



Bow Valley Square 4 Suite 1110, 250 - 6th Avenue SW Calgary, Alberta T2P 3H7 Phone: +1 403 538 7555

Fax: +1 403 538 7551

NOTICE OF REVISION OR DISALLOWANCE

(Claims Process)

Claim Reference Number:
Name of Claimant:
Capitalized terms not otherwise defined in this Notice of Revision or Disallowance have the meaning ascribed to them in the Claims Process. All dollar values contained herein are in Canadian dollar unless otherwise noted.
Pursuant to the Referee Order, Alvarez & Marsal Canada Inc., in its capacity as Court-appointed Referee of 1178929 Alberta Ltd., and not in its personal or corporate capacity, hereby gives you notice that it has reviewed your Proof of Claim and has revised or disallowed your Claim. Subject to further dispute by you in accordance with the Referee Order, your Claim will be allowed as follows:
Amount Per Proof of Claim Amount Allowed by Referee
Unsecured Claim
Secured Claim
REASON(S) FOR THE REVISION OR DISALLOWANCE:

SERVICE OF DISPUTE NOTICES

If you intend to dispute this Notice of Revision or Disallowance, you must within fifteen (15) days from the date you received (or are deemed to have received) this Notice of Revision or Disallowance deliver to the Referee a Dispute Notice (in the form enclosed) either by prepaid registered mail, courier or electronic mail to the address below.

TO THE REFEREE

ALVAREZ & MARSAL CANADA INC.

Bow Valley Square IV Suite 1110, 250 6th Avenue SW Calgary, AB T2P 3H7 Attention: Duncan MacRae

E-mail: <u>dmacrae@alvarezandmarsal.com</u>

IF YOU FAIL TO FILE YOUR DISPUTE NOTICE WITHIN FIFTEEN (15) DAYS OF THE DATE YOU RECEIVED (OR ARE DEEMED TO HAVE RECEIVED) THIS NOTICE OF REVISION OR DISALLOWANCE, THE VALUE OF YOUR CLAIM WILL BE DEEMED TO BE ACCEPTED AS FINAL AND BINDING AS SET OUT IN THIS NOTICE OF REVISION OR DISALLOWANCE.

(city)

Dated at	(city),	(<i>province</i>), this
day of	, 20	
		ALVAREZ & MARSAL CANADA INC., in its capacity as Court-appointed Referee of the Debtor and not in its personal or corporate capacity
		Per:



DISPUTE NOTICE

(Claims Process)

Claim Reference Number:
Particulars of Claimant:
Full Legal Name of Claimant (include trade name, if different): (the "Claimant").
Full Mailing Address of the Claimant:
Other Contact Information of the Claimant:
Telephone Number:
E-mail Address:
Attention (Contact Person):
2. Particulars of original Claimant from whom you acquired the Claim, if applicable:
Have you acquired this Claim by assignment? If yes, if not already provided, attac documents evidencing assignment.
Yes: □ No: □
Full Legal Name of original Claimant(s):
3. Dispute of Revision or Disallowance of Claim :
The Claimant hereby disagrees with the value or priority of its Claim as set out in the Notic of Revision or Disallowance and asserts a Claim as follows:
Amount Per Referee Amount Claimed by Claimant
Unsecured Claim
Secured Claim

REASON(S	REASON(S) FOR THE DISPUTE (You must include a list of reasons as to why you are disputing your					
Claim as se	t out in the Notice of Rev	ision or Disa	llowance.):			
SERVICE O	OF DISPUTE NOTICES					
-	·		•	ou must within fifteen (15) days of		
the date of	receipt of the Notice of	f Revision o	or Disallowance	deliver to the Referee this Dispute		
Notice either	er by prepaid registered n	nail, courier,	or electronic ma	ail to the following address. Dispute		
Notices sha	II be deemed to be receive	ed in accorda	ance with the time	elines set out in the Claims Process.		
	TO THE REFEREE					
	ALVAREZ & MARSA	L CANADA	INC.			
	Bow Valley Square IV	/				
	Suite 1110, 250 6 th A					
	Calgary, AB T2P 3H7					
	Attention: Duncan Ma E-mail: dmacrae@alv		rsal com			
	E maii. <u>amadadaaa</u>	<u>urozuriamur</u>	<u> </u>			
Dated at		(city),		(province), this		
day of		, 20				
Witness			Claimant			