

**IN THE MATTER OF SUNNIVA INC., SUNNIVA MEDICAL INC., 11111035 CANADA INC.
AND 1167025 B.C. LTD (collectively, the “Petitioners”)**

PROOF OF CLAIM

Please read the enclosed Claims Process Instruction Letter carefully prior to completing this Proof of Claim. Capitalized terms not defined within this Proof of Claim form shall have the same meanings as are given to them in order of the Supreme Court of British Columbia dated October 19, 2020 (as may be amended, restated or supplemented from time to time, the “Claims Process Order”). A copy of the Claims Process Order, with all schedules, may be found on the Monitor’s Website at: www.alvarezandmarsal.com/sunniva.

1. Particulars of Creditor:

(a) Please complete the following:

Full Legal Name: <i>(Full legal name should be the name of the original Creditor, regardless of whether an assignment of a Claim, or a portion thereof, has occurred prior to or following the Filing Date.)</i>	
Full Mailing Address: <i>(Full Mailing Address should be that of the original Creditor, not of any Assignee.)</i>	
Telephone Number:	
Facsimile Number:	
E-mail address:	
Attention (Contact Person):	

(b) Has the Claim been sold, transferred or assigned by the Creditor to another party (an “Assignee”)?

Yes: ☐

No: ☐

2. Particulars of Assignee(s) (if any):

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

Full Legal Name of Assignee(s):	
Full Mailing Address of Assignee(s):	
Telephone Number of Assignee(s):	
Facsimile Number of Assignee(s):	
E-mail address of Assignee(s):	
Attention (Contact Person):	

3. Proof of Claim:

I, _____ (*name of individual Creditor or Representative of corporate Creditor*), of _____ (*City, Province or State*) do hereby certify:

that I ☐ am a Creditor; OR

☐ am _____ (*position or title*) of _____ (*name of corporate Creditor*), which is a Creditor;

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

that, as at the Filing Date (October 9, 2020), _____ (*name of applicable Petitioners and/or Directors and/or Officers*) was and still is indebted to the Creditor as follows:

CLAIM (other than Restructuring Claim):

\$ _____ (*insert \$ value of Claim*)

RESTRUCTURING CLAIM:

\$ _____ (*insert \$ value of Claim arising as a result of a disclaimer, resiliation or termination, on or after the Filing Date, of any contract including any employment agreement, lease or other agreement or arrangement of any nature whatsoever, whether written or oral*)

TOTAL CLAIM(S) \$ _____

Note: Please indicate currency of claim if not Canadian Dollars. Claims in a currency other than Canadian Dollars will be converted to Canadian Dollars at the Bank of Canada daily exchange rate as at the Filing Date (October 9, 2020).

4. Nature of Claim:

(*Check and complete appropriate category*)

☐ A. UNSECURED CLAIM OF \$ _____. That in respect of this debt, no assets of any of the Petitioners are pledged as security.

☐ B. SECURED CLAIM OF \$ _____. That in respect of this debt, no assets of _____ (insert name of applicable Petitioners) valued at \$ _____ are pledged to me 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.)

5. Particulars of Claims:

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

(Provide all particulars of the claims and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the claims, name of any guarantor which has guaranteed the claims, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by the Petitioners to the Creditor and estimated value of such security. Where a claim is advanced against any Directors or Officers, please provide either a reference to a statutory authority for your claim or enclose a draft Notice of Civil Claim.)

6. Filing of Claims:

This Proof of Claim **must be received by the Monitor by no later than 5:00 p.m. (Vancouver time) on November 16, 2020** (the "Claims Bar Date") unless your claim is a Restructuring Claim.

Proofs of Claim for Restructuring Claims arising as a result of a disclaimer, resiliation or termination by any of the Petitioners, on or after the Filing Date, of any contract including any employment agreement, lease or other agreement or arrangement of any nature whatsoever, whether written or oral, **must be received by the Monitor by the later of: (a) the Claims Bar Date, and (b) by 5:00 p.m. (Vancouver time) on the day which is 10 days after the date of the applicable Notice of Disclaimer or Resiliation** (the "Restructuring Claims Bar Date").

FAILURE TO FILE YOUR PROOF OF CLAIM AS DIRECTED BY THE CLAIMS BAR DATE OR RESTRUCTURING CLAIMS BAR DATE, AS APPLICABLE, WILL RESULT IN YOUR CLAIM BEING FOREVER BARRED AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST ANY OF THE PETITIONERS AND/OR ANY OF THEIR DIRECTORS AND/OR OFFICERS.

This Proof of Claim must be delivered by prepaid registered mail, personal delivery, e-mail, courier or facsimile transmission at the following addresses:

Alvarez & Marsal Canada Inc.

Court-appointed Monitor of Sunniva Inc., *et. al.*
1680 – 400 Burrard Street
Vancouver, British Columbia V6C 3A6
Attention: Pinky Law
Email: sunniva@alvarezandmarsal.com

DATED this ____ day of _____, 2020.

Witness:

Per: _____

Print name of Creditor:

*If Creditor is other than an individual, print
name and title of authorized signatory:*

Name: _____

Title: _____