

January 10, 2025

TO ALL CREDITORS:

Dear Sir/Madam:

**RE: IN THE MATTER OF THE BANKRUPTCY OF NORTHLAND HEALTHCARE PRODUCTS LTD.
Estate # 21-3171634**

Please find enclosed a copy of the Creditor's Package in the matter of the Bankruptcy of Northland Healthcare Products Ltd.

The First Meeting of Creditors will take place on January 28, 2025 at 11:00 a.m. CST and will be held via teleconference. Please contact MNP Ltd. at (306) 664-8334 to obtain the dial in information for the meeting.

The First Meeting of Creditors is a formality in the Bankruptcy process and its purpose is to affirm the Trustee's appointment, appoint inspectors to the Bankrupt Estate and to provide the Trustee with directions in carrying out the administration of the estate. To be eligible to vote at the meeting of creditors, creditors must have completed and submitted a properly executed proof of claim prior to the start of the meeting. You may send your proof of claim by mail or email to insolvencyclaimswpg@mnp.ca

Please note that creditors are not obligated to attend the meeting and that a creditor's non-attendance does not impede its ability to file a proof of claim and participate in the distribution of any dividends that may become available upon completion of the administration.

Should you require further information, including assistance with completing a proof of claim, please contact our office at 306-664-8334.

Yours truly,

MNP Ltd.

In its capacity as Trustee of the Bankruptcy of
Northland Healthcare Products Ltd.



Per: Chelene Riendeau CIRP, LIT

MNP LTD

True North Square

242 Hargrave Street, Suite 1200, Winnipeg MB, R3C 0T8

1.877.231.6167 T: 204.336.6167 F: 204.772.9687

District of: Manitoba
Division No. 01 - Winnipeg
Court No.
Estate No. 21-3171634

FORM 68
Notice of Bankruptcy, First Meeting of Creditors
(Subsection 102(1) of the Act)

Original Amended

In the Matter of the Bankruptcy of
Northland Healthcare Products Ltd.
of the City of Winnipeg, in the Province of Manitoba

Take notice that:

1. Northland Healthcare Products Ltd. filed (or was deemed to have filed) an assignment (or a bankruptcy order was made against Northland Healthcare Products Ltd.) on the 7th day of January 2025 and the undersigned, MNP Ltd., was appointed as trustee of the estate of the bankrupt by the official receiver (or the Court); subject to affirmation by the creditors of the trustee's appointment or substitution of another trustee by the creditors.
2. The first meeting of creditors of the bankrupt will be held on the 28th day of January 2025 at 11:00 AM at Videoconference, Other or Meeting ID: 274 501 401 789; Passcode: Qy7Co9vJ, Tenant key: 612122899@t.plcm.vc; Video ID: 118 080 564 7, (877) 252-9279; Conference ID: 111769421#.
3. To be entitled to vote at the meeting, a creditor must file with the trustee, before the meeting, a proof of claim and, where necessary, a proxy.
4. Enclosed with this notice are a proof of claim form, proxy form and list of creditors with claims amounting to \$25 or more showing the amounts of their claims.
5. Creditors must prove their claims against the estate of the bankrupt to share in any distribution of the proceeds realized from the estate.

Dated at the City of Winnipeg in the Province of Manitoba, this 10th day of January 2025.

MNP Ltd. - Licensed Insolvency Trustee
Per:

Victor Kroeger - Licensed Insolvency Trustee
1200 - 242 Hargrave Street
Winnipeg MB R3C 0T8
Phone: (204) 336-6167 Fax: (204) 772-9687

District of: Manitoba
 Division No. 01 - Winnipeg
 Court No.
 Estate No. 21-3171634

Original Amended

Form 78
Statement of Affairs (Corporate Bankruptcy)
 (Subsection 49(2) and Paragraph 158(d) of the Act / subsections 50(2) and 62(1) of the Act)
 In the Matter of the Bankruptcy of
 Northland Healthcare Products Ltd.
 of the City of Winnipeg, in the Province of Manitoba

To the bankrupt:
 You are required to carefully and accurately complete this form and the applicable attachments showing the state of your affairs on the date of the bankruptcy, on the 7th day of January 2025. When completed, this form and the applicable attachments will constitute the Statement of Affairs and must be verified by oath or solemn declaration by a duly authorized director, if the bankrupt is a corporation, or by yourself, in other cases.

Give reasons for the bankrupt's/debtor's financial difficulty (Select all that apply and provide details):

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Negative market conditions; | <input type="checkbox"/> Foreign Exchange Fluctuations; | <input type="checkbox"/> Economic Downturn; | <input checked="" type="checkbox"/> Poor Financial Performance; | <input type="checkbox"/> Legal Matters (Provide details); |
| <input type="checkbox"/> Lack of Working Capital/Funding; | <input type="checkbox"/> Competition; | <input type="checkbox"/> Legislated or Regulatory Restrictions; | <input type="checkbox"/> Natural Disaster; | <input type="checkbox"/> Increased Cost of Doing Business; |
| <input type="checkbox"/> Overhead Increasing; | <input type="checkbox"/> Faulty Infrastructure or Business Model; | <input type="checkbox"/> Unsuccessful Marketing Initiatives; | <input checked="" type="checkbox"/> Personal Issues; | <input checked="" type="checkbox"/> Poor Management; |
| <input type="checkbox"/> Faulty Accounting; | <input type="checkbox"/> Tax Liabilities; | <input type="checkbox"/> Labour; | <input type="checkbox"/> Other (Please specify). | |

Provide relevant details:

ASSETS

(totals from the list of assets as stated and estimated by bankrupt/debtor)

1. Cash on hand	700.00
2. Deposits in financial institutions	45,000.00
3. Accounts receivable and other receivables	
Total amount	223,000.00
Estimated realizable value	223,000.00
4. Inventory	126,400.00
5. Trade fixtures, etc.	0.00
6. Livestock	0.00
7. Machinery and equipment	10,000.00
8. Real property or immovables	0.00
9. Furniture	10,000.00
10. Intangible assets (intellectual properties, licences, cryptocurrencies, digital tokens, etc.)	0.00
11. Vehicles	39,800.00
12. Securities (shares, bonds, debentures, etc.)	0.00
13. Other property	0.00
Total of lines 1 to 13	454,900.00

If bankrupt is a corporation, add:

Amount of subscribed capital	0.00
Amount paid on capital	0.00
Balance subscribed and unpaid	0.00
Estimated to produce	0.00

