SCHEDULE "B"
PROOF OF CLAIM

Court File No. CV-21-00000068-00CL

ONTARIO

SUPERIOR COURT OF JUSTICE

COMMERCIAL LIST

IN THE MATTER OF Section 101 of the *Courts of Justice Act*, R.S.O. 1990 c.C.43, as amended, and in the matter of Section 243(1) of the Bankruptcy and Insolvency Act, R.S.C. 1985, c. B-3, as amended

253 QUEEN STREET INC.

PROOF OF CLAIM

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1. **PARTICUALRS OF CLAIMANT**

(a) Full Legal Name of Claimant: _____

(b) Full Mailing Address of Claimant: _____

_____

_____

_____

(c) Telephone Number of Claimant: _____

(d) Facsimile Number of Claimant: _____

(e) E-mail Address of Claimant: _____

(f) Attention (Contact Person): _____

2. **PARTICULARS OF ORIGINAL CLAIMANT FROM WHOM YOU ACQUIRED THE CLAIM, IF APPLICABLE:**

(a) Have you acquired this Claim by assignment? Yes [ ] No [ ]
(if yes, attach documents evidencing assignment)

a. Full Legal Name of original creditor(s): _____

3. **PROOF OF CLAIM**

THE UNDERSIGNED CERTIFIES AS FOLLOWS:

All capitalized terms not otherwise defined herein have the meanings ascribed to them in the Claims Process Order granted by the Ontario Superior Court of Justice (Commercial List) on June 19, 2026 (the "**Claims Process Order**").

That I [am a Claimant/hold the position of _____ of the Claimant] [*select applicable*] and have knowledge of all the circumstances connected with the Claim described herein;

The Midas Investment Corporation is indebted to the Claimant as follows:

(*When completing the Proof of Claim form, please include the exact legal name of the party that you are asserting a Claim against. Any Claims denominated in a foreign currency shall be filed in such currency and will be converted to Canadian Dollars at rates set out in the Claims Process Order).*

	253 Queen Street Inc.	Amount Claim
1.		$
2.		$
3.		$

4. PARTICULARS OF CLAIM

The particulars of the undersigned's total Claim are attached.

(Provide full particulars of the Claim(s) and supporting documents, including the amount, description of transactions(s) or agreement(s) giving rise to the Claim(s), name of any guarantor(s) which has guaranteed the Claim(s), and amount of Claim(s) allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed.

5. FILING OF CLAIM

This Proof of Claim must be returned to and received by the Receiver by 5:00pm (Toronto Time) on the Claims Bar Date August 7, 2026

In each case, completed forms must be delivered by prepaid registered mail, courier, personal delivery, or email to the Receiver at the following address:

Rosen Goldberg Inc.
5255 Yonge Street, Suite 804
Toronto, ON M2N 6P4

Attention: Brahm Rosen
Telephone: 416-224-4210
Email: brosen@rosengoldberg.com

Dated at Toronto, Ontario this 36th day of June, 2026.