PROOF OF CLAIM AGAINST

HOLLINGER CANADIAN PUBLISHING HOLDING CO.
(hereinafter referred to as "HCPH")

Please read the enclosed Instruction Letter carefully prior to completing this Proof of Claim. Defined terms not defined within this Proof of Claim form shall have the meaning ascribed thereto in the Claims Procedure Order dated April 15, 2010 as may be amended from time to time.

This Proof of Claim form should <u>not</u> be used to assert any claims under or arising from pension, retirement or post retirement benefits plans of HCPH or other Excluded Claims (as defined in the Claims Procedure Order). Members of such pension, retirement or post retirement benefits plans of HCPH will receive a Personal Information Statement to be completed and returned to the Monitor pursuant to a separate Order of the Court made on April 15, 2010 and may contact the Monitor as set out below if they have not received a Personal Information Statement.

1. **Particulars of Creditor**

(a) Full Legal Name of Creditor: _____ (the **"Creditor"**) (Full legal name should be the name of the original Creditor of the Applicant, regardless of whether an assignment of a Claim has been made, or a portion thereof, has occurred prior to or following the Filing Date.)

(b) Full Mailing Address of the Creditor (*the original Creditor, not the Assignee*):

_____
_____
_____
_____

(c) Telephone Number: _____
E-mail Address: _____
Facsimile Number: _____

Attention (Contact Person): _____

(d) Has the Claim been sold, transferred or assigned by the Creditor to another party?

Yes: [___]

No: [___]

2. **Particulars of Assignee(s) (If any):**

(a) Full Legal Name of Assignee(s): _____ (If a portion of the Claim has been assigned, insert full legal name of assignee(s) of the Claim. If there is more than one assignee, please attach a separate sheet with the required information.)

(b) Full Mailing Address of Assignee(s): _____

(c) Telephone Number of Assignee(s): _____

(d) Facsimile Number of Assignee(s): _____

(e) E-mail Address: _____

(f) Attention (Contact Person): _____

3. **Proof of Claim:**

I, _____ (*name of individual Creditor or Representative of Corporate Creditor*), of _____(*City, Province or State*) do hereby certify:

(i) that I

[____] am the Creditor of HCPH; OR

[____] am _____ *(state position or title)* of _____ *(name of Creditor)*

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

(iii) HCPH was and still is indebted to the Creditor as follows;

A. PRE-FILING CLAIM:

CDN$ _____ (*insert $ value of Claim*)

B. RESTRUCTURING CLAIM:

CDN$ _____ (*insert $ value of Claim*) (any claim arising after the Filing Date from or caused by any action taken by HCPH from and after the Filing Date including the restructuring, termination, disclaimer or repudiation after the Filing Date by HCPH of any contract, lease, employment agreement, or other arrangement or

agreement of any nature whatsoever, whether oral or written, and any amending agreement related thereto)

C. The Creditor's Claim is denominated in:

[ ] Canadian Dollars
[ ] U.S. Dollars
[ ] Other: _____ (stipulate other currency referenced)

D. TOTAL CLAIM(S) $

(Note: Claims in a foreign currency are to be converted to Canadian Dollars at the noon spot rate of the Bank of Canada as at the Filing Date.)

4. **Nature of Claim:**

(Check and complete appropriate category)

[___] A. UNSECURED CLAIM OF $_____. That in respect of this debt, no assets of the Applicant are pledged as security.

[___] B. SECURED CLAIM OF $_____.

That in respect of this debt, assets of the Applicant valued at $_____ are pledged to me 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.)

5. **Particulars of Claims:**

Other than as already set out herein, the particulars of the undersigned's total Pre-Filing Claim and/or Restructuring Claim are attached.

(Provide all particulars of the claims and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the claims, name of any guarantor which has guaranteed the claims, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by the Applicant to the Creditor and estimated value of such security.)

6. **Filing of Claims:**

This Proof of Claim must be received by no later than 5:00 p.m. (Eastern Standard Time) on June 18, 2010 (the "**Claims Bar Date**") if your claim is not a Restructuring Claim arising after May 15, 2010.

The bar date for filing Proofs of Claim for any Restructuring Claims arising after May 15, 2010 will be set by further Order of the Court but should be filed as soon as possible.

FAILURE TO FILE YOUR PROOF OF CLAIM AS DIRECTED BY THE CLAIMS BAR DATE OR, AS APPLICABLE, WILL RESULT IN YOUR CLAIM BEING BARRED AND EXTINGUISHED FOREVER, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST THE APPLICANT.

This Proof of Claim must be delivered by registered mail, personal delivery, e-mail (in PDF format), courier or facsimile transmission at the following addresses:

Ernst & Young Inc.
Court-appointed Monitor of
Hollinger Canadian Publishing Holding Co.
Ernst & Young Tower
222 Bay Street
Toronto, ON M5K 1J7
E-mail: hcph.monitor@ca.ey.com
Fax: (416) 943-3300
Attention: Franca Mazzulla re: HCPH Claim

Any questions or enquiries with respect to the Claims Procedure should be directed to the Monitor by phone at: (888) 274-4344 or by Email at: hcph.monitor@ca.ey.com

DATED this _____ day of _____, 20__.

_____ Per: _____

Witness:

Print name of Creditor:

_____

If Creditor is other than an individual, print name and title of authorized signatory

Name: _____

Title: _____