Total assets	454,900.00
Deficiency	-212,707.91
Total value of assets located outside Canada included in lines 1 to 13	0.00

LIABILITIES

(totals from the list of liabilities as stated and estimated by bankrupt/debtor)

1. Secured creditors	1,800.00
2. Preferred creditors, securities, and priorities	0.00
3. Unsecured creditors	665,807.91
4. Contingent, trust claims or other liabilities estimated to be provable for	0.00
Total liabilities	667,607.91
Surplus	212,707.91

List of Assets

Arrange by Nature of asset and number consecutively

No.	Nature of asset ¹	Address/Location	Asset located outside Canada	Details	Percentage of bankrupt's/debtor's interest	Total value of the bankrupt's/debtor's interest	Estimated realizable value	Equity or Surplus	Placeholder (values on this line are for notification)
101	Cash on hand	n/a	<input type="checkbox"/>	Cash on hand	100.00	700.00	700.00	700.00	<input type="checkbox"/>
102	Deposits in financial institutions	200 Main Street, Winnipeg, MB, R1A 1R6	<input type="checkbox"/>	Cash in bank - Chequing - 1 - Assiniboine Credit Union Bank Account	100.00	45,000.00	45,000.00	45,000.00	<input type="checkbox"/>
201	Furniture	n/a	<input type="checkbox"/>	Furniture	100.00	10,000.00	10,000.00	10,000.00	<input type="checkbox"/>
301	Vehicles	n/a	<input type="checkbox"/>	2023 - Ford - F150 - 1FTEW1EP7PKD13495	100.00	39,800.00	39,800.00	38,000.00	<input type="checkbox"/>
1101	Machinery, equipment and plant	n/a	<input type="checkbox"/>	Business Assets - Machinery - Equipment and Machinery (valued by bankrupt)	100.00	10,000.00	10,000.00	10,000.00	<input type="checkbox"/>
1102	Inventory	n/a	<input type="checkbox"/>	Business Assets - Stock In Trade - Inventory	100.00	126,400.00	126,400.00	126,400.00	<input type="checkbox"/>
1301	Accounts receivable	865 Bradford Street, Winnipeg, MB, R3H 0N6	<input type="checkbox"/>	Debts Due - Business	100.00	223,000.00	223,000.00	223,000.00	<input type="checkbox"/>
Total						454,900.00	454,900.00		

¹Choose one option for each item: Cash on hand; Deposits in financial institutions; Accounts receivable and other receivables; Inventory; Trade fixtures, etc.; Livestock; Machinery and equipment; Residential rental property; Commercial building; Industrial building; Land; Immovable industrial equipment; Other real property; Furniture; Intangible assets (intellectual properties, licences, cryptocurrencies, digital tokens, etc.); Vehicles; Securities (shares, bonds, debentures, etc.); Bills of exchange, promissory note, etc.; Tax refunds; Other personal property.

Diana Scalizzi

10-Jan-2025

Date

List of Liabilities

No.	Name of creditor or claimant	Address	Nature of liability ²	Details	Date given/ incurred	Amount of Claim					Asset securing the liability	Ground for the right to a priority ³	Estimated surplus or (deficit) from security	Placeholder (values on this line are for notification only)
						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
1	A.M.G. Medical Inc.	8505 Dalton Montreal QC H4T 1V5	Accounts payable	Accounts Payable		1,635.22	0.00	0.00	0.00	1,635.22			0.00	<input type="checkbox"/>
2	Allstream	5160 Orbitor Drive Mississauga ON L4W 5H2	Other	Accounts Payable		71.89	0.00	0.00	0.00	71.89			0.00	<input type="checkbox"/>
3	Almedic	4900 Cote Vertu Montreal QC H4S 1J9	Promissory notes	Accounts Payable		74.03	0.00	0.00	0.00	74.03			0.00	<input type="checkbox"/>
4	AMD Medicome Inc.	2555 Chemin De L'aviation Pointe-Claire QC H9P 2Z2	Other	Accounts Payable		5,397.53	0.00	0.00	0.00	5,397.53			0.00	<input type="checkbox"/>
5	AMD Medicome Inc.	82 Akron Road, Unit 2 Etobicoke ON M8W 1T2	Other	Accounts Payable		408.78	0.00	0.00	0.00	408.78			0.00	<input type="checkbox"/>
6	Barad Canada Inc	PO Box 12582, Station A Toronto ON M5W 0K5	Other	Accounts Payable		166.60	0.00	0.00	0.00	166.60			0.00	<input type="checkbox"/>
7	Barad Protection Inc.	163 Mullen Drive Thornhill ON L4J 2V8	Other	Accounts Payable		279.92	0.00	0.00	0.00	279.92			0.00	<input type="checkbox"/>
8	Baun Ability	39014 Eagle Way Chicago IL 60678-1390 USA	Other	Accounts Payable		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>
9	Becton Dickinson and Company	PO Box 15648, STN A Toronto ON M5W 1C1	Other	Accounts Payable		24,628.59	0.00	0.00	0.00	24,628.59			0.00	<input type="checkbox"/>
10	Bell Canada	Floor 2 - 5115 Creekbank Road Mississauga ON L4W 5R1	Other	Accounts Payable		2,000.00	0.00	0.00	0.00	2,000.00			0.00	<input type="checkbox"/>

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						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
11	Best Buy Medical Supplies Inc.	815 Bombardier St. Shediac NB E4P 1H9	Other	Accounts Payable		14.83	0.00	0.00	0.00	14.83			0.00	<input type="checkbox"/>
12	Bilt Designs Inc.	118 West 8th Avenue Vancouver BC V5Y 1N2	Other	Accounts Payable		787.21	0.00	0.00	0.00	787.21			0.00	<input type="checkbox"/>
13	Broda LP	560 Bingemans Center Dr. Kitchener ON N2B 3X9	Other	Accounts Payable		8,854.00	0.00	0.00	0.00	8,854.00			0.00	<input type="checkbox"/>
14	Bruno Independent Living Aids Inc.	PO Box 3532 Station A Toronto ON M5W 3G4	Other	Accounts Payable		208.86	0.00	0.00	0.00	208.86			0.00	<input type="checkbox"/>
15	BTNX	722 Rosebank Road Pickering ON L1W 4B2	Other	Accounts Payable		938.51	0.00	0.00	0.00	938.51			0.00	<input type="checkbox"/>
16	BullWhip Logistics Consulting Ltd.	PO Box 32 Winnipeg MB R2H 3B4	Other	Accounts Payable		149.10	0.00	0.00	0.00	149.10			0.00	<input type="checkbox"/>
17	Canada Life Insurance Company Attn: Inforce Client Services	1901 Scarth Street Regina SK S4P 4L4	Other	Accounts Payable		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>
18	Canadian Hospital Specialties Limited	2060 Winston Park Dr. Unit 400 Oakville ON L6H 5R7	Other	Accounts Payable		1,203.45	0.00	0.00	0.00	1,203.45			0.00	<input type="checkbox"/>
19	Cardinal Health Canada	1000 Tesma Way Vaughan ON L4K 5R8	Other	Accounts Payable		35,186.45	0.00	0.00	0.00	35,186.45			0.00	<input type="checkbox"/>

