

**ADJ HOLDINGS INC.**

Applicant

- and -

**HORIZEN DEVELOPMENTS GP CORP.**

Respondent

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**PROOF OF CLAIM**

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**1. PARTICULARS OF CLAIMANT**

Full Legal Name of Claimant: \_\_\_\_\_ (the "**Claimant**")  
*(the full legal or corporate name should be the name of the original Claimant)*

Full Mailing Address of the Claimant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number of the Claimant: \_\_\_\_\_

Facsimile Number of the Claimant: \_\_\_\_\_

Contact Person of the Claimant: \_\_\_\_\_

Email Address of the Contact Person: \_\_\_\_\_

Was the Claim sold or assigned to another party?  Yes  No

**2. PROOF OF CLAIM**

I, \_\_\_\_\_ [name of the Claimant or the Representative], do hereby certify:

That I:  am the Claimant; or  
 Hold the following position \_\_\_\_\_ of the Claimant and having personal knowledge of all of the circumstances connected with the Claim as described herein.

**3. PARTICULARS OF CLAIM**

Amount	Currency	Claim Specification
_____	_____	_____
Total \$	_____	_____

Description of transaction, agreement or event giving rise or relating to the Claim. Please include contract, invoices, and evidence of preservation and perfection of lien (if applicable) along with any other relevant information:

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If the Claim includes an amount for any accrued interest thereon and costs payable in respect thereof, state the basis for such interest and/or cost claim, the rate of interest, and provide evidence upon which the claim for interest and/or costs is being made:

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If the claim is contingent or unliquidated, state the basis and provide evidence upon which the Claim has been valued:

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IF CLAIMANTS REQUIRE ADDITIONAL SPACE, PLEASE ATTACH A SCHEDULE HERETO. CLAIMANTS SHOULD PROVIDE PARTICULARS OF THE CLAIM AND COPIES OF ALL SUPPORTING DOCUMENTATION, INCLUDING AMOUNT AND DESCRIPTION OF TRANSACTION(S), AGREEMENT(S) OR LEGAL BREACH(ES) GIVING RISE TO THE CLAIM.

**4. PARTICULARS OF ASSIGNEE(S) (IF ANY):**

Full Legal Name of Assignee(s) of the Claim (if all or a portion of the Claim has been sold). If there is more than one assignee, please attach separate sheets with the following information (the "Assignee(s)")

Amount of Claim Assigned: \$ \_\_\_\_\_

Amount of Claim Not Assigned: \$ \_\_\_\_\_

Total Amount of Claim: \$ \_\_\_\_\_

(should equal total amount of Claim in Section 3 above)

Mailing Address of Assignee(s):

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Telephone Number of the Assignee: \_\_\_\_\_

Facsimile Number of the Assignee: \_\_\_\_\_

Contact Person of the Assignee: \_\_\_\_\_

Email Address of Contact Person: \_\_\_\_\_

**5. FILING CLAIMS:**

The duly completed Proof of Claim together with supporting documentation must be returned and received by the Receiver, no later than 5:00 p.m. local Eastern Time on January 12, 2026 to the email address or address listed below.

FAILURE TO FILE YOUR PROOF OF CLAIM BY SUCH DATE WILL RESULT IN YOUR CLAIM BEING FOREVER EXTINGUISHED AND BARRED AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST THE DEBTOR

This Proof of Claim must be delivered by email, facsimile, personal delivery, courier or prepaid mail at the following address:

**BDO CANADA LIMITED**

222 Bay Street, Suite 2200

Toronto, ON M5K 1H6

Attention: Clark Lonergan; Neil Jones

Email: [clonergan@bdo.ca](mailto:clonergan@bdo.ca); [nejones@bdo.ca](mailto:nejones@bdo.ca)

DATED the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**(Signature of Witness)**

\_\_\_\_\_  
**(Signature of Claimant)**

If the Claimant is not an individual, print name of Claimant, and name and title of authorized signatory:

Per: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*I have the authority to bind the corporation*