

**CERTIFICATION AND DISCONTINUANCE OF
EVOLENCE CLAIM AGAINST CANDERM PHARMA INC.
and ANNA MARIA DUCHON
Opt-Out Form**

This is NOT a Claim Form. This Form EXCLUDES you from the certification and discontinuance of the claim brought against Canderm Pharma Inc. and Anna Maria Duchon (the “Canderm Defendants”). A certification and with prejudice Discontinuance of the claim against the Canderm Defendants has been obtained on behalf of the Class, and the Court has approved the with prejudice discontinuance of the claims against the Canderm Defendants subject to any opt outs or objections.

The certification and discontinuance against the Canderm Defendants will not affect in any way the terms of and compensation paid to class members under the settlement of the Evolence claims that was previously reached with Johnson & Johnson, Ortho-McNeil-Janssen Pharmaceuticals Inc. (now named Janssen Pharmaceuticals Inc.), Johnson & Johnson Inc., Janssen-Ortho Inc. (now named Janssen Inc.), and Colbar Lifescience Ltd. (the “J&J Defendants”). Filling out this opt-out form has no impact on your participation or involvement in the previous Evolence settlement with the J&J Defendants (the “J&J Settlement”). This form only relates to your participation in the certified class proceeding and discontinuance against the Canderm Defendants.

If you do not wish to participate in or be bound by the within class proceeding against the Canderm Defendants and the with prejudice discontinuance of the claim against the Canderm Defendants, this Opt-Out Form must be completed, signed, sent to and received by Dives, Harper, Stanger & Mizrahi at the address, e-mail or fax number provided at the end of this Opt-Out Form, **no later than 11:59 pm on Friday May 22, 2020.**

Please read the entire form and follow the instructions carefully.

I. Personal Information: Please provide the following information about yourself, or, if you are filing this Opt-Out Form as the legal representative of a Class Member who wishes to opt-out, please provide the following information about the Class Member.

First Name	Middle Initial	Last Name
Street Address		Apt. No.
City	Province/Territory	Postal Code
Daytime Phone Number () -	Evening Phone Number () -	Gender (circle one) M F
Date of Birth Day / Month / Year	Date of Death (if applicable) Day / Month /Year	

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II. Representative Information (if applicable): If you are filing this Opt-Out Form as the parent, legal guardian or other legal representative of a Class Member under 18 years of age who wishes to opt-out or such a Class Member's estate, please provide the following information about *yourself*.

First Name	Middle Initial	Last Name	
Street Address			Apt. No.
City	Province/Territory		Postal Code
Daytime Phone Number () -	Evening Phone Number () -		Relationship to Class Member

III. Lawyer Information (if applicable): If you, or the Class Member who wishes to opt-out, have hired a lawyer in connection with a claim arising from that Class Member's use of Evolence, please provide the following information about the lawyer:

Law Firm Name	
Lawyer's First Name	Lawyer's Last Name
Lawyer's Address	
Lawyer's Phone Number	

IV. Injury Alleged: Describe the injury you claim to have suffered as a result of being injected with Evolence (for example: lumps in the lips, lumps elsewhere in the face, scars on the lips, scars elsewhere in the face, discolouration, etc.):

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V. Health Care Costs:

Provide an estimate of the amount of money you have spent to correct or treat the injury:

Provide an estimate of the amount of money you anticipate spending in the future to correct or treat the injury:

VI. Income Loss:

Provide an estimate of the amount of income you lost as a result of the injury:

Provide an estimate of the amount of income you will lose in the future as a result of the injury:

VII. Existing or Anticipated Evolence Lawsuits and/or Claims (if applicable):

Have you (or the Class Member who wishes to opt-out, if you are that Class Member's legal representative) or do you plan on commencing any pending Evolence-related lawsuit or claim?

YES _____

NO _____

If you answered "yes", please provide the docket number (if the lawsuit has already been commenced) and parties to the lawsuit(s) and/or claim(s):

Acceptance and Acknowledgement

I have read the foregoing and understand that by opting out, I will be declining to participate in the certification and discontinuance of the class proceeding brought against the Canderm Defendants, and that there will be a further hearing before the BC Court to determine next steps.

Date signed

Signature

(Class Member, or parent, legal guardian or other legal representative)

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To be effective as an election to opt out of this Certification and Discontinuance against the Candern Defendants, this Form must be completed, signed, sent to the Dives, Harper, Stanger & Mizrahi LLP at the address, e-mail or fax number listed below, by regular mail, e-mail or fax **and must be received on or before 11:59 pm on Friday May 22, 2020.**

If you have questions about using or completing this Opt Out Form, please contact your lawyer or call the Dives, Harper, Stanger & Mizrahi LLP at 1-604-605-1400. All Opt Out Forms must be submitted to:

Dives, Harper, Stanger & Mizrahi LLP
600-815 Hornby Street
Vancouver, B.C. V6Z 2E6
ejs@dghcounsel.com
Facsimile: 604-605-1414