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						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
20	Carstens Inc.	LBX 95195, 141 Jackson Blvd. Suite 100 Chicago IL 60694 USA	Other	Accounts Payable		3,190.24	0.00	0.00	0.00	3,190.24			0.00	<input type="checkbox"/>
21	City of Winnipeg Water and Waste	185 King Street 4th Floor Winnipeg MB R3B 1J1	Other	Accounts Payable		115.56	0.00	0.00	0.00	115.56			0.00	<input type="checkbox"/>
22	City of Winnipeg Water and Waste	185 King Street 4th Floor Winnipeg MB R3B 1J1	Other	Accounts Payable		174.15	0.00	0.00	0.00	174.15			0.00	<input type="checkbox"/>
23	Commport Communications INTL INC.	155 Englehard Drive Aurora ON L4G 3V1	Other	Accounts Payable		134.19	0.00	0.00	0.00	134.19			0.00	<input type="checkbox"/>
24	Convaid	PO Box 4209 Palos Verdes CA 90274 USA	Other	Accounts Payable		394.75	0.00	0.00	0.00	394.75			0.00	<input type="checkbox"/>
25	CRA - Tax Prairies	Surrey National Verification and Collection Centre 9755 King George Blvd Surrey BC V3T 5E1	Other	Source Deductions		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>
26	CRA - Tax Prairies	Surrey National Verification and Collection Centre 9755 King George Blvd Surrey BC V3T 5E1	Other	GST		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>

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						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
27	CRA - Tax Prairies	Surrey National Verification and Collection Centre 9755 King George Blvd Surrey BC V3T 5E1	Other	Tax		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>
28	Diamond Athletic Medical Supplies Inc.	Unit 185, 75 Poseidon Bay Winnipeg MB R3M 3E4	Other	Accounts Payable		276.59	0.00	0.00	0.00	276.59			0.00	<input type="checkbox"/>
29	DJO Canada	6485 Kennedy Road Mississauga ON L5T 2W4	Other	Accounts Payable		357.05	0.00	0.00	0.00	357.05			0.00	<input type="checkbox"/>
30	Dri-Line Products Ltd.	7210 - 76 Avenue Edmonton AB T6B 0B2	Other	Accounts Payable		293.16	0.00	0.00	0.00	293.16			0.00	<input type="checkbox"/>
31	Drive Medical Canada Inc.	Dept 400005 PO Box 4375 STN A Toronto ON M5W 0J3	Other	Accounts Payable		1,626.08	0.00	0.00	0.00	1,626.08			0.00	<input type="checkbox"/>
32	Dynarex	Suite 2202 155 Chestnut Ridge Road Montvale NJ 07645 USA	Other	Accounts Payable		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>
33	East Penn Canada	1840 Energy Drive Courtice ON L1E 2R3	Other	Accounts Payable		143.60	0.00	0.00	0.00	143.60			0.00	<input type="checkbox"/>
34	Easy on Net	7A-17075 Leslie Street Newmarket ON L3Y 8E1	Other	Accounts Payable		20.95	0.00	0.00	0.00	20.95			0.00	<input type="checkbox"/>

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						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
35	Federated Co-Operatives Limited Attn: Credit Director	PO Box 1050 Saskatoon SK S7K 3M9	Other	Accounts Payable		1,789.08	0.00	0.00	0.00	1,789.08			0.00	<input type="checkbox"/>
36	Ford Credit Canada Limited Attn: Bankruptcy Department	Box 8651, Strn Main Concord ON L4K 0N8	Other	Ford F150	27-Apr-2023	0.00	1,800.00	0.00	0.00	1,800.00	801		38,000.00	<input type="checkbox"/>
37	Future Mobility Healthcare	6750 Professional Court Mississauga ON L4V 1X6	Other	Accounts Payable		685.20	0.00	0.00	0.00	685.20			0.00	<input type="checkbox"/>
38	Gardewine North	60 Eagle Drive Winnipeg MB R2R 1V5	Other	Accounts Payable		5,191.17	0.00	0.00	0.00	5,191.17			0.00	<input type="checkbox"/>
39	Geo. H. Young & Co. Ltd.	809 - 167 Lombard Ave. Winnipeg MB R3B 3H8	Other	Accounts Payable		445.90	0.00	0.00	0.00	445.90			0.00	<input type="checkbox"/>
40	GFL Environmental Inc.	195 Discovry Place Winnipeg MB R2R 0P6	Other	Accounts Payable		122.20	0.00	0.00	0.00	122.20			0.00	<input type="checkbox"/>
41	Global Medical	5230 South Service Road Burlington ON L7L 5K2	Other	Accounts Payable		12,299.70	0.00	0.00	0.00	12,299.70			0.00	<input type="checkbox"/>
42	HandiCare Canada Ltd.	81 Romina Drive Concord ON L4K 4Z9	Other	Accounts Payable		133,338.93	0.00	0.00	0.00	133,338.93			0.00	<input type="checkbox"/>
43	HandiCare USA Inc.	PO Box 360660 Pittsburgh PA 15251-6660 USA	Other	Accounts Payable		210.23	0.00	0.00	0.00	210.23			0.00	<input type="checkbox"/>

