



Samson Bélair/Deloitte & Touche Inc.
1 Place Ville Marie
Suite 3000
Montreal QC H3B 4T9
Canada

Tel: 514-393-7115
Fax: 514-390-4103
www.deloitte.ca

CANADA
PROVINCE OF QUEBEC
DISTRICT OF QUEBEC
DIVISION No.: 01 - Montréal
COURT. No.: 500-11-038010-092
ESTATE No.: 41-1296174
OFFICE No.: 906531-1000001

SUPERIOR COURT
Commercial Division

**IN THE MATTER OF THE
BANKRUPTCY OF:**

6552757 CANADA INC., (doing business under the corporate name of SR Télécom & Co.), a legal person, duly incorporated according to law, having its head office and principal place of business at 800, Place Victoria, Suite 3700 Montréal, QC H4Z 1E9

Bankrupt

– and –

SAMSON BÉLAIR/DELOITTE & TOUCHE INC.
(Name of the trustee, CMA, CIRP, responsible), having its head office at 1 Place Ville Marie, Suite 3000, Montreal, Quebec H3B 4T9

Trustee

NOTICE TO EMPLOYEES

TAKE NOTICE that Name_of_bankrupt filed (or was deemed to have filed) an assignment on the xxth day of Month 2009 and the undersigned, SAMSON BÉLAIR/DELOITTE & TOUCHE INC., was appointed as trustee of the estate of the bankrupt by the official receiver, subject to affirmation by the creditors of the trustee's appointment or substitution of another trustee by the creditors.

In accordance with paragraph 21(d) of the *Wage Earner Protection Program Act* (“WEPPA”), legislation to establish a program for making payments to individuals in respect of wages owed by employers who are bankrupt or subject to a receivership, the [Trustee/Receiver] hereby gives notice of the existence of such program. Information pertaining to the program may be obtained by calling:

Toll-Free: 1 866 683-6516

TTY Toll-free (hearing impaired): 1 866 926-9105

Additional information, including an application for payment from the Wage Earner Protection Program established by the Government of Canada, may be obtained at the following website:

<http://www.servicecanada.gc.ca/en/sc/wepp/index.shtml>

Should you require a copy of the application, such will be provided on request.

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NOTICE TO EMPLOYEES

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The Trustee advises that, in accordance with the Wage Earner Protection Program Regulations, you are required to file the attached proof of claim form in accordance with the *Bankruptcy and Insolvency Act* for wages outstanding as at the date of bankruptcy. If we already received a proof of claim in the matter of the proposal, this one remains valid for the bankruptcy and you do not have to send a new claim. However, if the claimed amounts are not the same ones, please produce a new proof of claim with the document attached.

Should you believe that you have unpaid wages that are eligible for payment under the Wage Earner Protection Program and not paid by the Trustee, you may file an application with the Minister and eligibility will be determined by the Minister in accordance with the legislation.

A copy of any materials provided by the Trustee to Human Resource and Social Development Canada, in accordance with the Wage Earner Protection Program, in respect of your wage claim, if any, will be provided to you in due course.

DATED AT MONTREAL, this 30th day of June 2010.

SAMSON BÉLAIR/DELOITTE & TOUCHE INC.
Syndic

<input type="checkbox"/>	O	_____
<input type="checkbox"/>	P	_____
<input type="checkbox"/>	G	_____

PROOF OF CLAIM

(Section 50.1, subsections 65.2(4), 81.2(1), 81.3(8), 81.4(8), 81.5, 81.6, 102(2), 124(2), 128(1), and paragraphs 51(1)(e) and 66.14(b) of the Act)

in the matter of the bankruptcy of
6552757 Canada Inc.
(doing business under S.R. Telecom)

of Montréal, Province of Quebec and the claim of _____, creditor.
I, _____ (name of creditor or signing officer) of _____ (city and province)

DO HEREBY CERTIFY:

1. That I am a creditor of the above-named debtor (or that I am) _____ (position or title)
of _____ (name of creditor or signing officer).

All notices or correspondence regarding this claim must be forwarded to the following address:

Phone: _____ Fax: _____ E-mail: _____

2. That I have knowledge of all the circumstances connected with the claim referred to below.
3. That the debtor was, at the date of bankruptcy, namely the June 25, 2010 and still is, indebted to the creditor in the sum of \$_____, as specified in the statement of account (or affidavit or solemn declaration) attached and marked "Schedule A" after deducting any counterclaims to which the debtor is entitled. **(The attached statement of account, or affidavit or solemn declaration must specify the vouchers or other evidence in support of the claim.)**
4. **(Check and complete appropriate category)**
- () A. UNSECURED CLAIM OF \$_____.
(Other than as a customer contemplated by Section 262 of the Act)
That in respect of this debt, I do not hold any assets of the debtor as security and **(Check appropriate description):**
() Regarding the amount of \$_____, I claim a right to a priority under section 136 of the *Bankruptcy and Insolvency Act*. **(Set out on an attached sheet details to support priority claim.)**
() Regarding the amount of \$_____, I do not claim a right to a priority;
- () B. CLAIM OF LESSOR FOR DISCLAIMER OF A LEASE OF \$_____.
That I hereby make a claim under subsection 65.2(4) of the Act, particulars of which are as follows: **(Give full particulars of the claim, including the calculations upon which the claim is based.)**
- () C. SECURED CLAIM OF \$_____.
That in respect of this debt, I hold assets of the debtor valued at \$_____ as security, particulars of which are as follows: **(Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents.)**
- () D. CLAIM BY FARMER, FISHERMAN, OR AQUACULTURIST OF \$_____.
That I hereby make a claim under subsection 81.2(1) of the Act for the unpaid amount of \$_____.
(Attach a copy of sales agreement and delivery receipts.)
- () E. CLAIM BY WAGE EARNER OF \$_____.
That I hereby make a claim under subsection 81.3(8) of the Act (bankruptcy) in the amount of \$_____.
- () F. CLAIM BY EMPLOYEE FOR UNPAID AMOUNT REGARDING PENSION PLAN OF \$_____.
That I hereby make a claim under subsection 81.5 of the Act (bankruptcy) in the amount of \$_____.
That I hereby make a claim under subsection 81.6 of the Act (receivership) in the amount of \$_____.

