PROOF OF CLAIM

FOR CREDITORS OF HOLLINGER INC., 4322525 CANADA INC. and SUGRA LIMITED (EACH AN "APPLICANT" AND COLLECTIVELY, THE "APPLICANTS")

Please read carefully the enclosed Instruction Letter for completing this Proof of Claim form. Capitalized terms not defined within this Proof of Claim form shall have the meaning ascribed thereto in the Order of the Superior Court of Justice (Commercial List) dated May 21, 2008, as may be amended from time to time (the "Claims Order"). A separate Proof of Claim should be submitted for each Applicant against which you assert a Claim.

1. **COMPANY AGAINST WHICH YOU ASSERT A CLAIM:**

Check only <u>one</u> company for each Proof of Claim. If you have Claims against more than one company you <u>must</u> file a <u>separate</u> Proof of Claim for each.

Hollinger Inc. ☐

4322525 Canada Inc. ☐

Sugra Limited ☐

(the "Applicant").

2. **PARTICULARS OF CREDITOR:**

(a) Full Legal Name of Creditor (include trade name, if different):

_____

_____

(the "Creditor"). The full legal name should be the name of the Creditor of the Applicant, notwithstanding whether an assignment of a Claim, or a portion thereof, has occurred prior to or following August 1, 2007.

(b) Full Mailing Address of the Creditor:

_____

_____

_____

The mailing address should be the mailing address of the Creditor and not any assignee.

(c) Other Contact Information of the Creditor:

Telephone Number: _____

Email Address: _____

Facsimile Number: _____

Attention (Contact Person): _____

(d) Has the claim set out herein been sold, transferred or assigned by the Creditor to another party?

Yes: ☐ No: ☐

3. **PARTICULARS OF ASSIGNEE(S) (IF APPLICABLE)**

If the Claim set out herein has been sold, transferred or assigned, complete the required information set out below. If there is more than one assignee, please attach a separate sheet that contains all of the required information set out below for each assignee.

(a) Full Legal Name of Assignee:

_____

_____

(b) Full Mailing Address of the Assignee:

_____

_____

_____

Other Contact Information of the Assignee:

Telephone Number: _____

Email Address: _____

Facsimile Number: _____

Attention (Contact Person): _____

4. **PROOF OF CLAIM**

THE UNDERSIGNED HEREBY CERTIFIES AS FOLLOWS:

(a) That I:

☐ am a Creditor of one or more of the Applicants; **OR**

☐ am _____
(state position or title)

of _____
(name of Creditor)

(b) That I have knowledge of all the circumstances connected with the Claim described and set out below;

(c) The Applicant was and still is indebted to the Creditor as follows (include all Claims that you assert against the Applicant. Claims should be filed in the currency of the transactions, with reference to the contractual rate of interest, if any, and such currency should be indicated as provided below) in respect of a Claim arising on or prior to August 1, 2007:

_____$_____

(*Original Currency*)

(d) The Applicant was and still is indebted to the Creditor as follows in respect of a Restructuring Claim arising on or after August 1, 2007:

_____$_____

For the purposes of the Claims Order only (and without prejudice to the terms of any plan of arrangement or compromise), Claims will be converted to Canadian dollars at the Bank of Canada noon spot rate as at the Valuation Date. (exchange rate conversions on such date were: CAD$1.00 = USD$ .99 and CAD$1.00 = .64 Euro).

5. **NATURE OF CLAIM**

(CHECK AND COMPLETE APPROPRIATE CATEGORY)

☐ Unsecured Claim of _____ $_____
(*Original Currency and amount*)

☐ Secured Claim of _____$_____
(*Original Currency and amount*)

In respect of this debt, I hold security over the assets of the Applicant valued at _____ $_____, the
(*Original Currency and amount*)
particulars of which security and value are attached to this Proof of Claim form.

(Give full particulars of the security, including the date on which the security was given the value which you ascribe to the assets charged by your security, the basis for such valuation and attach a copy of the security documents evidencing the security.)

6. **PARTICULARS OF CLAIM**

Other than as already set out herein, the particulars of the undersigned's total Claim against the Applicant are attached on a separate sheet.

Provide all particulars of the Claim and supporting documentation that you feel will assist in the determination of your Claim. ***At a minimum, you are required to provide the invoice date, invoice number, the amount of each outstanding invoice and the related purchase order number.*** *Further particulars may include the following if applicable: a description of the transaction(s) or agreement(s) giving rise to the Claim; contractual rate of interest (if applicable); name of any guarantor which has guaranteed the Claim; details of all credits, discounts etc claimed; description of the security if any, granted by the affected Applicant to the Creditor, the estimated value of such security and the basis for such valuation; and the particulars of any Restructuring Claim.*

7. **FILING OF CLAIM**

This Proof of Claim form must be received by the Monitor by no later than **5:00 pm (Eastern Standard Time) on July 11, 2008**, by either prepaid registered mail, personal delivery, courier, facsimile transmission at the following address:

Ernst & Young Inc., the Court-appointed Monitor of the Applicants

By Mail:
P.O. Box 251
Ernst & Young Tower
222 Bay Street, 21st Floor
Toronto, ON M5K 1J7

By Courier:

222 Bay Street, 21st Floor
Ernst & Young Tower
Toronto, ON M5K 1J7

Attention: Christopher Mediratta
Fax: (416) 943-3300

Failure to file your Proof of Claim and any required documentation as directed by 5:00 pm on July 11, 2008 (Eastern Standard Time) will result in your Claim being barred and you will be prohibited from making or enforcing a Claim against the Applicants and you shall not be entitled to further notice or distribution, if any, and shall not be entitled to participate as a Creditor, in these proceedings.

DATED this _____ day of _____, 2008.

Name of creditor: _____

_____
Witness

Per: _____
Name:
Title:
(*please print*)