
PROOF OF CLAIM

All capitalized terms not defined herein have the meanings ascribed to them in the Priority Claims Order dated January 29, 2024 in the proceedings of South Shore Seafoods Ltd., Captain Cooke's Seafood Inc., By the Water Shellfish (2012) Inc., Can-Am Lobster & Shellfish Ltd., South Shore Seafoods International Ltd., Bridge Lobsters Limited, Arsenault's Fish Mart Inc., under the *Companies' Creditors Arrangement Act*, R.S.C. 1985, c. C-36, as amended.

I. PARTICULARS OF PRIORITY CLAIMANT:

1. Full Legal Name of Priority Claimant:

_____ (the "**Priority Claimant**")

2. Full Mailing Address of the Priority Claimant:

3. Telephone Number: _____

4. E-Mail Address: _____

5. Attention (Contact Person): _____

6. Have you acquired this Priority Claim by assignment?

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

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

II. PROOF OF CLAIM:

1. I, _____
(name of Priority Claimant if Priority Claimant is an individual or representative of the
Priority Claimant if Priority Claimant is not an individual), of
_____ do hereby certify:
(city and province)

(a) that I [check (✓) one]

am the Priority Claimant; OR

am _____ (state position or title) of

(name of Priority Claimant)

(b) that I have knowledge of all the circumstances connected with the Priority Claim referred to below;

(c) that complete documentation in support of the Priority Claim referred to below is attached;

(d) the Priority Claimant has a Priority Claim as follows:

a. TOTAL PRIORITY CLAIM: CDN\$ _____

Note: This should only include Priority Claims. Secured claims and unsecured claims will not be considered or addressed in this Priority Claims Procedure and should not be included here.

III. EVIDENCE OF PRIORITY:

1. In order to file your Proof of Claim, evidence of the priority or a basis for making a Priority Claim are required. Attach any supporting documents to the Proof of Claim.

IV. PARTICULARS OF PRIORITY CLAIM

Other than as already set out herein, the particulars of the undersigned's total Priority Claim are attached.

(Provide full particulars of the Priority Claim and supporting documentation, including detailed accounting of the amount, description of transaction(s) or agreement(s) giving rise to the Priority Claim, and date and number of all invoices, particulars of all credits, discounts, etc. claimed.)

V. FILING OF PRIORITY CLAIM

This Proof of Claim **MUST** be actually received by the Applicants and the Monitor **before 5:00 p.m. (Atlantic time) on April 1, 2024** (the “**Priority Claims Bar Date**”).

Completed forms must be delivered by courier, personal delivery or email addressed to:

If to the Monitor:

Deloitte Restructuring Inc., in its capacity as the Court-appointed Monitor of the Debtors
1741 Lower Water St.
Suite 800
Halifax, NS B3J 0J2

Attention: James Foran / Kurt Macleod
Email: southshoreseafoods@deloitte.ca
Telephone: 833-422-7516

with a copy to:

Cox & Palmer
Nova Centre – South Tower
1500-1625 Grafton Street
Halifax, NS B3J 0E8

Attention: Gavin MacDonald / Simon-Pierre Godbout
Email: GMacDonald@coxandpalmer.com / spgodbout@coxandpalmer.com
Telephone: 902-421-6262

FAILURE TO FILE YOUR PROOF OF CLAIM SUCH THAT IT IS ACTUALLY RECEIVED BY THE MONITOR BY THE PRIORITY CLAIMS BAR DATE WILL RESULT IN YOUR PRIORITY CLAIM BEING FOREVER AND IRREVOCABLY BARRED, EXTINGUISHED AND DISCHARGED AND IN YOU BEING PREVENTED FROM MAKING OR ENFORCING A PRIORITY CLAIM AGAINST THE PURCHASED ASSETS, THE DEBTORS OR THE PURCHASER.

Certification

I hereby certify that:

1. I am the Priority Claimant or an authorized representative of the Priority Claimant.
2. I have knowledge of all the circumstances connected with this Priority Claim.
3. I agree with the supporting documentation attached (if any).

All information submitted in this Proof of Claim form must be true, accurate and complete. Filing false or misleading information relating to your Proof of Claim may result in penalties.

Name: _____

Signature: _____

Dated at _____ this _____ day of _____, 2024.