

Proof of Claim

(Name of Creditor – Please Print)

All notices or correspondence regarding this claim must be forwarded to the following address:

(Address of Creditor to which Notices should be sent – Please Print)



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

In the matter of the receivership of 1725587 Ontario Inc. (c.o.b. Health and HarMONEY) and Harmony Club Inc. of Oshawa, Ontario and the claim of , creditor.

- 1. That I am a creditor of 1725587 Ontario Inc. (c.o.b. Health and HarMONEY) and/or Harmony Club Inc. (or that I am (state position or title) of (name of creditor or of the representative of the creditor)).
2. That I have knowledge of all the circumstances connected with the claim referred to below.
3. That the debtor(s) was, at the date of receivership, namely the 5th day of August, 2010, 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. (The attached statement of account, or affidavit must specify the voucher or other evidence in support of the claim.)
4. (Check and complete appropriate category.)
A. ORDINARY UNSECURED CLAIM OF \$..... That in respect of this debt, I do not hold any assets of the debtor(s) as security and (Check as appropriate description.)
B. ORDINARY SECURED CLAIM OF \$..... That in respect of this debt, I hold assets of the debtor(s) valued at \$..... as security, 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.)
C. PREFERRED SHAREHOLDER CLAIM \$..... That I hereby make a claim as a preferred shareholder, particulars of which are as follows: (Give full particulars of the claim, including the calculations upon which the claim is based)
5. 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(s) within the meaning of section 4 of the Act.
6. That the following are the payments that I have received from, and the credits that I have allowed to, the debtor(s) within three months (or, if the creditor and the debtor(s) are related within the meaning of section 4 of the Act, 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 and credits.)

Dated at this day of

..... Witness

..... Creditor

Phone Number:

Fax Number:

E-mail Address:

This Proof of Claim must be provided to and received by the Receiver on or before November 30, 2010, the Claims Bar Date, at the following address:

BDO CANADA LIMITED
Receiver and Manager of 1725587 Ontario Inc. (c.o.b. Health and HarMONEY)
and Harmony Club Inc.
123 Front Street W.
Suite 1200
Toronto, Ontario M5J 2M2
Canada
Attention: Gary Cerrato