## **RICHTER**

## THIS INFORMATION SHEET IS SUPPLIED IN ORDER TO ASSIST YOU IN COMPLETING THE PROOF OF CLAIM FORM

	The proof of claim must be signed by the individual completing the form.		
	The signature of the claimant must be witnessed.		
	Give the complete address (including postal code) where all notices and correspondence are to be forwarded.		
	The amount on the statement of account must agree with the amount claimed on the proof of claim.		
PARAG	RAPH 1	OF THE PROOF OF CLAIM	
	If the in	dividual completing the proof of claim is not the creditor himself, he must state his position or title.	
	The cre	editor must state the full and complete legal name of the Company or the claimant.	
PARAG	RAPH 3	OF THE PROOF OF CLAIM	
	A detailed statement of account must be attached to the proof of claim and must show the date, the invoice number and the dollar amount of all the invoices or charges, together with the date, the number and the amount of all credits of payments. A statement of account is not complete if it begins with an amount brought forward. In addition, a creditor must indicate his/her address, phone number, fax number and E-mail address.		
PARAG	RAPH 4	OF THE PROOF OF CLAIM	
		An unsecured creditor (subparagraph (A)) must check and state whether or not a priority rank is claimed under Section 136 of the Bankruptcy and Insolvency Act.	
	A claim of landlord (subparagraph (B)) for disclaim of lease must be completed with full particulars and calculations.		
	A secured creditor must complete subparagraph (C) and attach a copy of the security documents.		
	A farmer, fisherman or aquaculturist must complete subparagraph (D).		
	A wage earner must complete subparagraph (E), if applicable.		
	Section F must be completed with regard to a pension plan.		
	A claim against director(s) (subparagraph (G)), in a proposal which compromises a creditor's claim, must contain full particulars and calculations.		
	A custo	omer of a bankrupt securities firm must complete subparagraph (H).	
PARAG	RAPH 5	OF THE PROOF OF CLAIM	
	The claimant must indicate whether he/she <b>is</b> or <b>is not related</b> to the debtor, as defined in the Bankruptcy and Insolvendect, by striking out that which is not applicable.		
PARAG	RAPH 6	OF THE PROOF OF CLAIM	
	The cla	imant must attach a detailed list of all payments received and/or credits granted, as follows:	
	a)	within the <b>three months</b> preceding the initial bankruptcy event, in the case where the claimant and the debtor are <b>not related</b> ;	
	b)	within the <b>twelve months</b> preceding the initial bankruptcy event, in the case where the claimant and the debtor are <b>related</b> .	
PROXY			
	a)	A creditor may vote either in person or by proxy;	
	b)	A debtor may not be appointed as proxy to vote at any meeting of the creditors;  The Trustee may be appointed as a proxy for any creditor;	
	c) d)	In order for a duly authorized person to have a right to vote he must himself be a creditor or be the holder of a properly executed proxy. The name of the creditor must appear in the proxy.	

T. 514.934.3400 F. 514.934.8603 claims@richter.ca

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## **RICHTER**

## **PROOF OF CLAIM**

(Section 50.1, Subsections 65.2(4), 81.2(1), 81.3(8), 81.4(8), 81.5, 81.6, 102(2), 124(2), 128(1), and Paragraphs 51(1)(e) and 66.14(b) of the Act)

