

**Schedule "2"**

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**PROOF OF CLAIM**

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**IN RESPECT OF CLAIMS AGAINST  
INDALEX LIMITED, INDALEX HOLDINGS (B.C.) LTD.,  
6326765 CANADA INC. AND NOVAR INC.  
(collectively, the "Applicants")**

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**IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT,  
R.S.C. 1985, c., C-36, as amended**

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**A. PARTICULARS OF CREDITOR**

1. Full Legal Name of Creditor: \_\_\_\_\_ (the "Creditor").  
*(Full legal or Corporate name should be the name of the original Creditor. Do not file separate Proofs of Claim by division of the same Creditor.)*
  
2. Full Mailing Address of the Creditor:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
  
3. Telephone Number of Creditor: \_\_\_\_\_<sup>1</sup>
  
4. Facsimile Number of Creditor: \_\_\_\_\_<sup>1</sup>
  
5. Attention (Contact Person): \_\_\_\_\_<sup>1</sup>
  
6. Email address: \_\_\_\_\_<sup>1</sup>
  
7. Has the Claim been sold or assigned by Creditor to another party?  
Yes\_\_\_ No\_\_\_ (If yes please complete section D)

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<sup>1</sup> IN ORDER TO ENSURE ALL CLAIMS ARE PROCESSED IN AN EXPEDITED MANNER YOU MUST PROVIDE ONE (1) OR MORE OF YOUR TELEPHONE NUMBER, FAX NUMBER OR EMAIL ADDRESS.

**B. PROOF OF CLAIM:**

I, \_\_\_\_\_ [Name of Creditor or Representative of the Creditor], do hereby certify:

A) that I am (please check one):

\_\_\_ the Creditor; or  
\_\_\_ hold the following position of \_\_\_\_\_ of the Creditor

and have personal knowledge of all the circumstances connected with the Claim described herein;

B) The Creditor is owed as follows:

**Secured Claim** \$ \_\_\_\_\_ Cdn on a secured basis,  
I have valued my security at \$ \_\_\_\_\_ (this will be the amount at which you value your secured claim, the difference between the secured claim amount and the value of your security will be the amount of your unsecured claim)

**Unsecured Claim** \$ \_\_\_\_\_ Cdn on an unsecured basis

*Note: Claims in a foreign currency are to be converted to Canadian dollars at the exchange rate of the Bank of Canada as at the Filing Date, April 3, 2009. For example, the U.S. to Canadian Dollar exchange rate conversion on such date was U.S.\$1 = CDN\$0.8056).*

**C. PARTICULARS OF CLAIM:**

Name of the entity and the amount for each entity which owes the amount claimed:

	<b>Secured</b>	<b>Unsecured</b>
<input type="checkbox"/> Indalex Limited	\$ _____	\$ _____
<input type="checkbox"/> Indalex Holdings (B.C.) Ltd.	\$ _____	\$ _____
<input type="checkbox"/> 6326765 Canada Inc.	\$ _____	\$ _____
<input type="checkbox"/> Novar Inc	\$ _____	\$ _____

Description of transaction, agreement or event giving rise or relating to the Claim:

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

If the Claim is contingent or unliquidated, state the basis and provide evidence upon which the Claim has been valued:

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

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Description of security, if any, granted to the Creditor or assigned by Creditor in respect of the Claim:

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Estimated value of security outlined above as at the date of the Claim:

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***IF CLAIMANTS REQUIRE ADDITIONAL SPACE THEN PROVIDED HEREIN, PLEASE ATTACH A SCHEDULE HERETO. CLAIMANTS SHOULD ALSO PROVIDE COPIES OF ALL RELEVANT AGREEMENTS***

A DETAILED, COMPLETE STATEMENT OF ACCOUNT MUST BE ATTACHED TO THE PROOF OF CLAIM WHICH MUST SHOW THE DATE, THE NUMBER AND THE AMOUNT OF EACH INVOICE OR CHARGE, TOGETHER WITH THE DATE, THE NUMBER AND THE AMOUNT OF ALL CREDITS, COUNTERCLAIMS, DISCOUNTS, PAYMENTS, ETC., TO WHICH THE APPLICANTS ARE ENTITLED.

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

1. Full Legal Name of Assignee(s) of Claim (if all or a portion of the Claim has been sold). If there is more than one assignee, please attach separate sheets with the following information:

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(the "Assignee(s)")

Amount of Total Claim Assigned \$ \_\_\_\_\_  
Amount of Total Claim Not Assigned \$ \_\_\_\_\_

Total Amount of Claim \$ \_\_\_\_\_  
(should equal "Total Claim" as entered on Section B)

2. Full Mailing Address of Assignee(s):

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3. Telephone Number of Assignee(s): \_\_\_\_\_
4. Facsimile Number of Assignee(s): \_\_\_\_\_
5. Email address of Assignee(s): \_\_\_\_\_
6. Attention (Contact Person): \_\_\_\_\_

**E. FILING OF CLAIMS:**

**The duly completed Proof of Claim together with supporting documentation must be returned and received by the Monitor, no later than 5:00 pm (Eastern Daylight Savings Time) on August 28, 2009, to the following email address, address or facsimile:**

Failure to file your Proof of Claim by such date will result in your claim being forever extinguished and barred and you will be prohibited from making or enforcing a Claim against the Applicants.

This Proof of Claim must be delivered by email, facsimile transmission, personal delivery, courier or prepaid mail at the following address:

**Address of Monitor:**

Indalex Limited and/or  
Indalex Holdings (B.C.) Ltd. and/or  
6326765 Canada Inc. and/or  
Novar Inc.  
c/o FTI Consulting Canada ULC,  
TD Canada Trust Tower  
161 Bay Street, 27<sup>th</sup> Floor  
Toronto, Ontario M5J 2S1

Attention: Ms. Rachel Gillespie

Telephone: (416)-572-2476  
Facsimile: (416)-572-4068  
E-mail: rachel.gillespie@fticonsulting.com

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of individual completing this form)

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

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