

2, Place Alexis Nihon Suite 2200

Montréal (Québec) H3Z 3C2 Téléphone: (514) 934-3497 Télécopieur: (514) 934-3504

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

PARA	GRAPH 1 OF THE PROOF OF CLAIM AND GENERAL COMMENTS
	The Creditor must state the full and complete legal name of the company or the Creditor.
	Give the complete address (including postal code) where all notices and correspondence are to be forwarded. In addition, a Creditor must indicate his/her phone number, his/her facsimile and his/her E-mail address.
PARA	GRAPH 2 OF THE PROOF OF CLAIM
	If the individual completing the Proof of Claim is not the Creditor himself/herself, he/she must state his/her position or title.
PARA	GRAPHS 3 AND 4 OF THE PROOF OF CLAIM
	The Creditor must specify the unsecured or secured nature of his/her Claim.
	A detailed, complete statement of account must be attached to the Proof of Claim. Provide all particulars of the Claim and supporting documents, including amount, description of transaction(s) or agreements(s) giving rise to the Claim. The amount on the statement of account must correspond with the amount claimed on the Proof of Claim. The detailed statement of account must show the date, the invoice number and the amount of all the invoices or charges, together with the date, the number and the amount of all credits or payments. A statement of account is not complete if it begins with an amount brought forward.
	If the Claim is in a foreign currency, it should be converted to Canadian dollars at the exchange rate of the Bank of Canada at the filing date, namely March 9, 2004. The exchange rates on that date were as follows: US dollar 1.3190 Euro 1.6396 Swiss franc 1.0376 Pound sterling 2.4256
PARA	GRAPH 5 OF THE PROOF OF CLAIM AND GENERAL COMMENTS
	The Proof of Claim must be signed by the Creditor or by the representative of the Creditor.
П	The signature of the Creditor or of the representative of the Creditor must be witnessed.



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CANADA PROVINCE OF QUÉBEC DISTRICT OF MONTRÉAL COURT NO.: 500-11-022623-041

SUPERIOR COURT (Sitting as a Court designated under the Companies' Creditors Arrangement Act)

IN THE MATTER OF THE COMPROMISE OR ARRANGEMENT OF QBIOGENE INC., a legal person duly constituted under the *Canada Business Corporations Act*, having its registered office at 1801 de Maisonneuve Blvd. West, 8th Floor, Montréal, Québec, H3H 1J9

Petitioner

PP	n	OF	OF	CI	A	TM
1 1		Or.	O.		1	1171

1.	PARTICULARS OF C					
a. b.	Full mailing address of t	or: ne Creditor:	***************************************			
c.	Telephone Number of Ci	editor:				
d. Fax Number of Creditor: e. E-mail Address: f. Number of the contesting of the Creditor:						
f.	Name of the representati	ve of the Creditor:				
2. I,	PROOF OF CLAIM of Creditor or Representa	tive of the Creditor)	, hereby certify that	I am a Creditor of Qbiogene Inc.		
(or hole	d the position ofstances connected with the	of Claim described here	the Creditor) and n.	have knowledge of all the		
3.	NATURE OF CLAIM					
(check	and complete appropriate UNSECURED CLAIM (
That in	respect of this debt, the C SECURED CLAIM OF	reditor does not hold a	ny assets of the Petiti	oner as security;		
That in	respect of this debt, the C	reditor holds assets of	the Petitioner valued	at CA\$		
	_ as security, particulars o full particulars of the secur urity documents):		on which the security	was given and attach a copy of		
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A DET CLAIM INCLU	1. PROVIDE ALL PART	ATEMENT OF ACCO	UNT MUST BE AT CLAIM AND SUPPO	e attached. TACHED TO THE PROOF OF DRTING DOCUMENTATION, REEMENTS(S) GIVING RISE		
Associa facsimi RICHT Attention 2200-2 Montré		(eastern daylight-sa ss: , acting in its capacity :	ving time) on May	must be received by Richter & 21, 2004 by mail, courier or ne Inc.		
saving the pro-	time) on May 21, 2004 sh	all not be entitled to ar Il be barred from recei	y further notice, shall ving a distribution in	ore 5:00 P.M. (eastern daylight- l not be entitled to participate in respect of such Claim, and shall		
DATEI	O at	this	_day of	, 2004.		
(Signat	ure of Witness)		(Signature of the Cr	editor or of his representative)		
(please	print name)	, , , , , , , , , , , , , , , , , , ,	(please print name)			