

# Notice of Record & Meeting Dates

New   
Change

Issuer Name (maximum 30 characters)

English BIOSENTA INC

French \_\_\_\_\_

Address 18 Wynford Drive, Suite 704  
TORONTO, ON M3C 3S2

Telephone 416-410-2019

Contact Name Yana Pchelkin

Transfer Agent <u>Heritage Transfer Agency Inc</u>	CUID <u>CTAH</u>	Name <u>Moe Wortzman</u>	Telephone <u>416-367-9509</u>
---	---------------------	-----------------------------	----------------------------------

Address <u>80 Richmond St W Suite 501 M3H 2A4</u>	Email Address <u>heritagetransferagency@gmail.com</u>	Contact Name <u>Moe Wortzman</u>
--	--	-------------------------------------

Proxy Type <input checked="" type="checkbox"/> Management <input type="checkbox"/> Dissenting	Meeting Type <input checked="" type="checkbox"/> Annual <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Extraordinary	Material Distribution Type <input type="checkbox"/> Form C holders only <input checked="" type="checkbox"/> All holders	Record Date <u>April 17, 2019</u>	Meeting Date <u>May 28, 2019</u>	Material Mail Date <u>May 7, 2019</u>
---	---	---	--------------------------------------	-------------------------------------	--

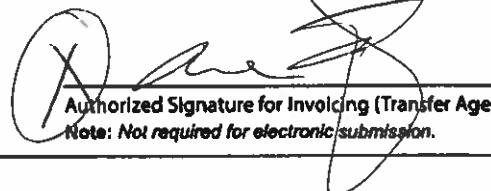
Payment for publication  Payment enclosed   To be invoiced (Transfer Agents only)

Province (must be selected)

# of publications at \$100.00 per publication \$ 100.00  
 Plus GST \$ \_\_\_\_\_  
 or HST (BC, ON, NB, NL, NS residents only) \$ 13.00  
 Plus QST (Quebec residents only) \$ \_\_\_\_\_  
 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 844182121RT

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

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

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

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 #: 416-867-0175

Proxy Related Material

Will be distributed by:  Transfer Agent  Issuer  Other

Holders of Record

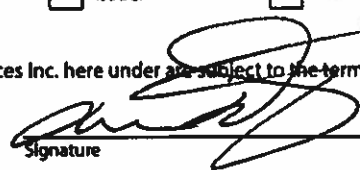
Send Holders of Record and Omnibus Proxy to:  Transfer Agent  Issuer  Other  
 Send via:  Mail  Courier  CDS Envelope System

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.

PRESIDENT  
 Title

  
 Signature

March 21, 2019  
 Date