United States Bankruptcy Court, District of Delaware, Ontario Superior Court of Justice - Court File No. CV-16-11582-OOCL

Fill in this information to identify the case (Select only one Debtor per claim form):

- ☐ BPS US Holdings Inc. (Case No. 16-12373)
- ☐ Bauer Hockey, Inc. (Case No. 16-12374)
- ☐ Easton Baseball / Softball Inc. (Case No. 16-12375)
- ☐ Bauer Hockey Retail Inc. (Case No. 16-12376)
- ☐ Bauer Performance Sports Uniforms Inc. (Case No. 16-12377)
- ☐ Performance Lacrosse Group Inc. (Case No. 16-12378)
- ☐ BPS Diamond Sports Inc. (Case No. 16-12379)
- ☐ PSG Innovation Inc. (Case No. 16-12380)
- ☐ Performance Sports Group Ltd. (Case No. 16-12381)
- ☐ KBAU Holdings Canada, Inc. (Case No. 16-12382)
- ☐ Bauer Hockey Retail Corp. (Case No. 16-12383)
- ☐ Easton Baseball / Softball Corp. (Case No. 16-12384)
- ☐ PSG Innovation Corp. (Case No. 16-12385)
- ☐ Bauer Hockey Corp. (Case No. 16-12386)
- ☐ BPS Canada Intermediate Corp. (Case No. 16-12387)
- ☐ BPS Diamond Sports Corp. (Case No. 16-12388)
- ☐ Bauer Performance Sports Uniforms Corp. (Case No. 16-12389)
- ☐ Performance Lacrosse Group Corp. (Case No. 16-12390)

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy/restructuring case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a request for payment of an administrative expense or an expense relating to goods delivered or services rendered after the petition date. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be subject to severe penalties including significant monetary fines and /or imprisonment.

Fill in all the information about the claim as of October 31, 2016.

☐ **The amounts set forth on this claim form are in US Dollars**

☐ **The amounts set forth on this claim form are in Canadian Dollars**

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim) ____________________

Other names the creditor used with the debtor ____________________

2. Has this claim been acquired from someone else?

☐ No

☐ Yes. From whom? ____________________

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name	Name
Number Street	Number Street
City State/Province ZIP/Postal Code	City State/Province ZIP/Postal Code
Country	Country
Contact phone ______	Contact phone ______
Contact email ______	Contact email ______

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _

4. Does this claim amend one already filed?

☐ No

☐ Yes. Claim number on court claims registry (if known) ______ Filed on ______ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☐ No

☐ Yes. Who made the earlier filing? ____________________

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**

- ☐ No
- ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ ____ ____ ____

7. **How much is the claim and in what currency?**

$______________________________

- ☐ USD
- ☐ CDN

Does this amount include interest or other charges?

- ☐ No
- ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges.

8. **What is the basis of the claim?**

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, credit card, restructuring claim/disclaimed or resiliated contract, etc.

Attach redacted copies of any documents supporting the claim.

Limit disclosing information that is entitled to privacy, such as health care information.

____

9. **Is all or part of the claim secured?**

- ☐ No
- ☐ Yes. The claim is secured by a lien on property.

Nature of property:

- ☐ Real estate.
- ☐ Motor vehicle
- ☐ Other. Describe: ______________________________

Basis for perfection: ______________________________

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $______________

Amount of the claim that is secured: $______________

Amount of the claim that is unsecured: $______________ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of October 31, 2016: $______________

Annual Interest Rate (when case was filed)______%

- ☐ Fixed
- ☐ Variable

10. **Is this claim based on a lease?**

- ☐ No
- ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $______________

11. **Is this claim subject to a right of setoff?**

- ☐ No
- ☐ Yes. Identify the property: ______________________________

12. **Is all or part of the claim entitled to priority or special treatment under US or Canadian law?** A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ No ☐ Yes. *Check one:* **Under U.S. law:** — **Amount entitled to priority** ☐ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). $______ ☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). $______ ☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). $______ ☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). $______ ☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. $______ **Under Canadian law:** ☐ Wages, salaries, or commissions (up to CDN $2,000) earned within 6 months before the Initial Order, as referred to in section 6(5) CCAA. $______ ☐ Amounts due in respect of a registered pension plan as referred to in section 6(6) CCAA. $______ ☐ Amounts due to the governments and referred to in section 6(3) CCAA. $______ * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.
13. **Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?**	☐ No ☐ Yes. **Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.** $______

Part 3: Sign Below

The person completing this proof of claim must sign and date it.

Check the appropriate box:

☐ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent.
☐ I am a guarantor, surety, endorser, or other codebtor.

A person who files a fraudulent claim could be subject to severe penalties including significant monetary fines and/or imprisonment.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date __________(mm/dd/yyyy)

____
Signature

Print the name of the person who is completing and signing this claim:

Name ______________________________
First name Middle name Last name

Title ______________________________

Company ______________________________
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address ______________________________
Number Street

____
City State/Province ZIP/Postal Code Country

Contact phone __________ Email __________