

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

**AND IN THE MATTER OF A PLAN OF COMPROMISE OR  
ARRANGEMENT OF OLD MM GP INC.**

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**PROOF OF CLAIM**

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Please read carefully the enclosed Instruction Letter for completing this Proof of Claim. All capitalized terms not defined herein have the meanings ascribed to them in the Claims Procedure Order dated March 8, 2024 in the proceedings of Old MM GP Inc. (f/k/a Mastermind GP Inc.) and Old MM LP (f/k/a Mastermind LP) (together, the “**Debtor Companies**”) under the *Companies' Creditors Arrangement Act* (Canada).

**I. PARTICULARS OF CLAIMANT:**

1. Full Legal Name of Claimant:

\_\_\_\_\_ (the “**Claimant**”)

2. Full Mailing Address of the Claimant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Attention (Contact Person): \_\_\_\_\_

6. Have you acquired this Claim by assignment?

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

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

**II. PROOF OF CLAIM:**

1. I, \_\_\_\_\_  
(name of Claimant or representative of the Claimant if Claimant is not an individual), of

\_\_\_\_\_ do hereby certify:  
(city and province)

(a) that I [check (✓) one]

am the Claimant; OR

am \_\_\_\_\_ (state position or title) of

\_\_\_\_\_  
(name of Claimant)

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

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

(d) that one or more of the Debtor Companies and/or one or more of the Directors or Officers of the Debtor Companies were and still are indebted to the Claimant as follows:<sup>1</sup>

<b>Debtor Companies</b>	<b>Prefiling Claim Amount</b>	<b>Whether Claim is Secured, Priority Unsecured, or Unsecured</b>	<b>Value of Security Held, if any</b>
Old MM GP Inc. (f/k/a Mastermind GP Inc.)			
Old MM LP (f/k/a Mastermind LP)			

<sup>1</sup> Claims in a foreign currency are to be converted to Canadian Dollars at the Bank of Canada daily average exchange rate in effect on November 23, 2023.

<b>Debtor Companies</b>	<b>Restructuring Period Claim Amount</b>	<b>Whether Claim is Secured, Priority Unsecured, or Unsecured</b>	<b>Value of Security Held, if any</b>
Old MM GP Inc. (f/k/a Mastermind GP Inc.)			
Old MM LP (f/k/a Mastermind LP)			

**III. PARTICULARS OF CLAIM**

The particulars of the undersigned’s total Claim (including Prefiling Claims, Restructuring Period Claims and Director/Officer Claims) are attached.

*(Provide full particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) or legal breach(es) giving rise to the Claim, name of any guarantor(s) which has guaranteed the Claim, particulars and copies of any security and amount of Claim allocated thereto, date and number of all invoices, and particulars of all credits, discounts, etc. claimed. If any Claim is being made against any Directors or Officers, clearly and expressly indicate as much and specify the applicable Directors or Officers and the legal basis for the Claim against each of them.)*

**IV. FILING OF CLAIM**

For Prefiling Claims and Director/Officer Claims, this Proof of Claim **MUST** be actually received by the Monitor **before 5:00 p.m. (Eastern Prevailing Time) on April 19, 2024** (the “**Claims Bar Date**”).

For Restructuring Period Claims, this Proof of Claim **MUST** be actually received by the Monitor **before the later of: (i) the Claims Bar Date and (ii) 5:00 p.m. (Eastern Prevailing Time) on the date that is ten (10) Business Days after the date on which the Monitor sends a Claims Package with respect to a Restructuring Period Claim** (the “**Restructuring Period Claims Bar Date**”).

In either case, completed forms must be delivered by prepaid ordinary mail, registered mail, courier, personal delivery or email addressed to:

Alvarez & Marsal Canada Inc., in its capacity as Monitor of Old MM GP Inc. and Old  
MM LP  
Royal Bank Plaza, South Tower  
200 Bay Street, Suite 2900  
P.O. Box 22  
Toronto, Ontario, M5J 2J1

Phone: +1 416-847-5194

Email: [Mastermind@alvarezandmarsal.com](mailto:Mastermind@alvarezandmarsal.com)

**FAILURE TO FILE YOUR PROOF OF CLAIM AS DIRECTED BY THE CLAIMS BAR DATE OR RESTRUCTURING PERIOD CLAIMS BAR DATE, AS APPLICABLE, WILL RESULT IN YOUR CLAIM BEING EXTINGUISHED AND FOREVER BARRED AND IN YOU BEING PREVENTED FROM MAKING OR ENFORCING A CLAIM AGAINST THE DEBTOR COMPANIES OR ANY OF THEIR PRESENT OR FORMER DIRECTORS AND OFFICERS.**

**DATED** at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Signature of Claimant or its Authorized  
Signatory