

PROOF OF CLAIM

Court File No.: CV-24-00719237-00CL

BETWEEN:

NUANCE PHARMA LTD.

Applicant

- and -

ANTIBE THERAPEUTICS INC.

Respondent

PROOF OF CLAIM

1. PARTICULARS OF CLAIMANT

- (a) Full Legal Name of Claimant: _____
- (b) Full Mailing Address of Claimant: _____

- (c) Telephone Number of Claimant: _____
- (d) Facsimile Number of Claimant: _____
- (e) E-mail Address of Claimant: _____
- (f) Attention (Contact Person): _____

2. PARTICULARS OF ORIGINAL CLAIMANT FROM WHOM YOU ACQUIRED THE CLAIM, IF APPLICABLE:

Have you acquired this Claim by assignment? Yes No

(if yes, attach documents evidencing assignment)

Full Legal Name of original creditor(s): _____

3. PROOF OF CLAIM

THE UNDERSIGNED CERTIFIES AS FOLLOWS:

That I [am a Claimant/hold the position of _____ of the Claimant][*select applicable*] and have knowledge of all the circumstances connected with the Claim described herein;

That I have knowledge of all of the circumstances connected with the Claim described herein and set out below;

Antibe Therapeutics Inc. was and is still indebted to the Claimant as follows:

(Any Claims denominated in a foreign currency shall be filed in such currency and will be converted to Canadian Dollars at rates set out in the Claims Process Order.)

	Amount of Claim
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL	\$

4. NATURE OF CLAIM***(CHECK AND COMPLETE APPROPRIATE CATEGORY)***

- Total Unsecured Claim of \$ _____
- Total Secured Claim of \$ _____
- Total Proprietary Claim of \$ _____
- Total D&O Claim of \$ _____

In respect of this debt, I hold security over the assets of Antibe Therapeutics Inc. valued at \$ _____ [*List the amount of security*], the particulars of which security and value are attached to this Proof of Claim form.

(If the Claim is secured, provide full particulars of the security, including the date on which the security was given the value for which you ascribe to the assets charged by your security, the basis for such valuation and attach a copy of the security documents evidencing the security.)

5. PARTICULARS OF CLAIM:

The particulars of the undersigned's total Claim are attached.

(Provide full particulars of the Claim(s) and supporting documentation, including the amount, description of transaction(s) or agreement(s) giving rise to the Claim(s), name of any guarantor(s) which has guaranteed the Claim(s), and amount of Claim(s) allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed.

6. FILING OF CLAIM

This Proof of Claim must be returned to and received by the Receiver by 1:00 p.m. (Toronto Time) on the Claims Bar Date (August 30, 2024).

In each case, completed forms must be delivered by prepaid registered mail, courier,

personal delivery, facsimile transmission or email to the Receiver at the following address:

FTI Consulting Canada Inc.

79 Wellington Street West

Suite 2010, P.O. Box 104

Toronto, Ontario M5K 1G8

Attn: Jim Robinson and Jonathan Joffe

Email: antibe@fticonsulting.com

Dated at _____ this _____ day of _____, 2024.