

**PROOF OF CLAIM AGAINST SAMEH SADEK ALSO KNOWN AS SAM SADEK, ST. MAHARIAL PHARMACY INC. DBA MD HEALTH PHARMACY, ST. MAHARIAL CLINIC INC., SRX INVESTMENT INC., SHEPHERD RX PHARMACY INC. AND LILIAN FAM (COLLECTIVELY, THE “DEFENDANTS”) PURSUANT TO THE CLAIMS PROCEDURE ORDER DATED MARCH 1, 2019**

**A. PARTICULARS OF CREDITOR:**

1. Full Legal Name of Creditor: \_\_\_\_\_
2. Full Mailing Address of the Creditor (the original Creditor and not the Assignee):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 ANSWER TO QUESTION 7 IS YES):**

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 require 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 that:  
 [City or Province]

(a) I [check (✓) one]

am the Creditor of the Defendants; OR

am \_\_\_\_\_ (state position or title) of  
 \_\_\_\_\_ (name of creditor);

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

(c) The Defendants were and still are indebted to the Creditor as follows:

(i) TOTAL CLAIM: \$ \_\_\_\_\_ CAD

(Claims in a foreign currency are to be converted to Canadian Dollars at the Bank of Canada noon spot rate as at January 12, 2015. The Canadian Dollar/U.S. Dollar rate of exchange on that date was CDN\$\_\_\_/US\$1.00); and

(ii) CLAIM IS AGAINST THE FOLLOWING ENTITY/INDIVIDUAL

[check all that apply]

SAMEH (SAM) SADEK: \_\_\_\_\_

ST. MAHARIAL PHARMACY INC dba MD HEALTH PHARMACY:

\_\_\_\_\_

ST. MAHARIAL CLINIC INC: \_\_\_\_\_

SRX INVESTMENT INC.: \_\_\_\_\_ LILIAN FAM: \_\_\_\_\_

SHERPHERD RX PHARMACY INC.: \_\_\_\_\_

**D. NATURE OF CLAIM:**

(check (✓) one and complete appropriate category)

A. UNSECURED CLAIM OF \$\_\_\_\_\_

That in respect of this debt, I do not hold any security and

(Check (✓) appropriate description)

Regarding the amount of \$\_\_\_\_\_, I do not claim a right to a priority.

Regarding the amount of \$\_\_\_\_\_, I claim a right to a priority under section 136 of the Bankruptcy and Insolvency Act (Canada) (the “BIA”) or would claim such a priority if this Proof of Claim were being filed in accordance with that Act.

(Set out on an attached sheet details to support priority claim.)

B. SECURED CLAIM OF \$\_\_\_\_\_

That in respect of this debt, I hold security valued at \$\_\_\_\_\_ 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.)

**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 the Defendants to the Creditor and estimated value of such security, and particulars of any interim period claim.)

**This Proof of Claim must be received by the Receiver by no later than 5:00 p.m. (Toronto time) on April 15, 2019 (“Claims Bar Date”), by prepaid ordinary mail, courier, personal delivery or electronic or digital transmission at the following address:**

Alvarez & Marsal Canada Inc.  
in its capacity as the Court-appointed receiver of Sameh Sadek (also known as Sam Sadek), St. Maharial Pharmacy Inc. dba MD Health Pharmacy, St. Maharial Clinic Inc., SRX Investment Inc., Shepherd RX Pharmacy Inc. and Lilian Fam  
Royal Bank Plaza, South Tower

200 Bay Street, Suite 2900  
Toronto, Ontario  
Canada M5J 2J1

Attention: Zach Gold  
E-mail: zgold@alvarezandmarsal.com

**F. FILING OF CLAIM:**

**Failure to file your Proof of Claim as directed by the Claims Bar Date will result in your Claim being barred and in you being prevented from making or enforcing a Claim against the Defendants. In addition, you shall not be entitled to further notice in, and shall not be entitled to participate as a creditor in these proceedings.**

**G. EXCLUDED CLAIMS**

Any Claim secured by the Receiver's Charge or the Borrowing Charge (both as defined in the Order made by the Honourable Justice Dunphy dated September 11, 2018, as amended and restated by the Order made by the Honourable Justice McEwen dated October 17, 2018, in the Receivership Proceedings).

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2019.  
(city) (day) (month)

\_\_\_\_\_  
Signature of Creditor