PROOF OF CLAIM

(See attached for instructions)

IN THE MATTER OF THE NOTICE OF INTENTION TO MAKE A PROPOSAL OF KADEN ENERGY LTD. ("Kaden")

	rding the claim of _ as the " Claimant ").	(referred to in this (Name of Claimant)
All not	tices or corresponde	nce regarding this claim to be forwarded to the Claimant at the following address:
Teleph	none Number:	
Facsin	nile Number:	
Attenti	ion (Contact Person)	:
Email	Address:	
		ndence will be delivered to the designated email address unless the Claimant ardcopies be provided)
	Please provide ha	rdcopies of materials to the address above.
I, of		(name of the Claimant or representative of the Claimant), (City, Province or State) do hereby certify that:
I am t	he Claimant; or,	
I am _		(state position/title) of the Claimant.
I have	knowledge of all the	e circumstances connected with the claim referred to in this form.
\$CAD		6, 2024, and still is, indebted to the Claimant in the sum of:(insert \$CAD value of claim) as shown by the statement of account ed Schedule "A".
of the	e delivery of all serv mentation evidencing	must specify the evidence in support of the claim including the date and location ices and materials. Any claim for interest must be supported by contractual the entitlement to interest. Claims should not include the value of goods and/or st accrued after March 6, 2024.
	oting and distribution claim is as follows:	purposes in connection with these proceedings, the quantum and classification
	A. UNSECU does not hold and	RED CLAIM OF \$ In respect of this claim, the Claimant has not held any assets as security.
□ holds	B. SECURE assets valued at \$_	CLAIM OF \$ In respect of this claim, the Claimant as security, particulars of which are as follows:

If applicable, give the full particulars of the security, including the date on which the security was given and the value at which the Claimant assesses the security together with the basis of valuation, and attach a copy of the security documents as Schedule "B".

DATED this day of	, 2024
Witness	Per:
	Print name of Claimant:
	If Claimant is other than an individual, print name and title of authorized signatory
	Name:
	Title: