

**SCHEDULE "C"**

**PROOF OF CLAIM AGAINST 1281805 BC LTD. (THE "COMPANY")**

**PURSUANT TO THE CLAIMS PROCESS ORDER**

The creditor's preference is to receive all notices and correspondence regarding this claim at the following address *and/or* facsimile number *and/or* email address (a mailing address must be provided in all cases):

**A. PARTICULARS OF CREDITOR:**

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

2. Full Mailing Address of the Creditor (the original Creditor and 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 Creditor to another party [check (✓) one]?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**B. PARTICULARS OF ASSIGNEE(S) (IF ANSWER TO QUESTION 7 IS YES):**

8. Full Legal Name of Assignee(s): \_\_\_\_\_

(If Claim has been assigned, insert 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 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 Creditor or representative of the Creditor],

of \_\_\_\_\_ do hereby certify that:  
 [City and Province]

(a) I [check (✓) one]

am the Creditor of the Company; OR

am \_\_\_\_\_ (state position or title) of the Creditor;

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

(c) the Company was and still is indebted to the Creditor as follows:

TOTAL CLAIM: CDN\$ \_\_\_\_\_

(Claims in a foreign currency are to be converted to Canadian Dollars at the Bank of Canada noon spot rate as at March 26, 2026. The Canadian Dollar/U.S. Dollar rate of exchange on that date was CDN\$0.7223/US\$1.00).

**D. NATURE OF CLAIM:**

UNSECURED CLAIM OF \$ \_\_\_\_\_ (please state principal amount only)

That in respect of this debt, I do not hold any security and

(check (✓) appropriate description)

- Regarding the amount of \$\_\_\_\_\_, I do not claim a right to a priority.
- Regarding the amount of \$\_\_\_\_\_, I claim a right to a priority under section 136 of the *Bankruptcy and Insolvency Act* (Canada) (the “**BIA**”) or would claim such a priority if this Proof of Claim were being filed in accordance with the BIA.

(Set out on an attached sheet details to support priority claim.)

**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, name of any guarantor which has guaranteed the Claim, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by the Company to the Creditor and estimated value of such security, and particulars of any interim period claim.)

**This Proof of Claim must be received by the Monitor by no later than 5:00 p.m. (Vancouver time) on May 27, 2026 (“Claims Bar Date”), by prepaid ordinary mail, courier, personal delivery or electronic or digital transmission at the following address:**

FTI Consulting Canada Inc.  
Suite 1450, P.O. Box 10089  
701 West Georgia St.  
Vancouver, BC V7Y 1B6

**Attention: Tessa Chiricosta**

Email: [Tessa.Chiricosta@fticonsulting.com](mailto:Tessa.Chiricosta@fticonsulting.com)  
Telephone: 289 681 7260

**F. FILING OF CLAIM:**

**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 such Claim against the Company. In addition, you shall not be entitled to any further notice in, and shall not be entitled to participate in these proceedings.**

**Warning:**

Subsection 201(1) of the Act provides for the imposition of severe penalties in the event that a creditor or a person claiming to be a creditor makes any false claim, proof, declaration or statement of account.

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

\_\_\_\_\_  
Signature of creditor or representative

*Note: If an affidavit is attached, it must have been made before a person qualified to take affidavits.*

## INSTRUCTIONS FOR COMPLETION OF PROOF OF CLAIM

**Address:** Please ensure that you complete the full name and delivery address, including fax number and email address of the creditor making the claim, as all future notices and correspondence regarding your Claim will be forwarded to this address, or to the e-mail address or facsimile address below if appropriate.

**Amount of the Claim:** The amount of the Claim must be calculated as of March 26, 2026, and cannot include any charges or interest incurred thereafter. If your claim is in currency other than Canadian Dollars, you must convert to Canadian Dollars using the conversion rate in effect on March 26, 2026.

**Proper Completion:** The Proof of Claim is incomplete and may not be accepted unless you have:

- (a) completed your full name and delivery address, and if available, fax number and email address;
- (b) included the amount of the claim and checked the box to signify whether the claim is secured or unsecured;
- (c) included a statement and description of the Claim as required in the Schedules;
- (d) attached all supporting documents including statements of accounts and/or invoices in support, showing the dates and values of the claim, in conformance with the amount of the Claim, and all relevant security as required in the Schedules; and
- (e) signed and dated the Proof of Claim.

**Failure to properly complete or return your Proof of Claim by the Claims Bar Date set out in the Instruction Letter and the Proof of Claim will result in your Claim being barred and extinguished, without any further entitlement to recover on your Claim from the Company.**

**Delivery:** The duly completed Proof of Claim, together with all schedules and accompanying documents, must be delivered to the Proposal Trustee by ordinary mail, registered mail, courier, facsimile, e-mail message or personal delivery and be received by the Proposal Trustee, on or before the Claims Bar Date at:

FTI Consulting Canada Inc.  
Suite 1450, P.O. Box 10089

701 West Georgia St.  
Vancouver, BC V7Y 1B6

**Attention: Tessa Chiricosta**

Email: [Tessa.Chiricosta@fticonsulting.com](mailto:Tessa.Chiricosta@fticonsulting.com)

Telephone: 289 681 7260

**Disallowance:** The Proposal Trustee is entitled to disallow your Proof of Claim in whole or in part. **If your Claim is disputed in whole or in part the Proposal Trustee will send you a Notice of Disallowance along with particulars as to how you may dispute the Notice of Disallowance. If you do not receive a Notice of Disallowance by that deadline, the Proposal Trustee has accepted your Claim for the purpose of voting on and receiving any distribution under proposals of the Company under the BIA.**