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						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
44	Helena Laboratories	PO Box 752 1530 Lindergh Dr, Beaumont TX 77704-0752 USA	Other	Accounts Payable		474.67	0.00	0.00	0.00	474.67			0.00	<input type="checkbox"/>
45	Homedics Group Canada Co.	Box 4090 STN A LockBox 918320 Toronto ON M5W 0E9	Other	Accounts Payable		44.65	0.00	0.00	0.00	44.65			0.00	<input type="checkbox"/>
46	Howell Ventures Ltd.	4850 RTE 102 Upper Kingsclear NB E3E 1P8	Other	Accounts Payable		169.52	0.00	0.00	0.00	169.52			0.00	<input type="checkbox"/>
47	Innovatek Medical Inc.	#3 - 1600 Derwant Way Delta BC V3M 6M5	Other	Accounts Payable		7,570.25	0.00	0.00	0.00	7,570.25			0.00	<input type="checkbox"/>
48	Integra Life Sciences	PO Box 404129 Atlanta GA 30384-4129 USA	Other	Accounts Payable		11,041.33	0.00	0.00	0.00	11,041.33			0.00	<input type="checkbox"/>
49	InvaCare Canada	Unit #8 570 Mathesdon Blvd. E Mississauga ON L4Z 4G4	Other	Accounts Payable		30,977.53	0.00	0.00	0.00	30,977.53			0.00	<input type="checkbox"/>
50	Jan-Pro Manitoba	Unit E 675 Berry Street Winnipeg MB R3H 1A7	Other	Accounts Payable		455.70	0.00	0.00	0.00	455.70			0.00	<input type="checkbox"/>
51	Jedmon Products	333 Rimrock Road Downsview ON M3J 3J9	Other	Accounts Payable		2,199.88	0.00	0.00	0.00	2,199.88			0.00	<input type="checkbox"/>
52	Johnson and Johnson Medtech	PO Box 2877 STN M Calgary AB T2P 2M7	Other	Accounts Payable		12,733.13	0.00	0.00	0.00	12,733.13			0.00	<input type="checkbox"/>

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						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
53	Kemel Cartons Ltd.	270 Partridge Ave. Winnipeg MB R2V 1K7	Other	Accounts Payable		113.69	0.00	0.00	0.00	113.69			0.00	<input type="checkbox"/>
54	Loomis Express	200 Westcreek Blvd. Brampton ON L6T 5T7	Other	Accounts Payable		735.96	0.00	0.00	0.00	735.96			0.00	<input type="checkbox"/>
55	Manitoba Finance - Taxation Division	101 - 401 York Avenue Winnipeg MB R3C 0P8	Other	PST Accounts Payable		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>
56	Manitoba Hydro	360 Portage Avenue, 15th Fl Winnipeg MB R3C 0G8	Accounts payable	Accounts Payable		2,420.65	0.00	0.00	0.00	2,420.65			0.00	<input type="checkbox"/>
57	Manitoba Hydro	PO Box 7900 STN Main Winnipeg MB R3C 5R1	Accounts payable	Accounts Payable		4,489.52	0.00	0.00	0.00	4,489.52			0.00	<input type="checkbox"/>
58	Manitoba Public Insurance	Box 6300 Room 705 234 Donald St Winnipeg MB R3C 4A4	Accounts payable	Accounts Payable		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>
59	Mat Master Inc.	1801 Sargent Avenue Winnipeg MB R3H 0E2	Accounts payable	Accounts Payable		232.00	0.00	0.00	0.00	232.00			0.00	<input type="checkbox"/>
60	MediStik Inc.	62 Ainess St #5 North York ON M3J 2H1	Other	Accounts Payable		453.60	0.00	0.00	0.00	453.60			0.00	<input type="checkbox"/>
61	MedLine Canada, Corporation	5150 Spectrum Way, Suite 300 Mississauga ON L4W 5G2	Other	Accounts Payable		17,568.12	0.00	0.00	0.00	17,568.12			0.00	<input type="checkbox"/>

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						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
62	Medtronic of Canada Ltd. Attn: David Hall	99 Hereford Street Brampton ON L6Y 0R3	Other	Accounts Payable		1,477.16	0.00	0.00	0.00	1,477.16			0.00	<input type="checkbox"/>
63	Metrex Research, LLC	c/o T10254C Postal Station A Toronto ON M5W 2B1	Other	Accounts Payable		3,402.59	0.00	0.00	0.00	3,402.59			0.00	<input type="checkbox"/>
64	Metropolitan Wire Canada Ltd.	3160 Oriando Drive Mississauga ON L4V 1R5	Other	Accounts Payable		69,049.53	0.00	0.00	0.00	69,049.53			0.00	<input type="checkbox"/>
65	Mid-Canada Fasteners & Tools Ltd.	1557 King Edward St. Winnipeg MB R3H 0R7	Other	Accounts Payable		1,463.33	0.00	0.00	0.00	1,463.33			0.00	<input type="checkbox"/>
66	Midmark	PO Box 772451 Detroit MI 48277-2451 USA	Other	Accounts Payable		4,542.82	0.00	0.00	0.00	4,542.82			0.00	<input type="checkbox"/>
67	Motion Canada	Unit 1 75 Meridian Drive Winnipeg MB R2R 2V9	Other	Accounts Payable		250.20	0.00	0.00	0.00	250.20			0.00	<input type="checkbox"/>
68	Motion Concepts LP	84 Citation Drive Unit 1 Concord ON L4K 3C1	Other	Accounts Payable		12,076.26	0.00	0.00	0.00	12,076.26			0.00	<input type="checkbox"/>
69	Murray Winnipeg	300 Pembina Hwy. Winnipeg MB R3L 2E2	Other	Accounts Payable		320.32	0.00	0.00	0.00	320.32			0.00	<input type="checkbox"/>
70	NDC. INC	DEPT 169 PO BOX 37904 Charlotte NC 28237-7904 USA	Other	Accounts Payable		15,690.62	0.00	0.00	0.00	15,690.62			0.00	<input type="checkbox"/>

