

## CURE AMOUNTS OBJECTION NOTICE

We hereby give you notice of our intention to dispute the Cure Amounts set forth in the Cure Amounts Notice dated \_\_\_\_\_ issued in respect of our Assumed Contract(s).

We assert that the Cure Amounts with respect to the Assumed Contract(s) set forth in the Cure Amounts Notice are:

---

---

**Reasons for Dispute** (attach extra sheets and copies of all supporting documentation if necessary):

---

---

---

---

Name of Assumed Contract Notice Party: \_\_\_\_\_

---

(Signature of individual completing this Dispute)

Date

---

(Please print name)

Telephone Number:

---

E-mail address:

---

Full Mailing Address:

---

---

**THIS FORM MUST BE RETURNED TO THE MONITOR SUCH THAT IT IS  
RECEIVED NO LATER THAN 5:00 P.M. (TORONTO TIME) ON JUNE 24, 2025.**

**THIS FORM MUST BE RETURNED TO:**

Alvarez & Marsal Canada Inc.,  
in its capacity as Court-appointed monitor of the Applicants  
Royal Bank Plaza, South Tower  
200 Bay Street, Suite 3501  
Toronto, ON M5J 2J1

E-mail: [LiCycle@alvarezandmarsal.com](mailto:LiCycle@alvarezandmarsal.com)

with a copy to:  
Osler, Hoskin & Harcourt LLP  
100 King Street West  
First Canadian Place, Suite 6200  
Toronto, ON M5X 1B8  
Attention: Michael De Lellis / Martino Calvaruso  
Email: [mdelellis@osler.com](mailto:mdelellis@osler.com) / [mcalvaruso@osler.com](mailto:mcalvaruso@osler.com)