## **ONTARIO**

# SUPERIOR COURT OF JUSTICE COMMERCIAL LIST

# IN THE MATTER OF THE RECEIVERSIHP OF 1725587 ONTARIO INC. (c.o.b. Health and HarMONEY) AND HARMONEY CLUB INC.

# NOTICE OF DISPUTE OF REVISION OR DISALLOWANCE

A.	DETAILS OF CREDITOR:		
	(1) (2)	Full Legal Name of Creditor: Full Mailing Address of Creditor:	
	, ,	C	
	(3)	Telephone Number of Creditor:	
	(4)	Facsimile Number of Creditor:	
	(6)	Attention (Contact Person):	

# B. DISPUTE OF CLAIM SET OUT IN NOTICE OF REVISION OR DISALLOWANCE:

The undersigned hereby disputes the amount of the undersigned's Claim or Claims as set out in the Notice of Revision or Disallowance and certifies that such Claim or Claims is or are as follows:

#### C. REASONS FOR DISPUTE:

(Provide full details of your Claim or Claims set out in the Notice of Revision or Disallowance and copies of all supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to each Claim or Claims, name of any guarantor(s) which has guaranteed any Claim, date and number of all invoices, particulars of all credits, discounts, etc. claimed and whether a Claim is a contingent claim.)

(List all reasons why you are disputing the Claim or Claims set out in the Notice of Revision or Disallowance.)

This Notice of Dispute of Revision or Disallowance must be provided to and received by the Receiver on or before December 30, 2010, at the following address:

## **BDO CANADA LIMITED**

Court Appointed Receiver and Manager of 1725587 Ontario Inc. (c.o.b. Health and HarMONEY) and Harmoney Club Inc.

123 Front Street W.

Suite 1200

Toronto, Ontario M5J 2M2

Canada

DATED this day of , 2010.

Attention: Gary Cerrato

(Print name of Creditor or, if the Creditor is a corporation, the name of the Creditor and the name of the authorized signing officer of the corporation)

(Signature of Creditor or, if the Creditor is a corporation, the signature of the authorized signing officer of the corporation)