10-Jan-2025

Diana Scalizzi

Date

List of Liabilities

No.	Name of creditor or claimant	Address	Nature of liability ²	Details	Date given/ incurred	Amount of Claim					Asset securing the liability	Ground for the right to a priority ³	Estimated surplus or (deficit) from security	Placeholder (values on this line are for notification only)
						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
71	Northwest Ventilation & Air	17 - 1865 Sargent Ave. Winnipeg MB R3H 0E4	Other	Accounts Payable		475.45	0.00	0.00	0.00	475.45			0.00	<input type="checkbox"/>
72	Permobil Canada	2221 46th Avenue Montreal QC H8T 3C9	Other	Accounts Payable		17,884.31	0.00	0.00	0.00	17,884.31			0.00	<input type="checkbox"/>
73	Personal Safety Corporation	PO Box 128 Hiawatha IA 52233 USA	Other	Accounts Payable		168.93	0.00	0.00	0.00	168.93			0.00	<input type="checkbox"/>
74	Prairie Battery	1214 Boarder Road Winnipeg MB R3H 0M6	Other	Accounts Payable		161.75	0.00	0.00	0.00	161.75			0.00	<input type="checkbox"/>
75	Precision Rehab MFG, INC	5325 Kuhl Road Erie PA 16510 USA	Other	Accounts Payable		389.00	0.00	0.00	0.00	389.00			0.00	<input type="checkbox"/>
76	Pride Mobility Products Company	5096 South Service Road Beamsville ON L3J 1V4	Other	Accounts Payable		8,298.15	0.00	0.00	0.00	8,298.15			0.00	<input type="checkbox"/>
77	Pri-Med Medical Products	200, 2003-91 Street SW Edmonton AB T6X 0W8	Other	Accounts Payable		84.00	0.00	0.00	0.00	84.00			0.00	<input type="checkbox"/>
78	Professional Disposable Int. Ltd.	C/O TH1028 PO Box 4283 STN A Toronto ON M5W 5W6	Other	Accounts Payable		36.29	0.00	0.00	0.00	36.29			0.00	<input type="checkbox"/>
79	R3 Redistributi on	PO Box 9580, STN A Toronto ON M5W 2K3	Other	Accounts Payable		5,723.33	0.00	0.00	0.00	5,723.33			0.00	<input type="checkbox"/>

10-Jan-2025

Diana Scalizzi

Date

List of Liabilities

No.	Name of creditor or claimant	Address	Nature of liability ²	Details	Date given/ incurred	Amount of Claim					Asset securing the liability	Ground for the right to a priority ³	Estimated surplus or (deficit) from security	Placeholder (values on this line are for notification only)
						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
80	R3 Redistributi on- Bunzl Canada Inc.	PO Box 9580, STN A Toronto ON M5W 2K3	Other	Accounts Payable		13,196.02	0.00	0.00	0.00	13,196.02			0.00	<input type="checkbox"/>
81	Red River Messenger Courier	Box 351 Selkirk MB R1A 2B1	Other	Accounts Payable		838.15	0.00	0.00	0.00	838.15			0.00	<input type="checkbox"/>
82	Rogers Business (Shaw Internet)	PO Box 2468 STN Main Calgary AB T2P 4Y2	Other	Accounts Payable		154.51	0.00	0.00	0.00	154.51			0.00	<input type="checkbox"/>
83	Rona Attn: Ken Clarke	1333 Sargent Ave. Winnipeg MB R3E 3P8	Other	Accounts Payable		243.49	0.00	0.00	0.00	243.49			0.00	<input type="checkbox"/>
84	Ronco	70 Planchet Road Concord ON L4K 2C7	Other	Accounts Payable		4,583.65	0.00	0.00	0.00	4,583.65			0.00	<input type="checkbox"/>
85	Ron's Window Cleaning	Box 348 Selkirk MB R1A 1B3	Other	Accounts Payable		315.00	0.00	0.00	0.00	315.00			0.00	<input type="checkbox"/>
86	Rotec International	123 Rue De L'eglise Baie Du Febvre QC J0C 1A0	Other	Accounts Payable		501.06	0.00	0.00	0.00	501.06			0.00	<input type="checkbox"/>
87	Schaan Healthcare Products Inc.	PO Box 6050 820-45th St W Saskatoon SK S7K 4E4	Other	Accounts Payable		3,913.61	0.00	0.00	0.00	3,913.61			0.00	<input type="checkbox"/>
88	SECA Corp	13601 Benson Ave Chino CA 91710 USA	Other	Accounts Payable		127.62	0.00	0.00	0.00	127.62			0.00	<input type="checkbox"/>
89	Simcan Comfort Hosiery	55 Fleming Drive Unit 12 Cambridge ON N1T 2A9	Other	Accounts Payable		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>

10-Jan-2025

Diana Scalizzi

Date

List of Liabilities

No.	Name of creditor or claimant	Address	Nature of liability ²	Details	Date given/ incurred	Amount of Claim					Asset securing the liability	Ground for the right to a priority ³	Estimated surplus or (deficit) from security	Placeholder values on this line are for notification only)
						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
90	Solic Medical Equipment	Unit 1- 62 Bartor Road Toronto ON M9M 2G5	Other	Accounts Payable		560.52	0.00	0.00	0.00	560.52			0.00	<input type="checkbox"/>
91	Spirit RX Services	801 Century Street, Suite 15 Winnipeg MB R3H 0C3	Other	Accounts Payable		1,269.29	0.00	0.00	0.00	1,269.29			0.00	<input type="checkbox"/>
92	Stadco Polyproducts Inc.	215 Export Blvd. Mississauga ON L5S 1Y4	Other	Accounts Payable		819.00	0.00	0.00	0.00	819.00			0.00	<input type="checkbox"/>
93	Surgo Surgical Supply Attn: Sandra Price	1-205 Pony Drive Newmarket ON L3Y 7B5	Other	Accounts Payable		2,268.95	0.00	0.00	0.00	2,268.95			0.00	<input type="checkbox"/>
94	Telus	PO Box 8950 STN Terminal Vancouver BC V6B 3C3	Other	Accounts Payable		295.58	0.00	0.00	0.00	295.58			0.00	<input type="checkbox"/>
95	Terumo Medical Canada Inc.	Units 2-4 '10911 Keele Street Vaughan ON L6A 5A6	Other	Accounts Payable		3,003.13	0.00	0.00	0.00	3,003.13			0.00	<input type="checkbox"/>
96	Tevans Electric LTD	1407 Erin Street Winnipeg MB R3E 2S9	Other	Accounts payable		298.20	0.00	0.00	0.00	298.20			0.00	<input type="checkbox"/>
97	The Bolt Supply House Ltd.	#101, 293029 James Jones Way Rocky View County AB T4A 0X1	Other	Accounts Payable		36.09	0.00	0.00	0.00	36.09			0.00	<input type="checkbox"/>
98	The Stevens Company Ltd.	425 Railside Drive Brampton ON L7A 0N8	Other	Accounts Payable		570.83	0.00	0.00	0.00	570.83			0.00	<input type="checkbox"/>

