

FORM OF PROOF OF CLAIM

IN THE MATTER OF THE RECEIVERSHIP OF BETA ENERGY CORP. AND THE KADEN CREDITOR TRUST.

Please read the enclosed Claims Process Instruction Letter carefully prior to completing this Proof of Claim Form. All capitalized terms not otherwise defined in this document have the same meanings as are found in Schedule “A” of the Claims Process Order.

Please also review the Claims Process Order, which is posted to the Receiver’s Website at: <https://cfcanada.fticonsulting.com/kadenenergy>.

You only need to complete this Proof of Claim Form if:

- (a) you have received a Claims Notice as part of your Claims Package and disagree with the amount, classification or priority of the Claim as set out in the Claims Notice; or
- (b) you have not received a Claims Notice as part of your Claims Package and wish to assert a Claim against the Debtors or the receivership estate; or
- (c) you have not received a Claims Package and wish to assert a Claim against the Debtors or the receivership estate.

CASE REFERENCE NUMBER: _____ *(to be entered by the Receiver)*

Regarding the claim of _____ (the “**Creditor**”), all notices or correspondence regarding this Claim to be forwarded to the Creditor at the following address:

Full Legal Name of Creditor:

Full Mailing Address:

Contact Person Name and Position:

Contact Person Telephone Number: _____

Contact Person Email address: _____

In the Matter of the Receivership of Beta Energy Corp. and the Kaden Creditor Trust, and the Claim of _____ (*name of Creditor*)

I, _____ (*name of Creditor or representative of the Creditor*), of _____ (*city and province*) do hereby certify that:

☐ **1.** I am the Creditor
or

☐ I am _____ of the Creditor.
(*if an officer or employee of the company, state position or title*)

2. I have knowledge of all the circumstances connected with the Claim referred to in this form.

3. _____ (*Beta Energy Corp. and/or Kaden Energy Ltd.*) (the “**Debtor**”) was, as at February 13, 2025, and still is indebted to the Creditor in the sum of \$_____, as specified below and in the Statement of Account or Affidavit attached and marked as Schedule “A” hereto, after deducting any counterclaim to which the Debtor is entitled:

Debtor Name:	Amount of Claim:	Whether the Claim is Secured	Value of Security Held (if any)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

(*Provide full particulars of the Claim, including amount, description of transaction(s) or agreement(s) giving rise to the Claim, name of any guarantor(s) which have guaranteed the Claim, particulars and copies of any security and amount of Claim allocated thereto, date and*

number of invoices, particulars of all credits, discounts, etc., claimed. Attach all supporting documents as Schedule "A" to this Proof of Claim.)

All information submitted in this Proof of Claim must be true, accurate and complete. Filing false information relating to your Claim may result in your Claim being disallowed in whole or in part and may result in further penalties.

This Proof of Claim must be received by the Receiver by 4:00 p.m. (Calgary time) on September 30, 2025 (the "Claims Bar Date").

IF YOU DO NOT RECEIVE A CLAIMS NOTICE FROM THE RECEIVER ASSESSING YOUR CLAIM, AND YOU FAIL TO FILE A PROOF OF CLAIM FORM BY THE CLAIMS BAR DATE, YOUR CLAIM(S) WILL BE FOREVER BARRED AND EXTINGUISHED, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST THE DEBTORS OR THE RECEIVERSHIP ESTATE.

This Proof of Claim Form must be delivered by registered mail, courier, email (in one PDF file), or personal delivery addressed to:

**FTI Consulting Inc., in its capacity as the Court-Appointed
Receiver and Manager of Beta Energy Corp. and Trustee of
the Kaden Creditor Trust**

Suite 1610, 520 Fifth Avenue SW
Calgary, Alberta T2P 3R7

Attention: Longmai Yan
Phone: (604) 628-2069
Email: KadenEnergy@FTIConsulting.com

DATED at _____ this ____ day of _____, 2025.

WITNESS

(CREDITOR NAME)

Per: _____
Name:

Per: _____
Name:
Title: