

SCHEDULE "B"

Action No. 1001-07852

IN THE COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL DISTRICT OF CALGARY

IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT, R.S.C. 1985, c. C-36, AS AMENDED AND THE
JUDICATURE ACT, R.S.A. 2000, c. J-2, AS AMENDED.

AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGEMENT OF MEDICAN HOLDINGS LTD., MEDICAN DEVELOPMENTS INC., R7 INVESTMENTS LTD., MEDICAN CONSTRUCTION LTD., MEDICAN CONCRETE INC., 1090772 ALBERTA LTD., 1144233 ALBERTA LTD., 1344241 ALBERTA LTD., 9150-3755 QUEBEC INC., AXCESS (GRANDE PRAIRIE) DEVELOPMENTS LTD., AXCESS (SYLVAN LAKE) DEVELOPMENTS LTD., CANVAS (CALGARY) DEVELOPMENTS LTD., ELEMENTS (GRANDE PRAIRIE) DEVELOPMENTS LTD., HOMES BY KINGSLAND LTD., LAKE COUNTRY (SITARA) DEVELOPMENTS LTD., MEDICAN (EDMONTON TERWILLEGAR) DEVELOPMENTS LTD., MEDICAN (GRANDE PRAIRIE) HOLDINGS LTD., MEDICAN (KELOWNA MOVE) DEVELOPMENTS LTD., MEDICAN (LETHBRIDGE – FAIRMONT PARK) DEVELOPMENTS LTD., MEDICAN (RED DEER – MICHENER HILL) DEVELOPMENTS LTD., MEDICAN (SYLVAN LAKE) DEVELOPMENTS LTD., MEDICAN (WESTBANK) DEVELOPMENT LTD., MEDICAN (WESTBANK) LAND LTD., MEDICAN CONCRETE FORMING LTD., MEDICAN DEVELOPMENTS (MEDICINE HAT SOUTHWEST) INC., MEDICAN ENTERPRISES INC. / LES ENTREPRISES MEDICAN INC., MEDICAN EQUIPMENT LTD., MEDICAN FRAMING LTD., MEDICAN GENERAL CONTRACTORS LTD., MEDICAN GENERAL CONTRACTORS 2010 LTD., RIVERSTONE (MEDICINE HAT) DEVELOPMENTS LTD., SANDERSON OF FISH CREEK (CALGARY) DEVELOPMENTS LTD., SIERRAS OF EAUX CLAIRES (EDMONTON) DEVELOPMENTS LTD., SONATA RIDGE (KELOWNA) DEVELOPMENTS LTD., SYLVAN LAKE MARINA DEVELOPMENTS LTD., THE ESTATES OF VALLEYDALE DEVELOPMENTS LTD., THE LEGEND (WINNIPEG) DEVELOPMENTS LTD., and WATERCREST (SYLVAN LAKE) DEVELOPMENTS LTD.

Proof of Claim

For Claims Arising Before May 26, 2010
(See Reverse for Instructions)

Regarding the claim of _____ (referred to in this form as "the creditor").
(name of creditor)

All notices or correspondence regarding this claim to be forwarded to the creditor at the following address:

Telephone: _____

Fax: _____

I, _____
(name of person signing claim)

residing in the _____
(city, town, etc.)

of _____
(name of city, town, etc.)

in the Province of _____

Do hereby certify that:

1 I am the creditor

or

I am _____ of the creditor.
(if an officer or employee of the company, state position or title)