10-Jan-2025

Diana Scalizzi

Date

List of Liabilities

No.	Name of creditor or claimant	Address	Nature of liability ²	Details	Date given/ incurred	Amount of Claim					Asset securing the liability	Ground for the right to a priority ³	Estimated surplus or (deficit) from security	Placeholder (values on this line are for notification only)
						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
99	The Stevens Company Ltd.	425 Railside Drive Brampton ON L7A 0N8	Other	Accounts Payable		1,296.69	0.00	0.00	0.00	1,296.69			0.00	<input type="checkbox"/>
100	The Workers Compensation Board of Manitoba	333 Broadway Winnipeg MB R3C 4W3	Other	Premiums Accounts Payable		1.00	0.00	0.00	0.00	1.00			0.00	<input type="checkbox"/>
101	Vantage Mobility International	5202 South 28th Place Phoenix AZ 85040 USA	Other	Accounts Payable		1,119.82	0.00	0.00	0.00	1,119.82			0.00	<input type="checkbox"/>
102	VGM Canada	105 - 3050 Harvester Road Burlington ON L7N 3J1	Other	Accounts Payable		3,465.00	0.00	0.00	0.00	3,465.00			0.00	<input type="checkbox"/>
103	Virta Trading Ltd	103-251 Saulteaux Crescent Winnipeg MB R3J 3C7	Other	Accounts Payable		3,830.40	0.00	0.00	0.00	3,830.40			0.00	<input type="checkbox"/>
104	Vitran	2608 Vitran Drive Oak Bluff MB R4G 0B3	Other	Accounts Payable		450.37	0.00	0.00	0.00	450.37			0.00	<input type="checkbox"/>
105	Welch Allyn Canada Limited	Unit #4 6950 Creditview Road Mississauga ON L5N 0A6	Other	Accounts Payable		135,579.93	0.00	0.00	0.00	135,579.93			0.00	<input type="checkbox"/>
106	Westbound Industries Inc.	Unit 101-7403 Progress Way Delta BC V4G 1E7	Other	Accounts Payable		5,048.64	0.00	0.00	0.00	5,048.64			0.00	<input type="checkbox"/>
107	Westcare Health Supplies Ltd.	41 - 360 Keewatin Street Winnipeg MB R2X 2Y3	Other	Accounts Payable		2,235.98	0.00	0.00	0.00	2,235.98			0.00	<input type="checkbox"/>

10-Jan-2025

Diana Scalizzi

Date

List of Liabilities

No.	Name of creditor or claimant	Address	Nature of liability ²	Details	Date given/ incurred	Amount of Claim					Asset securing the liability	Ground for the right to a priority ³	Estimated surplus or (deficit) from security	Placeholder (values on this line are for notification only)
						Unsecured	Secured	Preferred/Priorities	Contingent, trust claims or other liabilities	Total amount of claim				
108	ZOLL Medical Canada Inc.	3580 Laird Road, Unit 1 Mississauga ON L5L 5Z7	Other	Accounts Payable		3,788.44	0.00	0.00	0.00	3,788.44			0.00	<input type="checkbox"/>
Total						665,807.91	1,800.00	0.00	0.00	667,607.91				

² Choose one option for each item: Accounts payable; Owed rent; Owed wages; Severance pay; Corporate taxes; Sales taxes; Employee source deductions; Litigation/legal costs and awards; Subordinated debenture; Bills of exchange; Promissory notes; Lien notes; Mortgages or hypothec on real or immovable property; Chattel mortgages or movable hypothec; General Security Agreement; Intercompany loans; Bank loans (except real property mortgage); Finance company loans; Shareholder loans; Shares and subscribed capital; Other claim or liability.

³ Choose one option for each item with a preferred or priority amount: Unpaid supplier; Farmer, fisherman or aquaculturist; Owed wages; Unpaid amount regarding pension plan; Municipal taxes; Rent; Customer of a bankrupt securities firm; Deemed trust in favour of the Crown; Priming charges and interim financing; Environmental liabilities; Other.

I, Diana Scalizzi, of the Community of East St. Paul in the Province of Manitoba, do swear (or solemnly declare) that this statement and the attached lists are, to the best of my knowledge, a full, true and complete statement of the affairs of the Corporation on the 7th day of January 2025 and fully disclose all property of every description that is in my possession or that may devolve on me in accordance with the Act.

SWORN (or SOLEMNLY DECLARED) before me at the City of Winnipeg in the Province of Manitoba, on this 7th day of January 2025.

Diana Scalizzi

Nicole Schaak, Commissioner of Oaths
For the Province of Manitoba
Expires September 19, 2026

District of: Manitoba
Division No. 01 - Winnipeg
Court No.
Estate No. 21-3171634

FORM 31 / 36
Proof of Claim / Proxy
In the Matter of the Bankruptcy of
Northland Healthcare Products Ltd.
of the City of Winnipeg, in the Province of Manitoba

The creditor's preference is to receive all notices and correspondence regarding this claim at the following address and/or facsimile number and/or email address (a mailing address must be provided in all cases):

Address: _____
Facsimile: _____
Email: _____
Contact person name or position: _____
Telephone number for contact person: _____

In the matter of the bankruptcy of Northland Healthcare Products Ltd. of the City of Winnipeg in the Province of Manitoba and the claim of _____, creditor.

I, _____, of the city of _____, a creditor in the above matter, hereby appoint _____, of _____, to be my proxyholder in the above matter, except as to the receipt of dividends, _____ with or without power to appoint another proxyholder in his or her place.

I, _____ (name of creditor or representative of the creditor), of _____ (city and province), do hereby certify:

1. That I am a creditor of the above named debtor (or that I am _____ (state position or title) of _____, (name of creditor or representative of the creditor) and that I am authorized to represent and (if the creditor is a corporation) that I have authority to bind the creditor of the above-named debtor).

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 7th day of January 2025, and still is, indebted to the creditor in the sum of \$ _____, as specified in the statement of account (or affidavit) attached and marked Schedule "A", after deducting any counterclaims to which the debtor is entitled. Any debt payable in a currency other than Canadian currency was converted to Canadian currency as of the date of bankruptcy.

(The attached statement of account or affidavit must specify the supporting documents or other evidence in support of the claim)

4. That, to the best of my knowledge, this debt has never been (or this debt has been or part of this debt has been) statute-barred as determined under the relevant legislation.

