

**ONTARIO
SUPERIOR COURT OF JUSTICE
COMMERCIAL LIST**

IN THE MATTER OF THE *COMPANIES' CREDITORS ARRANGEMENT ACT*,
R.S.C. 1985, c.C-36 AS AMENDED

B E T W E E N:

THE VANCOR GROUP INC.

Applicant

- and –

2744364 ONTARIO LIMITED o/a TRUE NORTH CANNABIS CO.,
2668905 ONTARIO INC. o/a BAMBOO BLAZE, AND 2767888 ONTARIO
INC.

Respondents (Debtors)

**PROOF OF CLAIM FORM FOR CLAIMS AGAINST THE DEBTORS
OR CLAIMS AGAINST THE DIRECTORS AND OFFICERS**

1. PARTICULARS OF CREDITOR

Full Legal Name of Creditor:	
Full Mailing Address of Creditor:	
Telephone Number of Creditor:	
E-mail Address of Creditor:	
Attention (Contact Person):	

**2. PARTICULARS OF ORIGINAL CREDITOR FROM WHOM YOU
ACQUIRED THE CLAIM, IF APPLICABLE:**

(a) Have you acquired this Claim by assignment?

Yes ☐ No ☐

(if yes, attach documents evidencing assignment)

a. Full Legal Name of original creditor(s):

3. PROOF OF CLAIM

THE UNDERSIGNED CERTIFIES AS FOLLOWS:

That I am a Creditor [or hold the position of _____, the Creditor] and have knowledge of all the circumstances connected with the Claim described herein;

That I have knowledge of all the circumstances connected with the Claim described and set out below;

The Debtor was and is still indebted to the Creditor as follows:

All Claims are presumed to be in Canadian Dollars. Denominations in any other currency shall be converted to Canadian Dollars at the relevant exchange rate on the Filing Date.

	Class of Claim Against the Debtor OR Directors and/or Officers (Pre-Filing Claim, Restructuring Claim, D&O Claim)	Amount of Claim Against the Debtor (include the foreign currency if not Canadian Dollars)
1.		\$
2.		\$
3.		\$
TOTAL AMOUNT OF CLAIMS		\$

4. NATURE OF CLAIM

(CHECK AND COMPLETE APPROPRIATE CATEGORY)

☐ Total Unsecured Claim of \$ _____

☐ Total Secured Claim of \$ _____

In respect of this debt, I hold security over the assets of _____

valued at \$ _____, the particulars of which security and value are attached to this Proof of Claim form.

(If the Claim is secured, provide full particulars of the security, including the date on which the security was given the value for which you ascribe to the assets charged by your security, the basis for such valuation and attach a copy of the security documents evidencing the security).

5. PARTICULARS OF CLAIM:

The particulars of the undersigned's total Claims (including Pre-Filing Claims, Restructuring Claims or any D&O Claims) are attached.

Provide full particulars of the Claim(s) and supporting documentation you are asserting a Claim against, the amount, description of transaction(s) or agreement(s) giving rise to the Claim(s), name of any guarantor(s) which has guaranteed the Claim(s), and amount of Claim(s) allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed. In the event that any part of your claim also includes a claim amount against the Directors and Officers, please particularize the exact amount claimed against the Directors and Officers and the accompanying legal analysis. If you fail to sufficiently explain the legal analysis in respect of any claim against the Directors and Officers, that portion of the claim will be revised or disallowed.

FILING OF CLAIM

For Pre-Filing Claims and D&O Claims, this Proof of Claim must be returned to and received by the Monitor by 5:00 p.m. (Toronto Time) on the Claims Bar Date (April 7, 2025).

For Restructuring Claims, this Proof of Claim must be returned to and received by the Monitor by 5:00 p.m. (Toronto Time) on the date that is the later of: (i) April 7, 2025, and (ii) fifteen (15) calendar days following the date on which the Monitor sends a Proof of Claim Documents Package with respect to such Restructuring Claim.

In each case, completed forms must be delivered by email, prepaid registered mail, courier, or personal delivery to the Monitor at the following address:

DELOITTE RESTRUCTURING INC.

Attention: In its capacity as Court Appointed Monitor of
2744364 Ontario Limited, et al.
8 Adelaide Street West
Toronto, ON, M5H 0A9
Telephone: 1-855-643-3382
E-mail: truenorthcc@deloitte.ca

Dated at _____ this _____ day of _____, 2025.

Witness Name: _____

Signature of Creditor: _____

Name of Creditor: _____

If Creditor is an entity, print name and title of authorized signatory:

Title: _____

Signature of authorized signatory: _____

Name of authorized signatory: _____