

New
 Change



Notice of Record & Meeting Dates

Issuer Name (maximum 30 characters)

English BIOSENTA INC

French _____

Address
 18 Wynford Dr, Suite 704
 Toronto, Ontario M3C 3S2

Telephone 416-~~844-1821~~ 410-2019

Contact Name Yana Pchelkin

Transfer Agent
 Heritage Transfer Agency Inc

CUID CTAH

Name Moe Wortzman

Telephone 4163649509

Address
 80 Richmond Street West, Suite 501, Toronto, ON M5H 2A4

Email Address
 heritagetransferagency@gmail.com

Contact Name
Moe Wortzman

Proxy Type
 Management
 Dissenting

Meeting Type
 Annual
 General
 Special
 Extraordinary

Material Distribution Type
 Form C holders only
 All holders

Record Date 08/02/2017

Meeting Date 09/12/2017

Material Mail Date 08/09/2017

Payment for publication
 Payment enclosed
 To be invoiced (Transfer Agents only)

Province (must be selected)

of publications at \$100.00 per publication \$ 100.00
 Plus 5% GST \$ N/A
 or 13% HST (ON, NL, NB residents only) \$ 13.00
 or 14% HST (PEI residents only) \$ N/A
 or 15% HST (NS residents only) \$ N/A
 Plus 9.975% QST (Quebec residents only) \$ N/A
 Note: Calculated QST amount is rounded up to the nearest cent.
 Total payment enclosed \$ 113.00

Clearing and Depository Services Inc.'s GST/HST Registration Number 844182121RT0001

Clearing and Depository Services Inc.'s QST Registration Number 1212464658TQ0001

Authorized Signature for Invoicing (Transfer Agents only)
 Note: Not required for electronic submission.

ISIN	Voting Status	Security Description
	Y N	
<u>CA09072N1033</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<u>CLASS A COMMON</u>
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_____	<input type="checkbox"/> <input type="checkbox"/>	_____

Early Search (Determination of Intermediaries)

Send Early Search report to: Transfer Agent Issuer Other (statutory declaration required)

Send via: Mail Courier (collect) CDS Envelope System Fax #: 416-864-0175

Proxy Related Material

Will be distributed by: Transfer Agent Issuer Other

Holders of Record

Send Holders of Record and Omnibus Proxy to: Transfer Agent Issuer Other

Send via: Mail Courier CDS Envelope System

This Notice and Request for services is authorized by:

Transfer Agent Issuer Third Party _____
 Name of Requesting Party

All services provided by Clearing and Depository Services Inc. here under are subject to the terms and conditions printed on the reverse of this form.

Title President

Signature

Date 07/06/2017

Date CDS Clearing and Depository Services Inc. CDSX166-front (01/13)