5. That payment for this debt by the debtor to the creditor has been due (or has been in default) since the ____ day of _____, and that the last payment, if any, on this debt by the debtor to the creditor was made on the ____ day of _____, and/or that the last acknowledgement, if any, of liability for this debt by the debtor to the creditor was made on the ____ day of _____, as follows:

(Give full particulars of the claim, including its history, any acknowledgement or legal action)

6. (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 do not claim a right to a priority.
- Regarding the amount of \$ _____, I claim a right to a priority under paragraph 136(1)(d) of the Act (Complete paragraph 6E below.)
- Regarding the amount of \$ _____, I claim a right to a priority under paragraph 136(1)(d.01) of the Act.
- Regarding the amount of \$ _____, I claim a right to a priority under paragraph 136(1)(d.02) of the Act.
- Regarding the amount of \$ _____, I claim a right to a priority under paragraph 136(1)(d.1) of the Act.

- Regarding the amount of \$ _____, I claim a right to a priority under paragraph 136(1)(e) of the Act.
- Regarding the amount of \$ _____, I claim a right to a priority under paragraph 136(1)(f) of the Act.
- Regarding the amount of \$ _____, I claim a right to a priority under paragraph 136(1)(g) of the Act.
- Regarding the amount of \$ _____, I claim a right to a priority under paragraph 136(1)(i) of the Act.

(Set out on an attached sheet details to support priority claim)

B. Claim of Lessor for disclaimer of a lease of \$ _____

That I make a claim under subsection 65.2(4) of the Act, the 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, the 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.)

A trustee may, pursuant to subsection 128(3) of the Act, redeem a security on payment to the secured creditor of the debt or the value of the security as assessed, in the proof of security, by the secured creditor.

D. Claim by Farmer, Fisherman or Aquaculturist of \$ _____

That I 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 make a claim under subsection 81.3(8) of the Act in the amount of \$ _____,
- That I make a claim under subsection 81.4(8) of the Act in the amount of \$ _____,

F. Claim by Pension Plan for unpaid amount of \$ _____

- That I make a claim under subsection 81.5 of the Act in the amount of \$ _____,
- That I make a claim under subsection 81.6 of the Act in the amount of \$ _____,

G. Claim against Director of \$ _____

(To be completed when a proposal provides for the compromise of claims against directors)
That I make a claim under subsection 50(13) of the Act, the particulars of which are as follows:
(Give full particulars of the claim, including the calculations upon which the claim is based)

H. Claim of a Customer of a Bankrupt Securities Firm of \$ _____

That I make a claim as a customer for net equity as contemplated by section 262 of the Act, the particulars of which are as follows:
(Give full particulars of the claim, including the calculations upon which the claim is based)

7. That, to the best of my knowledge, I am (or the above-named creditor is) (or am not or is not) related to the debtor within the meaning of section 4 of the Act, and have (or has) (or have not or has not) dealt with the debtor in a non-arm's-length manner.

8. That the following are the payments that I have received from the debtor, the credits that I have allowed to the debtor, and the transfers at undervalue within the meaning of section 2 of the Act that I have been privy to or a party to with the debtor within the three months (or, if the creditor and the debtor are related within the meaning of section 4 of the Act or were not dealing with each other at arm's length, within the 12 months) immediately before the date of the initial bankruptcy event within the meaning of section 2 of the Act:
(Provide details of payments, credits and transfers at undervalue)

9. (Applicable only in the case of the bankruptcy of an individual.)

- Whenever the trustee reviews the financial situation of a bankrupt to redetermine whether or not the bankrupt is required to make payments under section 68 of the Act, I request to be informed, pursuant to paragraph 68(4) of the Act, of the new fixed amount or of the fact that there is no longer surplus income.
- I request that a copy of the report filed by the trustee regarding the bankrupt's application for discharge pursuant to subsection 170(1) of the Act be sent to the above address.

Warning: Subsection 201(1) of the Act provides for the imposition of severe penalties in the event that a creditor or person claiming to be a creditor makes any false claim, proof, declaration or statement of account.

Dated at _____, this _____ day of _____.

Witness

Individual Creditor

Witness

Name of Corporate Creditor

Per _____
Name and Title of Signing Officer

Return To:

Phone Number: _____
Fax Number: _____
E-mail Address: _____

MNP Ltd. - Licensed Insolvency Trustee

1200 - 242 Hargrave Street
Winnipeg MB R3C 0T8

DIRECTIONS ON COMPLETING FORM 31 – PROOF OF CLAIM ("Form 31" or "POC")

Form 31 is used to file a proof of claim under the Bankruptcy and Insolvency Act (the "Act"). Form 31 should be completed by Creditors or their authorized representatives in response to a proposal or bankruptcy.

Creditor Contact Information

- The creditor's preferred contact details for correspondence about the claim.
 - This can be a mailing address, fax number, or email address.
 - More than one type of contact can be provided. The LIT will then have the discretion to send correspondence by one of these options.
 - The creditor's mailing address must be given to allow the LIT to distribute any estate funds.

Name a contact person to receive correspondence about the claim.

- This can be the creditor or the name or position of a creditor representative.
- A telephone number for the contact person can be given for communication with the LIT.

Creditor Information

- Enter the following:
 - The full name of the creditor or creditor representative.
 - The city and province of the creditor or creditor representative.
 - Creditor Statement
- The creditor or creditor representative confirms that all information related to the creditor's claim is true and completed to the best of their knowledge.

Paragraphs 1 and 2:

- If you are an employee of the creditor or a creditor representative, supply your position or job title, and the full legal name of your employer.
- If the creditor is a corporation, the person completing the form must confirm that they have the authority to bind the creditor.

Paragraph 3

- Claim details:
 - The full amount, in Canadian dollars, the debtor owes the creditor on the date of the proceedings, minus any counterclaims to which the debtor is entitled.
 - If the amount owing was payable in a currency other than Canadian dollars, it should be converted to Canadian dollars at the rate provided in the proposal. If there is no specified rate, use the exchange rate on the filing date provided above.
 - Attach supporting documents to provide all relevant details to prove the claim. This allows the LIT to examine the claim and decide whether to allow it.

Paragraph 5

- Claim Details:

- Provide the date (day, month, and year) when payment was owed and the date (day, month, and year) of the last payment made by the debtor for the debt, if any.
- Provide the date of the debtor's most recent acknowledgment of the debt, if any.
- Include all relevant details about the debt or obligation, e.g., the nature and history of the claim, how and when the debt or obligation was contracted, etc.

