

**IN THE MATTER OF AYR WELLNESS INC.**  
**(the "Petitioner")**

**NOTICE OF DISPUTE**

ALL CAPITALIZED TERMS NOT OTHERWISE DEFINED HEREIN HAVE THE SAME  
 MEANINGS AS ARE GIVEN TO THEM IN THE CLAIMS PROCESS ORDER

Pursuant to the Order of the Supreme Court of British Columbia made January 15, 2026 (as may be amended, restated or supplemented from time to time, the "**Claims Process Order**"), I/we hereby give you notice of my/our intention to dispute the Notice of Revision or Disallowance bearing Reference Number \_\_\_\_\_ and dated \_\_\_\_\_ issued by KSV Restructuring Inc., in its capacity as Monitor, in respect of my/our Claim.

Full Legal Name of Original Creditor: \_\_\_\_\_

	<b>Reviewed Claim as Accepted (\$CAD)</b>	<b>Reviewed Claim as Disputed (\$CAD)</b>	<b>Secured (\$CAD)</b>	<b>Unsecured (\$CAD)</b>
Total Claim:				

*Reasons for Dispute* (attach additional sheet and copies of all supporting documentation if necessary):

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*Signature of Original Creditor or Representative of corporate Creditor:* \_\_\_\_\_

Date: \_\_\_\_\_

(Please print name): \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

Facsimile Number: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Mailing Address:

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This form and supporting documentation is to be returned by prepaid registered mail, personal delivery, e-mail (in pdf format), or courier to the address indicated herein and is to be received by the Monitor by 5:00 p.m. (Vancouver time) on [•], 2026 being ten days after the date of delivery of the Notice of Revision or Disallowance, or such other date as may be agreed to by the Petitioner in consultation with the Monitor.

*Where this Notice of Dispute is being submitted electronically, please submit one pdf file with the file named as follows: [insert legal name of creditor]nod.pdf*

Address for service of Notices of Dispute:

**KSV Restructuring Inc.**  
Court-appointed Monitor  
Suite 1165, 324 – 8th Avenue SW  
Calgary, AB T2P 2Z2  
Attention: Ross Graham  
Telephone: 587.287.2750  
Email: rgraham@ksvadvisory.com