:

Adresse du siège social :

145 King Street East, Suite 400

(Street & Number or R.R. Number & if Multi-Office Building give Room No.)

(Rue et numéro, ou numéro de la R.R. et, s'il s'agit d'un édifice à bureaux, numéro du bureau)

Toronto

Ontario

M5C 2Y7

(Name of Municipality or Post Office)
(Nom de la municipalité ou du bureau de poste)

(Postal Code /
Code postal)

3. Number of directors is/are: **or** minimum and maximum number of directors is/are:
Nombre d'administrateurs : **ou** nombres minimum et maximum d'administrateurs :
Number **or** minimum and maximum
Nombre **ou** minimum et maximum

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4. The director(s) is/are:

Administrateur(s) :

First name, middle names
and surname

Prénom, autres prénoms et nom
de famille

Address for service, giving Street & No. or R.R. No.,
Municipality, Province, Country and Postal Code
Domicile élu, y compris la rue et le numéro ou le
numéro de la R.R., le nom de la municipalité, la
province, le pays et le code postal

Resident Canadian
State 'Yes' or 'No'
Résident canadien
Oui/Non

see page 1A attached