

**IN THE MATTER OF THE NOTICE OF INTENTION TO MAKE A  
PROPOSAL OF KADEN ENERGY LTD. ("Kaden")**

**PLEASE TAKE NOTICE** that on March 6, 2024, Kaden filed a Notice of Intention to Make a Proposal ("**NOI**") pursuant to the *Bankruptcy and Insolvency Act*, RSC 1985, c. B-3 and by order of the Court of King's Bench of Alberta (the "**Court**") dated April 2, 2024, a Claims Procedure Order was granted (the "**Claims Procedure Order**"), authorizing Kaden to conduct a claims procedure (the "**Claims Procedure**"). A copy of the Claims Procedure Order may be found on the Proposal Trustee's website at: [www.bdo.ca/kaden](http://www.bdo.ca/kaden) (the "**Proposal Trustee's Website**").

Name of Claimant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PLEASE TAKE NOTICE THAT**, pursuant to the Claims Procedure Order, we hereby give you notice of our intention to dispute the Notice to Known Claimant issued by BDO Canada Limited, acting in its capacity as Proposal Trustee of Kaden, in respect of our Claim. We dispute the following portion(s) of our Claim as articulated in the Notice to Known Claimant:

<b>Claim as Listed (\$CAD)</b>	<b>Revised Claim (\$CAD)</b>

<b>Classification of Claim as Listed</b>	<b>Revised Classification</b>

Reason for the dispute (attach copies of supporting documentation):

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The address for Service of Notice of Dispute of Revision or Disallowance is as follows:

**BDO Canada Limited**

Proposal Trustee of Kaden Energy Ltd.

Suite 110, 5800 2 Street SW

Calgary, Alberta T2H 0H2

Attention: Sahib Singh

Fax: 403.640.0591

Phone: 403.531.0531

Email: [sahsingh@bdo.ca](mailto:sahsingh@bdo.ca)

**THIS FORM AND ANY REQUIRED SUPPORTING DOCUMENTATION MUST BE RETURNED TO THE PROPOSAL TRUSTEE BY REGISTERED MAIL, PERSONAL SERVICE, EMAIL, FACSIMILE OR COURIER TO THE ADDRESS INDICATED ABOVE AND MUST BE ACTUALLY RECEIVED BY THE PROPOSAL TRUSTEE WITHIN FOURTEEN (14) DAYS FROM THE DATE OF THE NOTICE TO KNOWN CREDITORS (THE CLAIMS BAR DATE)**

DATED this \_\_\_\_ day of \_\_\_\_\_, 2024

\_\_\_\_\_  
Witness

Per: \_\_\_\_\_

Name of Claimant  
\_\_\_\_\_

*If Claimant/Restructuring Period Claimant is other than an individual, print name and title of authorized signatory*

Name: \_\_\_\_\_

Title: \_\_\_\_\_