Paragraph 6

- **Type of Claim (according to the Act)** Check each applicable category for the claim or claims and include the required information and supporting documentation for each claim.
- **A. Unsecured Claim**
 - For a claim against a securities firm, omit any amount claimed against the customer pool fund.
 - **Priority claims:**
 - If not claiming a right to a priority, check the first box and enter the amount for which there is no priority being claimed.
 - If claiming a right to a priority under any of paragraphs 136(1)(d), (d.01), (d.02), (d.1), (e), (f), (g) or (i) of the Act, check the corresponding box and enter the amount for which a priority is claimed.
 - **Employee claims:**
 - For unpaid wages, salaries, commissions or compensation of up to \$2000, for work done during the six months preceding the bankruptcy or receivership, check the paragraph 136(1)(d) box. The details of the claim must also be provided in section E.
 - **Secured creditor claims:**
 - For the amount not received from the realization of the security because of the legislated security for unpaid wages or pension plans for the benefit of the debtor's employees, check the paragraph 136(1)(d.01) or 136(1)(d.02) box.
 - **Former partner or child support claims:**
 - For unpaid alimony, alimentary pension, support or maintenance of a former partner or child for a lump sum or periodic payment for amounts due in the year before the bankruptcy or proposal, check the paragraph 136(1)(d.01) box.
 - **Municipal tax claims:**
 - For unpaid property taxes owed for the last two years before the bankruptcy or proposal and for which the municipality has not registered on title, check the paragraph 136(1)(e) box.
 - **Lessor claims:**
 - For unpaid rent for the three months before the bankruptcy or proposal or accelerated rent for the three months after the bankruptcy or proposal, check the paragraph 136(1)(f) box.
 - **Creditor cost claims:**
 - For legal fees and costs paid by a creditor for any process against the property of the debtor filed before the bankruptcy or proposal, check the paragraph 136(1)(g) box.
 - **Insurer claims:**
 - For claims of insurers who paid money for injuries to the debtor's employees not covered by the provisions of any workers' compensation legislation, check the paragraph 136(1)(i) box.

- The total amount of all the amounts in priority must correspond to the total amount for unsecured claims reported at A.
- **B. Lessor's claim for a disclaimer of a lease:**
 - This is only available if the debtor used a proposal to end a commercial lease.
 - Provide details of the claim, including calculations on which the claim is based.
- **C. Secured claim:**
 - Provide the amount of the secured debt and complete details of the security, including the date the security was given and the value at which it is assessed at the date of completing the form.
 - Include copies of security and registration documents.
- **D. Claims by Farmers, Fishers or Aquaculturists:**
 - The amount entered on both lines should be the same.
 - This claim only applies to inventory supplied by farmers, fishers, or Aquaculturists within 15 days of the bankruptcy date or receiver's appointment (see the filing date at Paragraph 3).
 - Include sales agreements and delivery receipts.
- **E. Claims by Wage Earner:**
 - If the claim relates to the bankruptcy of the employer, check the subsection 81.3(8) box.
 - Enter the amount claimed for unpaid wages for work done within six months before the bankruptcy.
 - If the claim relates to the appointment of a receiver to the property of the employer, check the subsection 81.4(8) box.
 - Enter the amount claimed for unpaid wages for work done within six months before the receiver's appointment.
 - A priority claim can often be filed at A for these unpaid wages under paragraph 136(1)(d).
- **F. Claims by Pension Plans:**
 - This claim should be filed by the pension plan administrator, not by the employee or former employee of the debtor.
 - If the claim relates to the employer's bankruptcy, check the section 81.5 box.
 - Enter the amount claimed for unpaid amounts from the pension plan.
 - If the claim relates to the appointment of a receiver to the property of the employer, check the section 81.6 box.
 - Enter the amount claimed for unpaid amounts from the pension plan.
- **G. Claims against Directors:**
 - This only applies to corporations that have filed a proposal that includes a compromise or protection from claims against the directors of the corporation made under subsection 50(13).
 - A director of a corporation other than an income trust means a person who holds the position of a director regardless of their title, and in the case of an income trust, a person holding the position of trustee by any name.
 - Fully explain the claim and include detailed calculations upon which the claim is based.
- **H. Claims by a customer of a bankrupt securities firm:**
 - A securities firm refers to a business that buys and sells securities, such as shares, mutual funds shares, notes, bonds, debentures, commodity futures, or derivatives, on behalf of its customers.
 - The amount claimed must be for the net equity of the customer:

- This is the value of the securities in the customer's account, had it been liquidated at the close of business on the date of bankruptcy, less any amount owed by the customer to the securities firm on the same date.
- Include detailed calculations upon which the claim is based.

Paragraph 7

- Relationship to the Debtor - Indicate whether the creditor is related to the debtor:
 - Individuals are related if they are connected by blood, marriage, common-law partnership, or adoption.
 - Corporations are typically related to individuals who control them, as well as other corporations controlled by the same persons or are part of the same group of corporations.
 - Indicate whether the creditor has dealt with the debtor in a non-arm's length manner:
 - Non-arm's length refers to a relationship or transaction between parties who are related to each other.
 - Creditors related to the debtor are generally considered not to deal with each other at arm's length.

Paragraph 8

- Payment and Credits
 - List all payments received from the debtor and credit extended to the debtor during the designated period.
 - Designated period:
 - For related persons or persons who are not at arm's length, the designated period is twelve months before the date of filing in Paragraph 3.
 - Otherwise, the designated period is three months before the date of filing in Paragraph 3.
 - Provide information on any transfers at undervalue by the debtor that the creditor was a party to, or is aware of, for the designated period.
 - Transfers at undervalue include all transactions, either for goods or services, for which the debtor received conspicuously less than reasonable value.
 - Include all details of payments, credits, or any transfers at undervalue.

Paragraph 10

- Signature
 - The person completing the form must sign it and include the location and specific date (day, month, and year) they signed it.
 - Signing this form binds the creditor and attests that the information is full, true, and complete to the best of their knowledge.
 - It is a serious offense for a creditor to include any false information or to make any false claims with the intent to defraud. The offense can result in a fine of up to \$5,000, imprisonment for up to one year, or both.

If you need more information in completing this Form, contact the Licensed Insolvency Trustee (LIT) responsible for the administration of the estate.