PROOF OF CLAIM RELATING TO AGMEDICA BIOSCIENCE INC., 2472602 ONTARIO INC., 2642466 ONTARIO INC., 8895309 CANADA INC., WELLWORTH HEALTH CORP., 8050678 CANADA INC., 8326851 CANADA INC., TAVIVAT NATURALS INC., WORLDWIDE BEVERAGE INNOVATIONS INC., UNIQUE BEVERAGES (USA) INC., and ESEELA INC. (hereinafter referred to as the "**Applicants**") OR THEIR FORMER AND CURRENT DIRECTORS (hereinafter referred to as the "**Directors**")

A. PARTICULARS OF CREDITOR:

1. Full Legal Name of Creditor: _____ (the "**Creditor**"). (Full legal name should be the name of the Creditor of the Applicants or Director(s) as of December 2, 2019 (the "**Filing Date**"), notwithstanding whether an assignment of a Claim, or a portion thereof, has occurred following that date.)

2. Full Mailing Address of the Creditor (the Creditor as of December 2, 2019):

_____

_____

_____

3. Telephone Number: _____

4. E-Mail Address: _____

5. Facsimile Number: _____

6. Attention (Contact Person): _____

7. Has the Claim been sold or assigned by the Creditor to another party [check (√) one]?

Yes: □ No: □

B. PARTICULARS OF ASSIGNEE(S) (IF ANY):

8. Full Legal Name of Assignee(s):

_____

(If Claim has been assigned, insert full legal name of assignee(s) of Claim (If all or a portion of the Claim has been sold). If there is more than one assignee, please attach a separate sheet with the required information.)

9. Full Mailing Address of Assignee(s):

_____

_____

_____

_____

10. Telephone Number of Assignee(s): _____

11. E-Mail Address: _____

12. Facsimile Number: _____

13. Attention (Contact Person): _____

C. PROOF OF CLAIM:

I, _____
[name of Creditor or Representative of the Creditor], of

_____ do hereby certify:
(city and province)

(a) that I [check (√) one]

□ am a Director of the Applicant indicated below and a Creditor; OR

□ am _____ (state position or title) of

_____;
(name of creditor)

(b) that I have knowledge of all the circumstances connected with the Claim referred to below;

(c) the Creditor asserts its claim against [check (√) one or both, as applicable]:

(i) _____ [NAME OF APPLICANT] □

(ii) Director(s) of _____ [NAME OF APPLICANT] □

(If you are making a claim against the Directors of an Applicant, please list the Director(s) against which you assert your claim); and

(d) The Applicant/Director(s) was/were and still is/are indebted to the Creditor as follows:

(i) CLAIM ARISING PRIOR TO December 2, 2019:

$_____[amount of claim] _____[Currency]

(ii) RESTRUCTURING CLAIM:

$_____[amount of claim] _____[Currency]

(Restructuring Claim against any Applicant or any Director arising out of the restructuring, termination, repudiation or disclaimer of any lease, contract, or other agreement on or after December 2, 2019)

(iii) TOTAL CLAIM: $_____[total (i) plus (ii)]

D. NATURE OF CLAIM

(check (√) one and complete appropriate category)

□ A. UNSECURED CLAIM OF $_____ (indicate amount and currency)

That in respect of this debt, I do not hold any security or claim any priority.

□ B. SECURED CLAIM OR PRIORITY CLAIM OF _____ (indicate amount and currency)

That in respect of this debt, I hold security valued at $_____ (indicate amount and currency), or claim a priority over other unsecured or secured creditors in the amount of $_____ (indicate amount and currency), particulars of which are as follows:

(If a secured claim is being asserted, please 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. If a priority claim is being asserted, please provide details as to the priority claim being asserted, and the basis for this priority claim.)

□ C. CLAIM AGAINST THE DIRECTORS AND OFFICERS OF $_____ (indicate amount and currency)

E. PARTICULARS OF CLAIM:

Other than as already set out herein, the particulars of the undersigned's total Claim are attached.

(Provide all particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the Claim, name of any guarantor which has guaranteed the Claim, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by any Applicant or any Director to the Creditor and estimated value of such security, and particulars of any restructuring claim.)

This Proof of Claim must be received by the Monitor by no later than **5:00 p.m.** (Eastern Standard/Daylight Time) on the applicable Claims Bar Date specified in the Order of the Ontario Superior Court of Justice dated February 4, 2020. The Claims Bar Date applicable to most claims is **March 16, 2020**. Proofs of Claim should be sent by prepaid ordinary mail, courier, personal delivery or electronic or digital transmission to the following address:

Ernst & Young Inc.
Court-appointed Monitor of AgMedica Bioscience Inc. & others
100 Adelaide Street, West, PO Box 1
Toronto, ON, M5H 0B3

Telephone: 1-866-220-2247 or 416-941-1872
E-mail: AgMedica.Monitor@ca.ey.com
Fax: 1-416-943-3300

F. FILING OF CLAIM

Failure to file your proof of claim as directed by **5:00 p.m.**, on the applicable Claims Bar Date will result in your claim being barred and in you being prevented from making or enforcing a Claim against the Applicants or any Director. In addition, you shall not be entitled to further notice in, and shall not be entitled to participate as a creditor in these proceedings.

Dated at_____ this _____day of _____, 2020.

_____
Signature of Creditor