



KPMG inc.
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CANADA
 PROVINCE OF QUEBEC
 DISTRICT OF MONTREAL
 Court No : 500-11-056442-193

SUPERIOR COURT
 Commercial Division

IN THE MATTER OF THE LIQUIDATION OF :

GROUPE DESSAU INC., DESSAU HOLDING INC., DESSAU CAPITAL INC., 9387-1325 QUÉBEC INC. (FORMERLY LVM INC.), SOPRIN ADS INC., LANDRY GAUTHIER & ASSOCIÉS INC., FONDATEC INC., DESSAU INC., DESSAU ADL INC., CONSULTANTS VFP INC., LES CONSULTANTS RENÉ GERVAIS INC., PLANIA INC., GROUPE CONSTRUCTION VERREAULT INC., 9387-5631 QUÉBEC INC. (FORMERLY VERREAULT INC.) and 9198-6919 QUÉBEC INC.

Debtors

- and -

KPMG INC.

Liquidator

PROOF OF CLAIM FORM

1 NAME OF DEBTOR

mandatory

(If you have claims against more than one Debtor, you must complete separate forms for each Debtor)

2 INFORMATION ON CREDITOR

Full legal name of Creditor

mandatory

Doing business as *(if applicable)*

mandatory

Complete Mailing address

mandatory

Phone

mandatory

Fax

Name and title of Representative *(contact person)*:

mandatory

Email

mandatory

If the claim was sold or transferred by the Creditor to another party, please complete section 5.

3 PROOF OF CLAIM

I _____ *mandatory* from _____ *mandatory*
(Creditor's name) (city and province)

CERTIFY AS FOLLOWS:

1. I am the Creditor of the Debtor or the Creditor's Representative.
2. If you are a representative of the Creditor, indicate your title or position: _____
3. I have knowledge of all the circumstances connected with the Claim described herein.
4. My total Claim against the Debtor represents the amount of : _____ *mandatory*
(Specify the currency)

4 DETAILS OF THE CLAIM

Check what applies

Type of claim	Amount (Mandatory)
<input type="checkbox"/> Secured claim (for which I have a security interest over the assets of the Debtor)	\$ _____
<input type="checkbox"/> Unsecured claim (for which I have no security over the assets of the Debtor)	\$ _____
<input type="checkbox"/> Secured Claim against a director(s) and/or an officer(s) of the Debtor	\$ _____
<input type="checkbox"/> Unsecured Claim against a director(s) and/or an officer(s) of the Debtor	\$ _____
Total	\$ _____

Description of the transaction, agreement or event giving rise to or in connection with the Claim :

If the Claim includes accrued interests and other amounts payable, indicate the reasons for claiming these amounts, the interest rate, and provide the supporting documentation to explain these inclusions in the Claim.

If the Claim is contingent and unliquidated, state the reason and provide the supporting documentation to explain the assessment of the Claim:

Signed in _____ this _____ day of _____ 2019.

mandatory
(signature of witness)

mandatory
(signature of Creditor)

IF THE CREDITORS NEED ADDITIONAL SPACE, PLEASE ATTACH A SHEET TO THE PRESENT DOCUMENT.

CREDITORS MUST DESCRIBE THE PARTICULAR ELEMENTS OF THE CLAIM AND ATTACH COPIES OF ALL SUPPORTING DOCUMENTATION OR EVIDENCE TO SUPPORT THE CLAIM, INCLUDING A STATEMENT OF ACCOUNT, INVOICES, AMOUNT AND DESCRIPTION OF THE TRANSACTION(S), AGREEMENT(S), CONTRACT(S) OR BREACH OF CONTRACT(S) GIVING RISE TO THE CLAIM.

5 INFORMATION ON ASSIGNEE (IF APPLICABLE)

Full legal name of assignee _____
(if all or part of the Claim has been assigned. If more than one assignee, please attach separate schedules containing the following information (the "assignee(s))"

Total amount of claim assigned _____ \$

Total amount of claim not assigned _____ \$

Total amount of Claim _____ \$
(should equal the amount of the Claim indicated in Section 4)

Complete mailing address of assignee _____

Phone of assignee _____

Fax of assignee _____

Representative of assignee *(contact person):* _____

Email of assignee _____

FILING OF CLAIM

Completed claim form with supporting documentation must be returned and received by the Liquidator, **no later than August 26, 2019 at 5:00 pm (Eastern Standard Time) (the "Claims Bar Date")**, to the specified email address or mailing address below.

CLAIMS THAT ARE NOT RECEIVED BEFORE THE CLAIMS BAR DATE WILL BE INADMISSIBLE AND DEFINITELY EXTINGUISHED. NO OTHER NOTICE WILL BE ISSUED.

IT WILL BE IMPOSSIBLE TO APPLY OR ENFORCE A CLAIM AGAINST THE DEBTORS, THEIR DIRECTORS AND THEIR OFFICERS.

This proof of claim must be received by the Liquidator by registered mail, by messenger, by fax, or by email at the following coordinates:

KPMG inc.

Court-appointed Liquidator of Groupe Dessau Inc. and related companies
600 de Maisonneuve Blvd. West
Tour KPMG, Suite 1500
Montreal (Quebec), H3A 0A3
Fax: 514-840-2121
Email: dessau@kpmg.ca