

**PROOF OF CLAIM FORM
FOR CLAIMS AGAINST MOUNTAIN EQUIPMENT CO-OPERATIVE AND 1314625
ONTARIO LIMITED (THE "PETITIONERS")**

1 NAME OF THE PETITIONER OR PETITIONERS (THE "DEBTOR(S)") THE CLAIM IS BEING MADE AGAINST:

Debtor(s): _____

2 (A) PARTICULARS OF CLAIMANT OR EMPLOYEE CLAIMANT

Full Legal Name of Claimant or
Employee Claimant:

Full Mailing Address of Claimant or
Employee Claimant:

Telephone Number of Claimant or
Employee Claimant:

Facsimile Number of Claimant or
Employee Claimant:

E-mail Address of Claimant or Employee
Claimant:

Attention (Contact Person):

(B) PARTICULARS OF ORIGINAL CLAIMANT FROM WHOM YOU ACQUIRED CLAIM, IF APPLICABLE

(i) Has the Claimant or Employee Claimant acquired this Claim by assignment? Yes No

(ii) If yes, attach documents evidencing assignment and provide full particulars of the original Claimant from whom the Claim was acquired from:

Full Legal Name of original Claimant: _____

Full Mailing Address of original Claimant: _____

Telephone Number of original Claimant: _____

Facsimile Number of original Claimant: _____

E-mail Address of original Claimant: _____

Attention (Contact Person): _____

3 AMOUNT AND TYPE OF CLAIM

The Debtor was and still is indebted to the Claimant or Employee Claimant as follows:

Currency:	Amount of <u>Pre-Filing</u> Claim (including interest up to and including September 14, 2020):	Whether Claim is Secured:	Value of Security Held, if any:
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Currency:	Amount of <u>Restructuring Period</u> Claim:	Whether Claim is Secured:	Value of Security Held, if any:
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Currency:	Amount of <u>Employee Claim</u> :	Whether Claim is Secured:	Value of Security Held, if any:
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

4 DOCUMENTATION

Provide all particulars of the Claim and supporting documentation, including amount, and description of transaction(s) or agreement(s), or legal breach(es) giving rise to the Claim, including any claims assignment/transfer agreement or similar document, if applicable, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by the affected Debtor to the Claimant or the Employee Claimant and estimated value of such security.

It is important that you provide ALL reasons for disputing your proof of claim and any documentation and information in support of your Proof of Claim to the Monitor by the Claims Bar Date, including but not limited to the details of any legal issues that you intend to raise with respect to your claim, any facts or circumstances relevant to your proof of claim and all relevant documents, including but not limited to: payroll remittance stubs, employment contracts, email and correspondence from Human Resources in respect of compensation matters, details supporting any recalculation of your Employee Claim, correspondence to the Petitioners from your legal counsel and/or correspondence from provincial employment standards personnel in respect of any recalculation of your Employee Claim, and other such documentation.

Under the Claims Process Order, appeals from determinations of any claims will be conducted as true appeals, and you may be barred from submitting further evidence or advancing further legal positions at a later date if such evidence and legal positions were not included in your Proof of Claim.

We have attached a form for you to provide details of your claim as "Appendix 1". However, if you require further space to set out the details of your claim, please submit such details in the form of your choosing. Please feel free to contact the Monitor should you have any questions about how to complete the Proof of Claim.

CERTIFICATION

I hereby certify that:	
(a)	I am the Claimant, Employee Claimant or authorized representative of the Claimant or Employee Claimant.
(b)	I have knowledge of all the circumstances connected with this Claim.
(c)	The Claimant or Employee Claimant asserts this Claim against the Debtor(s) as set out above.
(d)	Complete documentation in support of this Claim is attached.
Signature: _____	Witness: _____ (signature)
Name: _____	_____ (print)
Title: _____	
Dated at _____ this ____ day of _____, 20__.	

5 FILING OF CLAIM AND APPLICABLE DEADLINES

For Pre-Filing Claims and Employee Claims, this Proof of Claim must be returned to and received by the Monitor by 5:00 p.m. (Vancouver time) on February 10, 2021 (the “**Claims Bar Date**”).

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 later of (i) the date that is 45 days after the date on which the Monitor sends a Claims Package with respect to a Restructuring Period Claim and (ii) the Claims Bar Date (the “**Restructuring Period Claims Bar Date**”).

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

Alvarez & Marsal Canada Inc.
400 Burrard St #1680
Vancouver, BC V6C 3A6
Attention: Nishant Virmani
Email: MEC@alvarezandmarsal.com
Fax: (604) 638-7441

Failure to file your Proof of Claim so that it is actually received by the Monitor on or before 5:00 p.m. (Vancouver time) on the Claims Bar Date or the Restructuring Period Claims Bar Date, as applicable, WILL result in your Claim being forever barred and you will be prevented from making or enforcing your Claim against the Petitioners. In addition, you shall not be entitled to further notice of and shall not be entitled to participate as a creditor in the Petitioners’ CCAA proceedings.