All not	tices	es or correspondence regarding this claim must be forwar	ded to the following address:	
In the	Mat	atter of the Bankruptcy of <b>Concept Santé MEXA Inc.</b> of the	ne City of Montréal, Province of Quebec, and the claim of	
 I,			, creditor (name of creditor or representative of	
the creditor), of(			· · · · · · · · · · · · · · · · · · ·	
		t I am a creditor of the above-named debtor (or that I am (r	(state position or rame of creditor or representative of the creditor).	
		t I have knowledge of all of the circumstances connected		
\$deduc	ting	, as specified in the statement of ac	ay 22, 2015, and still is, indebted to the creditor in the sum of count (or affidavit) attached and marked Schedule "A" after attached statement of account or affidavit must specify the	
4. C	Check and complete appropriate category			
	۱ /	A. UNSECURED CLAIM OF \$		
(Other than as a customer contemplated by Section 262 of the Act)			of the Act)	
	7	That in respect of this debt, I do not hold any assets of the	e debtor as security and	
	(	(Check appropriate description)		
	ſ	□ Regarding the amount of \$, I do n ("Ordinary Creditor")	ot claim a right to a priority.	
	ſ	□ Regarding the amount of \$, I clain ("Preferred Creditor")	n a right to a priority under section 136 of the Act.	
		(Set out on an attached sheet details to support prio	rity claim)	
	l E	B. CLAIM OF LESSOR FOR DISCLAIMER OF A LEASE	\$	
		That I hereby make a claim under subsection 65.2(4) of t (Give full particulars of the claim, including the calculation		
	1 (	C. SECURED CLAIM OF \$		
	That in respect of this debt, I hold assets of the debtor valued at \$ as security, particulars of which are as follows:  (Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents.)			
	[	D. CLAIM BY FARMER, FISHERMAN OR AQUACULTU	RIST OF \$	
		That I hereby make a claim under subsection 81.2(1) of t (Attach a copy of sales agreement and delivery receipts)	· · · · · · · · · · · · · · · · · · ·	

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FORM 31 (Continued)

	That I haraby make a claim under subsection		of C			
	☐ That I hereby make a claim under subsecti☐ That I hereby make a claim under subsecti					
	F. CLAIM BY EMPLOYEE FOR UNPAID AMOUNT REGARDING PENSION PLAN OF \$					
☐ That I hereby make a claim under subsection 81.5 of the Act in the amount of \$						
G. CLAIM AGAINST DIRECTOR \$  (To be completed when a proposal provides for the compromise of claims against directors.)						
	That I hereby make a claim under subsection (Give full particulars of the claim, including the					
H. CLAIM OF A CUSTOMER OF A BANKRUPT SECURITIES FIRM \$ That I hereby make a claim as a customer for net equity as contemplated by section 262 of the Act, particulars of which are as follows:  (Give full particulars of the claim, including the calculations upon which the claim is based.)						
	at, to the best of my knowledge, I am (or the ab aning of section 4 of the Act, and have (or has) r.					
underv three n <i>each o</i>	at the following are the payments that I have reall alue within the meaning of subsection 2(1) of the nonths (or, if the creditor and the debtor are relather at arm's length, within the 12 months) immedection 2(1) of the Act: (provide details of payments)	e Act that I have been privy to or a p nted within the meaning of section 4 of ediately before the date of the initial I	arty to with the debtor within the of the Act or were not dealing with bankruptcy event within the meaning			
Dated	at, this	day of				
Signati	ure of creditor	Signature of witne	ss			
Teleph	one number:	Fax number:				
E-mail	address:					
WARNI value of	If an affidavit is attached, it must have been made before NGS: A trustee may, pursuant to subsection 128(3) on the security as assessed, in a proof of security, by the condition 201(1) of the Act provides severe penalties for materials.	of the Act, redeem a security on payment e secured creditor.				
	(Subsection 102(2) and page	<b>PROXY</b> aragraphs 51(1)e) and 66.15(3)b) of	the Act)			
In the I	Matter of the Bankruptcy of Concept Santé ME					
111 ti 10 1						
',	(name of creditor)	, or (name	of town or city)			
a credi	tor in the above matter, hereby appoint	of				
to be n	ny proxyholder in the above matter, except as to	the receipt of dividends,	(with <i>or</i> without) power to			
	t another proxyholder in his or her place.	·				
Dated	at, this d	ay of				
Signat	ure of creditor					
•						
Na	ame and Title of Signing Officer	Signature of witnes	SS			