

CV TECHNOLOGIES INC. (AFEXA LIFE SCIENCES INC.) CLASS ACTION

PAPER CLAIM FORM – PAGE 1 OF 5

- Claims should be filed online using the secure Online Claims System at www.coldfxclassaction.com.
- This paper version of the Online Claim Form is to be used *only* if you do not have a computer with a connection to the Internet.
- The completed and signed Claim Form and required supporting documents, with a list itemizing the supporting documents you are submitting with your Claim, must be received by prepaid mail, courier or fax, on or before • 5:00 pm Toronto time, by the Administrator, •
- You should attach to your Claim Form a list summarizing all supporting documents which are being submitted with the Claim Form.
- Keep a copy of the completed Claim Form and all supporting documents for your records

PAPER CLAIM FORM – PART 1

1	Did you purchase or acquire CV Technologies Inc. ("Shares") in the period December 11, 2006 to March 23, 2007?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, you are <i>not</i> a class member and <u>should not</u> complete this Claim Form.		
2	Is the person who purchased or acquired the Shares an "Excluded Person"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
"Excluded Person" means: (a) the Defendants and Afexa Life Science Inc.'s past or present subsidiaries, officers, directors, affiliates, legal representatives, heirs, predecessors, successors and assigns; (b) any member of the Individual Defendants' families and any entity in which any of them has or had an interest.		
If YES, you are <i>not</i> a class member and should <i>not</i> complete this Claim Form.		
3	Were the Shares purchased in the period December 11, 2006 to March 23, 2007 held in a Mutual Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, the Mutual Fund is the Class Member, not you and you should <i>not</i> complete this Claim Form.		
4	Record in Box 1 the number of Shares you held at the close of trading on December 10, 2006.	Box 1 <input type="text"/>
5	Record in Box 2 the number of Shares purchased or acquired in the period December 11, 2006 to March 23, 2007.	Box 2 <input type="text"/>
6	Add the number in Box 1 to the number in Box 2. Record this sum in Box 3.	Box 3 <input type="text"/>
7	Record in Box 4 the number of Shares sold or disposed of in the period from December 11, 2006 to March 23, 2007.	Box 4 <input type="text"/>
8	Record in Box 5 the number of Shares sold or disposed of in the period from March 24, 2007 to March 26, 2007.	Box 5 <input type="text"/>
9	Add the number in Box 4 to the number in Box 5. Record this sum in Box 6.	Box 6 <input type="text"/>
10	Is the number in Box 6 less than the number in Box 3?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, you are <i>not</i> a class member and should <i>not</i> complete this Claim Form. If YES, please continue, and complete the remaining questions and sections of this Claim Form.		
11	Subtract the number in Box 6 from the number in Box 3 to determine number of Eligible Shares. Record the number of Eligible Shares in Box 7. (This number must be greater than zero.)	Box 7 <input type="text"/>

SIGNATURE OF PERSON CERTIFYING THIS CLAIM FORM:

CV TECHNOLOGIES INC. (AFEXA LIFE SCIENCES INC.) CLASS ACTION

PAPER CLAIM FORM – PAGE 2 OF 5

PAPER CLAIM FORM – PART 2

Current legal name, address and contact information of the Claimant.

The Claimant is the person who purchased or acquired the Shares. Please be accurate as this information will be used by the Administrator if there is a payout for this Claim.

Name: _____	Phone: (_____) _____ - _____
Address: _____	Fax: (_____) _____ - _____
City/Town: _____	Mobile: (_____) _____ - _____
Province/State: _____	Email: _____@_____
Postal/Zip code: _____	
Country: _____	

Which of the following best describes the Claimant?

- INDIVIDUAL JOINT PURCHASER PARTNERSHIP CORPORATION
 TRUSTEE IN BANKRUPTCY BENEFICIARY OF A TRUST EXECUTOR
 OWNER OF RRSP, RRIF, LIF OR RESP MUTUAL FUND
 OTHER (Please specify _____)

NOTE: If the Claimant purchased Shares in more than one capacity, for example, personally and in an RRSP, a separate Claim Form is required for purchases in each capacity.

If the Claimant is an INDIVIDUAL:

Is this individual deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Death:	YEAR	MONTH	DAY

If the Claimant is a JOINT PURCHASER:

Joint Purchaser #1 – Name:				
Is this individual deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Death:	YEAR	MONTH	DAY
Joint Purchaser #2 – Name:				
Is this individual deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Death:	YEAR	MONTH	DAY

If the Claimant is a TRUST:

Who is the Trustee?	Who are the beneficiaries?
Were any of the beneficiaries, at any time, Excluded Persons? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>IF YES, THE CLAIMANT IS NOT A CLASS MEMBER AND SHOULD NOT COMPLETE THIS CLAIM FORM.</i>	

If the Claimant is a CORPORATION:

Was any shareholder who held 10% or more of the corporation's shares, at any time, an Excluded Person? <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>IF YES, THE CLAIMANT IS NOT A CLASS MEMBER AND SHOULD NOT COMPLETE THIS CLAIM FORM.</i>

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**CV TECHNOLOGIES INC. (AFEXA LIFE SCIENCES INC.) CLASS ACTION
PAPER CLAIM FORM – PAGE 3 OF 5**

PAPER CLAIM FORM – PART 2 continued

If the Claimant is a PARTNERSHIP:

Were any of the partners, at any time, Excluded Persons? YES NO

If YES, THE CLAIMANT IS NOT A CLASS MEMBER AND SHOULD NOT COMPLETE THIS CLAIM FORM.

