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**PROOF OF CLAIM RELATING TO 1780355 ONTARIO INC.  
(THE “COMPANY”),  
BEING THE FORMER OWNER OF THE PROPERTY MUNICIPALLY KNOWN AS  
346 JARVIS ST., UNITS A AND B, TORONTO, ONTARIO (THE “PROPERTY”)**

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**A. PARTICULARS OF CLAIMANT:**

1. Full Legal Name of Claimant: \_\_\_\_\_

\_\_\_\_\_

(the “Claimant”). (Full legal name should be the name of the original Claimant of the Company, notwithstanding whether an assignment of a Claim, or a portion thereof, has occurred).

2. Full Mailing Address of the Claimant (the original Claimant not the assignee):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. E-Mail Address: \_\_\_\_\_

5. Facsimile Number: \_\_\_\_\_

6. Attention (Contact Person): \_\_\_\_\_

7. Has the Claim been sold or assigned by the Claimant to another party (check one)?

Yes:  No:

**B. PARTICULARS OF ASSIGNEE(S) (IF ANY):**

8. Full Legal Name of Assignee(s):

\_\_\_\_\_

(If Claim (or a portion thereof) has been assigned, insert full legal name of assignee(s) of Claim (or portion thereof). If there is more than one assignee, please attach a separate sheet with the required information.)

9. Full Mailing Address of Assignee(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Telephone Number of Assignee(s): \_\_\_\_\_

11. E-Mail Address: \_\_\_\_\_

12. Facsimile Number: \_\_\_\_\_

13. Attention (Contact Person): \_\_\_\_\_

**C. PROOF OF CLAIM:**

I, \_\_\_\_\_  
[name of Claimant or Representative of the Claimant], of

\_\_\_\_\_ do hereby certify:  
(city and province)

(a) that I (check one)

am the Claimant of the Company; OR

am \_\_\_\_\_ (state position or title) of

\_\_\_\_\_  
(name of Claimant)

(b) that I have knowledge of all the circumstances connected with the Claim referred to below;

(c) the Claimant asserts its claim against the Company; and

(d) the Claimant has

a.  PREFERRED SHARES WITH A FACE VALUE OF \$\_\_\_\_\_.

b.  COMMON SHARES WITH A FACE VALUE OF \$\_\_\_\_\_.

c.  ANOTHER EQUITY INTEREST WITH A FACE VALUE OF \$\_\_\_\_\_.

Describe the nature of the interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. NATURE OF CONSIDERATION**

(check and complete appropriate category)

That in respect of this Claim, the Claimant paid cash consideration to

\_\_\_\_\_ in exchange for the equity interest described above.

That in respect of this Claim, the Claimant provided non-cash consideration valued at \$\_\_\_\_\_, particulars of which are as follows:

(Give full particulars of the consideration, including the date on which the consideration was given and the value at which you assess the security, and attach a copy of the security documents. If the equity interest was acquired in exchange for another equity interest, provide full particulars of that equity interest and the consideration given in exchange for it)

**E. PARTICULARS OF CLAIM:**

Other than as already set out herein the particulars of the undersigned's total Claim are attached.

(Provide all particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the Claim

**F. FILING OF CLAIM**

**This Proof of Claim must be received by the Manager by no later than 4:00 p.m. (Toronto Time) on August 16, 2019, the Claims Bar Date, by prepaid ordinary mail, courier, personal delivery or electronic or digital transmission at the following address:**

Schonfeld Inc.  
Court-appointed Receiver/Manager of the Schedule C Proceeds  
77 King Street West, Suite 3000, P.O. Box 95  
TD Centre North Tower  
Toronto, ON M5K 1G8

Attention: James Merryweather  
Telephone: 416-862-7785, Extension 3  
E-mail: [jmerryweather@schonfeldinc.com](mailto:jmerryweather@schonfeldinc.com)  
Fax: 416-862-2136

**FAILURE TO FILE YOUR PROOF OF CLAIM AS DIRECTED BY THE CLAIMS BAR DATE WILL RESULT IN YOUR CLAIM BEING BARRED AND IN YOU BEING PREVENTED FROM MAKING OR ENFORCING A CLAIM AGAINST THE COMPANY. In addition, you shall not be entitled to further notice, and shall not be entitled to participate as a Claimant, in these proceedings.**

Dated at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 2019.

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Signature of Claimant