

**Schedule "4"**

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**NOTICE OF DISPUTE**

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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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Pursuant to the order of the Honourable Mr. Justice Morawetz dated July 30, 2009, we hereby give you notice of our intention to dispute the Notice of Revision or Disallowance issued by FTI Consulting Canada ULC in its capacity as Monitor of the Applicants in respect of our Claim.

**A. PARTICULARS OF CREDITOR:**

(1) Full Legal Name of Creditor: \_\_\_\_\_

(2) Full Mailing Address of Creditor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(3) Telephone Number of Creditor: \_\_\_\_\_ <sup>1</sup>

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<sup>1</sup> **IN ORDER TO ENSURE ALL CLAIMS ARE PROCESSED IN AN EXPEDITED MANNER YOU MUST PROVIDE**

(4) Facsimile Number of Creditor: \_\_\_\_\_ 1

(5) E-mail Address of Creditor: \_\_\_\_\_ 1

(6) Attention (Contact Person): \_\_\_\_\_ 1

**B. PARTICULARS OF ORIGINAL CREDITOR FROM WHOM YOU ACQUIRED CLAIM, IF APPLICABLE:**

(1) Have you acquired this Claim by assignment? Yes  No   
(if yes, attach documents evidencing assignment)

(2) Full Legal Name of original creditor(s): \_\_\_\_\_

**C. DISPUTE :**

We hereby disagree with the value of our Claim as set out in the Notice of Revision or Disallowance:

	Claim per Notice of Revision or Disallowance	Claim per Creditor	Indicate Secured/ Unsecured
Indalex Limited	\$	\$	
Indalex Holdings (B.C.) Ltd.	\$	\$	
6326765 Canada Inc.	\$	\$	
Novar Inc.	\$	\$	
Total Claim	\$	\$	

**D. REASONS FOR DISPUTE:**

*(Provide full particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the Claim, name of any guarantor(s) which has guaranteed the Claim, and amount of Claim allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed.)*

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**ONE (1) OR MORE OF YOUR TELEPHONE NUMBER, FAX NUMBER OR EMAIL ADDRESS.**

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**THIS FORM AND SUPPORTING DOCUMENTATION TO BE RETURNED BY FACSIMILE TRANSMISSION, COURIER, PERSONAL SERVICE OR PREPAID MAIL TO THE ADDRESS INDICATED HEREIN AND TO BE RECEIVED BY 5:00 P.M. (EASTERN STANDARD TIME) ON THE DAY WHICH IS FOURTEEN (14) DAYS AFTER THE DATE OF THE NOTICE OF REVISION OR DISALLOWANCE, OR SUCH LATER DATE AS THE COURT MAY ORDER.**

*Address for Service of Dispute Notices:*

**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

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