If the Claimant is an owner of a RRSP or RRIF or LIF or RESP:

Describe the type of Account for these holdings: RRSP RRIF LIF RESP

Plan number:

Account number:

Social Insurance or other tax
identification number:

Name of Financial Institution where this Account/Plan is held:

Address of Financial Institution:

City
or Town

Province
Or State

Postal or
Zip Code

Country

Phone
Number

Fax
Number

Does the Claimant's right to assert this claim come from some other person or entity, for example, by transfer or assignment of the Eligible Shares?

YES NO

If YES, PROVIDE DETAILS OF THESE ACQUIRED RIGHTS IN THE SPACE PROVIDED BELOW:

NOTE: Provide the documents evidencing these acquired rights with this Claim.

Did the Claimant make an assignment in bankruptcy after the purchase or acquisition of the Eligible Shares?

YES NO

If YES, PROVIDE DETAILS OF THE ASSIGNMENT INCLUDING DATE OF ASSIGNMENT, AND NAME AND ADDRESS OF TRUSTEE IN THE SPACE PROVIDED BELOW.

NOTE: Provide the documents evidencing this assignment with this Claim.

Was the Claimant's name at the time of the Share purchases, which are the subject matter of this Claim, different from the Claimant's current name?

YES NO

Was the Claimant's address at the time of the Share purchases, which are the subject matter of this Claim, different from the Claimant's current address?

YES NO

If YES to either of the two question above, provide details of the Claimant's name and/or address at the time of the Share purchase(s) below:

Name at the time of the Share Purchase: _____

Address at the time of the Share Purchase: _____

City/Town : _____ Province/State: _____
Postal/Zip code: _____ Country: _____

SIGNATURE OF PERSON CERTIFYING THIS CLAIM FORM:

**CV TECHNOLOGIES INC. (AFEXA LIFE SCIENCES INC.) CLASS ACTION
PAPER CLAIM FORM – PAGE 4 OF 5**

PAPER CLAIM FORM PART 3

Claimant's CV Technologies Inc. ("Shares") Transactions

If there is insufficient space on this page to document all Share transactions in the period, please make one or more copies of the page to record the Share transactions, as necessary.

**Claimant's purchase and/or acquisition transactions during the period
December 11, 2006 to and including March 23, 2007**

Trading Date			Number of Shares purchased or acquired	Purchase Price per Share	Total Purchase Price in Canadian dollars <i>including</i> brokerage fees or commissions
YR	MTH	DAY			

**Claimant's sale and/or disposition transactions during the period
December 11, 2006 to March 26, 2007**

Trading Date			Number of Shares Disposed of or Sold	Sale Price per Share	Total Sale Price in Canadian dollars <i>before</i> brokerage fees and/or commissions were paid
YR	MTH	DAY			

Claimant's sale and/or disposition transactions on or after March 27, 2007

Trading Date			Number of Shares Disposed of or Sold	Sale Price per Share	Total Sale Price in Canadian dollars <i>before</i> brokerage fees and/or commissions were paid
YR	MTH	DAY			

NOTE: Provide the documents, such as broker statements, evidencing each purchase, acquisition, sale and disposition transaction set out above.

SIGNATURE OF PERSON CERTIFYING THIS CLAIM FORM:

**CV TECHNOLOGIES INC. (AFEXA LIFE SCIENCES INC.) CLASS ACTION
PAPER CLAIM FORM – PAGE 5 OF 5**

PAPER CLAIM FORM PART 4

Claimant Certifications:

By signing below, I certify that:

1. I am the Claimant or I have the authority to submit this claim on behalf of the Claimant.
2. The Claimant did not opt out of this Settlement and the Claimant is not an Excluded Person.
3. The Claimant has not previously settled its claim in respect of the purchase, acquisition, sale and disposition of the Shares particularized in this claim.
4. The Claimant has not submitted and will not submit another claim seeking to recover for the purchase, acquisition, sale and disposition of Shares particularized in this claim.
5. The Claimant does not know of another claim being submitted to the Administrator for the purchase, acquisition, sale and disposition of Shares particularized in this claim.
6. The Claimant has disclosed all holdings, purchases, acquisitions, sales, dispositions, transfers, assignments and/or any other transmission of interest relevant to the Shares particularized in this claim.
7. The Claimant acknowledges and agrees that the Administrator may disclose all information relating to this Claim to the Ontario Superior Court of Justice and the lawyers for the parties in the CV Technologies Class Action.
8. By signing this Claim Form, the Claimant certifies that the information provided and the representations made in this Claim are true and correct, and are made as if sworn under oath.

Signature:			
Print Name:	First	Middle	Surname
Date Signed:	Year	Month	Day

If the person signing this Claim Form is not the Claimant, indicate below the relationship between the person signing this Claim Form and the Claimant.

- Signing Officer Partner Trustee Successor
 Agent Lawyer Other: Please specify _____

Provide the documents evidencing the authority to sign on behalf of the Claimant.

Complete the table below with full name, current address and contact information of the person who signed above (if different than the information provided in Part 2 of this Claim Form on page 2).

Name: _____	Phone: (____)____-_____
Address: _____	Fax: (____)____-_____
City/Town: _____	Mobile: (____)____-_____
Prov/State: _____ Postal/Zip Code: _____	Email: _____
Country: _____	_____@_____

In this space, list all supporting documents that will be submitted with this Claim Form:
(if additional space is required, the list may be attached as a separate sheet)

SIGNATURE OF PERSON CERTIFYING THIS CLAIM FORM: