

PROOF OF CLAIM

FOR CLAIMS AGAINST BC TREE FRUITS COOPERATIVE, BC TREE FRUITS INDUSTRIES LIMITED, AND GROWERS SUPPLY COMPANY LIMITED (COLLECTIVELY, THE "PETITIONERS") AND CLAIMS AGAINST THE DIRECTORS AND OFFICERS.

A: PARTICULARS OF CLAIMANT

Regarding the claim of _____ (referred to in this form as "**the claimant**"). (name of claimant)

All notices or correspondence regarding this claim to be forwarded to the claimant at the following address:

Telephone: _____ Fax: _____

Email: _____

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

Have you acquired this Claim by assignment?

Yes: ☐ No: ☐ (if yes, attach documents evidencing assignment)

If Yes, Full Legal Name of Original Claimant(s): _____

C. PROOF OF CLAIM

THE UNDERSIGNED CERTIFIES AS FOLLOWS:

1. I am the claimant [or hold the position of _____, of the claimant].
(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. The Petitioner was and still is indebted to the claimant as follows:

	Name of Petitioner OR Directors and/or Officers	Class of Claim (i.e. Pre-Filing Claim, Restructuring Period Claim, D&O Claim)	Amount of Claim (include the foreign currency if not Canadian Dollars)
1.			\$
2.			\$
3.			\$
4.			\$
TOTAL AMOUNT OF CLAIMS			\$

All Claims are presumed to be in Canadian Dollars. Denominations in any other currency shall be converted to Canadian Dollars at the relevant exchange rate on the Filing Date.

D: NATURE OF CLAIM

4. Complete appropriate category:

a. **Total unsecured claim of \$**_____.

b. **Total secured claim of \$**_____.

In respect of the said debt, the creditor holds security over the assets of _____

valued at \$_____ as security, the particulars of which security and value are attached

to this Proof of Claim Form.

E: PARTICULARS OF CLAIM

Provide full particulars of the Claim (including Pre-Filing Claims, Restructuring Period Claims or any D&O Claims), 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". In the event that any part of your claim also includes a claim amount against the Directors and Officers, please particularize the exact amount claimed against the Directors and Officers and the accompanying legal analysis. If you fail to sufficiently explain the legal analysis in respect of any claim against the Directors and Officers, that portion of the claim will be revised or disallowed.

F: FILING OF CLAIM

For Pre-Filing Claims and D&O Claims, this Proof of Claim must be returned to and received by the Monitor by 5:00 p.m. (Vancouver Time) on the Claims Bar Date (June 6, 2025).

For Restructuring Period Claims, this Proof of Claim must be returned to and received by the Monitor by 5:00 p.m. (Vancouver Time) on the date that is 20 days after the date of the applicable Notice of Disclaimer or Resiliation.

In each case, completed forms must be delivered by email, prepaid registered mail, courier, or personal delivery to the Monitor at the following address:

Alvarez & Marsal Canada Inc.
925 West Georgia Street, Suite 902
Vancouver, BC V6C 3L2
email: bctreefruits@alvarezandmarsal.com

Attention: Pinky Law and Anthony Tillman

IF YOU FAIL TO COMPLETE AND SUBMIT A PROOF OF CLAIM IN ACCORDANCE WITH THE CLAIMS PROCESS ORDER BY THE CLAIMS BAR DATE AND/OR THE RESTRUCTURING CLAIMS BAR DATE, AS APPLICABLE, YOUR CLAIM WILL BE BARRED AND EXTINGUISHED AND MAY NOT THEREAFTER BE ADVANCED AGAINST THE PETITIONERS OR THE DIRECTORS AND OFFICERS.

If you have any questions about the Claims Process or this Proof of Claim you may contact the Monitor by email at bctreefruits@alvarezandmarsal.com, or visit the Monitor's website at: <https://www.alvarezandmarsal.com/bctreefruits>

Dated at _____, this _____ day of _____, 2025.

Witness _____

Per:

Per:

(signature of individual completing the form)

Must be signed and witnessed