2. I have knowledge of all the circumstances connected with the claim referred to in this form.

3. Check box of appropriate CCAA debtor that your claim is against:

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Medican Holdings Ltd. | <input type="checkbox"/> | Medican Developments Inc. |
| <input type="checkbox"/> | R7 Investments Ltd. | <input type="checkbox"/> | Medican Construction Ltd. |
| <input type="checkbox"/> | Medican Concrete Inc. | <input type="checkbox"/> | 1090772 Alberta Ltd. |
| <input type="checkbox"/> | 1144233 Alberta Ltd. | <input type="checkbox"/> | 1344241 Alberta Ltd. |
| <input type="checkbox"/> | 9150-3755 Quebec Inc. | <input type="checkbox"/> | Axxess (Grande Prairie) Developments Ltd. |
| <input type="checkbox"/> | Axxess (Sylvan Lake) Developments Ltd. | <input type="checkbox"/> | Canvas (Calgary) Developments Ltd. |
| <input type="checkbox"/> | Elements (Grande Prairie) Developments Ltd. | <input type="checkbox"/> | Homes By Kingsland Ltd. |
| <input type="checkbox"/> | Lake Country (Sitara) Developments Ltd. | <input type="checkbox"/> | Medican (Edmonton Terwillegar) Developments Ltd. |
| <input type="checkbox"/> | Medican (Grande Prairie) Holdings Ltd. | <input type="checkbox"/> | Medican (Kelowna Move) Developments Ltd. |
| <input type="checkbox"/> | Medican (Lethbridge – Fairmont Park) Developments Ltd. | <input type="checkbox"/> | Medican (Red Deer – Michener Hill) Developments Ltd. |
| <input type="checkbox"/> | Medican (Sylvan Lake) Developments Ltd. | <input type="checkbox"/> | Medican (Westbank) Development Ltd. |
| <input type="checkbox"/> | Medican (Westbank) Land Ltd. | <input type="checkbox"/> | Medican Concrete Forming Ltd. |
| <input type="checkbox"/> | Medican Developments (Medicine Hat Southwest) Inc. | <input type="checkbox"/> | Medican Enterprises Inc. / Les Entreprises Medican Inc. |
| <input type="checkbox"/> | Medican Equipment Ltd. | <input type="checkbox"/> | Medican Framing Ltd. |
| <input type="checkbox"/> | Medican General Contractors Ltd. | <input type="checkbox"/> | Medican General Contractors 2010 Ltd. |
| <input type="checkbox"/> | Riverstone (Medicine Hat) Developments Ltd. | <input type="checkbox"/> | Sanderson Of Fish Creek (Calgary) Developments Ltd. |
| <input type="checkbox"/> | Sierras Of Eaux Claires (Edmonton) Developments Ltd. | <input type="checkbox"/> | Sonata Ridge (Kelowna) Developments Ltd. |
| <input type="checkbox"/> | Sylvan Lake Marina Developments Ltd. | <input type="checkbox"/> | The Estates Of Valleydale Developments Ltd. |
| <input type="checkbox"/> | The Legend (Winnipeg) Developments Ltd. | <input type="checkbox"/> | Watercrest (Sylvan Lake) Developments Ltd. |

The CCAA Debtor (check appropriate box above) was, as at May 26, 2010, and still is indebted to the creditor in the sum of \$_____ CDN as shown by the statement of account attached hereto and marked "Schedule A". Claims should **not** include the value of goods and/or services supplied after May 26, 2010. If a creditor's claim is to be reduced by deducting any counter claims to which the CCAA Debtor is entitled and/or amounts associated with the return of equipment and/or assets by the CCAA Debtor, please specify.

The statement of account must specify the vouchers or other evidence in support of the claim including the date and location of the delivery of all services and materials. Any claim for interest must be supported by contractual documentation evidencing the entitlement to interest.

4. **Unsecured claim.** \$_____. In respect to the said debt, the creditor does not and has not held any assets of as security.
- Secured claim.** \$_____ . In respect of the said debt, the creditor holds assets valued at \$_____ as security:

Provide full particulars of the security, including the date on which the security was given and the value at which the creditor assesses the security together with the basis of valuation, and attach a copy of the security documents as Schedule "B".

Dated at _____, this ____ day of _____, 2010.
Insert city and date of signature

Witness _____

(signature of individual completing the form)

Must be signed and witnessed

Instructions for Completing Proof of Claim Forms

In completing the attached form, your attention is directed to the notes on the form and to the following requirements:

Proof of Claim:

1. The form must be completed by an individual and not by a corporation. If you are acting for a corporation or other person, you must state the capacity in which you are acting, such as, "Credit Manager", "Treasurer", "Authorized Agent", etc., and the full legal name of the party you represent.
2. The person signing the form must have knowledge of the circumstances connected with the claim.
3. Check the box of the appropriate CCAA Debtor your claim is against. A Statement of Account containing details of secured and unsecured claims, and if applicable, of the amount due in respect of property claims, must be attached and marked Schedule "A". Claims should **not** include the value of goods and/or services arising after May 26, 2010. It is necessary that all creditors indicate the date and location of the delivery of all goods and/or services. Any amounts claimed as interest should be clearly noted as being for interest.
4. The nature of the claim must be indicated by ticking the type of claim which applies. e.g. -

Checking (A) indicates the claim is unsecured;

Checking (B) indicates the claim is secured, such as a mortgage, lease, or other security interest, and the value at which the creditor assesses the security must be inserted, together with the basis of valuation. Details of each item of security held should be attached as Schedule "B" and submitted with a copy of the chattel mortgage, conditional sales contract, security agreement, etc.

5. The person signing the form must insert the place and date in the space provided, and the signature must be witnessed.

Additional information regarding the Medican Group and the CCAA process, as well as copies of claims documents may be obtained at <http://www.rsmrichter.com/Restructuring/Medican.aspx> . If there are any questions in completing the notice of claim, please write or telephone the office of the Monitor at:

RSM Richter Inc.
Attention: Lynda Huber
Bow Valley Square 2
3810, 205 - 5 Avenue SW
Calgary, AB T2P 2V7
Telephone : 403.233.8462
Facsimile : 403.233.8688
E-mail : cgyinfo@rsmrichter.com

Note: Any claim not delivered to the Monitor at the above noted address by July 30, 2010, will, unless otherwise ordered by the Alberta Court of Queen's Bench, be barred and may not thereafter be advanced against the CCAA Debtor.