

COURT FILE NO: CV-20-00650219-00CL

NOTICE OF APPOINTMENT OF LIQUIDATOR

(Paragraph 221(a) of the *Canada Business Corporations Act* and Paragraph 14 of the Liquidation Order, dated November 2, 2020)

IN THE MATTER OF THE LIQUIDATION OF CUREXE INC. OF THE CITY OF TORONTO IN THE PROVINCE OF ONTARIO

TAKE NOTICE THAT:

1. On November 2, 2020 the Ontario Superior Court of Justice (Commercial List) issued an order (the "Liquidation Order") pursuant to the *Canada Business Corporations Act* appointing MNP Ltd. as liquidator (the "Liquidator") of Curexe Inc. (the "Company"). Pursuant to the Liquidation Order, the Liquidator is authorized and empowered to, among other things, take possession and control of the property of the Company, to complete a claims bar process, and to the extent possible make a distribution to the Company's creditors and stakeholders.

Please refer to the Liquidator's website (www.mnpdebt.ca/Curexe) to review and/or download a copy of the Liquidation Order, as well as other information and documentation pertaining to this proceeding and the claims bar process.

- 2. Pursuant paragraphs 13 to 16 of the Liquidation Order, a procedure was established for the determination of all claims against the Company or its property and the proceeds thereof. This claim procedure applies to any indebtedness, liability or obligation of any kind of the Company known, or unknown, with respect to any matter, action, cause or chose in action, whether existing at present or commenced in the future, that is a claim provable against the Company.
- 3. Any creditors and others having claims against the Company are required to complete and file a proof of claim with the Liquidator by 5:00 PM (Toronto Time) on December 10, 2020 (the "Claims Bar Date") in order to be entitled to or participate in any distribution(s) by the Liquidator. Any and all holders of claims who do not file a proof of claim with the Liquidator by the Claims Bar Date will not be entitled to or participate in any distribution(s) by the Liquidator or the recovery of any property or the proceeds thereof in the Liquidator's possession and their claim shall be barred and extinguished forever.
- 4. Enclosed with this notice is a proof of claim form to be used for filing a claim.
- 5. Should you wish to receive any and all future notices, documents or other information and communications in connection with this liquidation proceeding electronically (by email) please complete, sign and return to the Liquidator the attached CONSENT TO ELECTRONIC COMMUNICATIONS.

Dated at Toronto, Ontario the 6th day of November 2020.

MNP LTD.

Liquidator of Curexe Inc.

Caup Lunley-Metchel

Per:

Caryl Newbery-Mitchell, MBA, CIRP, LIT

Vice-President





PROOF OF CLAIM

(Paragraph 221(b)(iii) of the *Canada Business Corporations Act* and Paragraph 13 of the Liquidation Order, dated November 2, 2020)

IN THE MATTER OF THE LIQUIDATION OF CUREXE INC. OF THE CITY OF TORONTO IN THE PROVINCE OF ONTARIO

PA	RTICU	JLARS OF CLAIMANT:				
a)	Full Legal Name of Claimant:					
b)	b) Mailing Address of Claimant:					
c)	Other	Other Contact Information of Claimant:				
	(i)	Telephone Number:				
	(ii)	Facsimile Number:				
	(iii)	E-mail Address:				
	(iv)	Attention (Contact Person):				
CL	AIM A	MOUNT:				
	aimant, tify that	[Name of Claimant, if an individual or authorized representative of the if a business], of [Name of Business] do hereby ::				
		am the Claimant or an authorized representative of the Claimant, holding the position of [Position or Title] of the Claimant and have knowledge of the circumstances connected with the Claim described herein; and				
	(ii) Cu	urexe Inc. ("Curexe") was at its date of the appointment of the Liquidator, November 2, 2020,				

C. PARTICULARS OF CLAIM:

A.

В.

You are required to provide full particulars of the Claim and copies of supporting documentation, including but not limited to the amount, description of the transaction(s) or agreement(s) giving rise to the Claim, name of any guarantor(s) which has guaranteed the Claim, and amount of Claim allocated thereto, date and number of all invoices, statements of account, particulars of all credits and discounts claimed, particulars of all payments received both pre and post the date of the appointment of the Liquidator associated with the indebtedness and counterclaims and set-offs by the Company, description of the security, if any, granted by the Company or title retention arrangement with the Company and estimated value of such security or title retention arrangement, as applicable.

and is still indebted to the Claimant, less amounts collected or received to date, if any, on account of such indebtedness in the total amount of \$ (in Canadian dollars).

A description of the basis	on which the Claim ard	se is as follows:	
I attach the following doccharges:	cuments which support t	he Claim and any claim fo	or contract interest or other
FILING OF THE CLA	IM:		
This proof of claim mus Date (December 10, 2020			oronto time) on the Claims
111 Richmo	nted Liquidator of Cures nd Street West, Suite 30 M5H 2G4 Canada		
Attention: Facsimile: E-mail:	Caryl Newbery-Mi (416) 323-5242 caryl.newbery@mr		
5:00 PM (Toronto time) forever barred and yo Curexe Inc. in respect of	on the Claims Bar Da u will be prohibited to of which the Claimants	te (December 10, 2020) From making or enforce claim as a beneficiary of	ntation, as outlined herein, will result in such Claim be ing any Claim against eitl of a trust, actual or deemed tatute (federal or provincial
ATED at	this	day of	, 2020.
	Pe	r:	
itness		r: Signature of Individua Authorized Signing Of	l or

INSTRUCTIONS FOR COMPLETING THE PROOF OF CLAIM

This letter provides general instructions for completing the proof of claim form.

- Ensure that you complete the full name and delivery address, including fax number and/or email address of the claimant making the claim.
- The proof of claim is incomplete unless you include a statement and description of the Claim and attach all supporting documents including transaction details, statements of accounts and/or invoices in support. The supporting documents must show the date, number and value of all transactions, invoices or charges and must conform to the amount of the Claim.
- The proof of claim is incomplete unless it is signed, dated and witnessed.
- The signed and completed proof of claim, together with all supporting documents, must be returned to the Liquidator, MNP Ltd., at the following address by 5:00 PM (Toronto time) on December 10, 2020:

MNP LTD.
Court-appointed Liquidator of Curexe Inc.
111 Richmond Street West, Suite 300
Toronto, ON M5H 2G4 Canada

Attention: Caryl Newbery-Mitchell

Facsimile: (416) 323-5242

E-mail: <u>caryl.newbery@mnp.ca</u>

- Pursuant to the order of the Honorable Justice Cavanagh, pronounces in the above noted proceedings on November 2, 2020, the Liquidator is entitled to disallow your proof of claim in whole or in part. If your proof of claim is disallowed in whole or in part, the Liquidator will send you a Notice of Revision or Disallowance along with the particulars as to how you may dispute the Notice of Revision or Disallowance. If you do not receive a Notice of Revision or Disallowance, the Liquidator has accepted your proof of claim.
- Please contact the Liquidator at the address and email set out above if you have any questions about completing your proof of claim. Any failure to properly complete or return your proof of claim to the Liquidator at the above address by 5:00 PM (Toronto time) on December 10, 2020 will result in your Claim being extinguished without further entitlement to recover your Claim from the Company.

CONSENT TO ELECTRONIC COMMUNICATIONS

(Paragraph 252.3(2) of the Canada Business Corporations Act)

IN THE MATTER OF THE LIQUIDATION OF CUREXE INC. OF THE CITY OF TORONTO IN THE PROVINCE OF ONTARIO

I,	consent to receivine "Company") al	ng from MNP Ltd, in l future notices, docum proceeding as electro	If a corporate entity, the name its capacity as liquidator (the ents or other information and onic documents, provided that
Email Address for Service:			
DATED at	this	day of	, 2020.
Witness	Pe	r: Signature of Individu Authorized Signing C	al or Officer