

**IN THE MATTER OF THE *COMPANIES' CREDITORS
ARRANGEMENT ACT*, R.S.C. 1985, c. C-36, AS AMENDED**

**AND IN THE MATTER OF A PLAN OF COMPROMISE OR
ARRANGEMENT OF BALBOA INC., DSPLN INC., HAPPY
GILMORE INC., INTERLUDE INC., MULTIVILLE INC.,
THE PINK FLAMINGO INC., HOMETOWN HOUSING
INC., THE MULLIGAN INC., HORSES IN THE BACK INC.,
NEAT NESTS INC. AND JOINT CAPTAIN REAL ESTATE
INC.**

PROOF OF CLAIM

Please read carefully the enclosed Instruction Letter for completing this Proof of Claim. All capitalized terms used but not defined herein have the meanings ascribed to them in the Claims Procedure Order dated July 30, 2026 granted in the proceeding of the Applicants¹ under the *Companies' Creditors Arrangement Act* (Canada).

I. DEBTORS

1. Full Legal Name of Applicant(s) the Claim is being made against:

_____ (the “**Debtor(s)**”)

II. PARTICULARS OF ORIGINAL CLAIMANT:

1. Full Legal Name of Claimant:

_____ (the “**Claimant**”)

2. Full Mailing Address of the Claimant:

3. Telephone Number:

4. Email Address:

5. Facsimile Number:

¹ The “**Applicants**” are Balboa Inc., DSPLN Inc., Happy Gilmore Inc., Interlude Inc., Multiville Inc., The Pink Flamingo Inc., Hometown Housing Inc., The Mulligan Inc., Horses In The Back Inc., Neat Nests Inc. and Joint Captain Real Estate Inc.

6. Attention (Contact Person): _____

6. Have you acquired this Claim by assignment?

Yes: ☐ No: ☐ (if yes, attach documents evidencing assignment)

If Yes, Full Legal Name of Original Claimant(s):

III. AMOUNT OF CLAIM:

Pre-Filing Claims

Debtor Name	Currency	Amount of Pre-Filing Claim

Restructuring Period Claims

Debtor Name	Currency	Amount of Pre-Filing Claim

IV. DOCUMENTATION

The particulars of the undersigned's total Claim (including Pre-Filing Claims and Restructuring Period Claims) are attached.

(Provide full particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) or legal breach(es) giving rise to the Claim, name of any guarantor(s) which has guaranteed the Claim, particulars and copies of any security and amount of Claim allocated thereto, date and number of all invoices, and particulars of all credits, discounts, etc. claimed, but do not include any amounts claimed for interest, fees, penalties and similar amounts).

V. CERTIFICATION

1. I, _____
(name of Claimant or representative of the Claimant if Claimant is not an individual), of

_____ do hereby certify:
(city and province)

(a) that I [check (✓) one]

☐ am the Claimant; OR

☐ am _____ (state position or title) of

(name of Claimant)

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

(c) that complete documentation in support of the Claim referred to herein is attached; and

(d) that the Debtor(s) were and still are indebted to the Claimant as set out herein.

IV. FILING OF CLAIM AND APPLICABLE DEADLINES

For **Pre-Filing Claims** (excluding Negative Notice Claims that are Pre-Filing Claims), this Proof of Claim **MUST** be actually received by the Monitor **before 5:00 p.m. (Eastern Prevailing Time) on October 28, 2026** (the “**Claims Bar Date**”).

For **Restructuring Period Claims** (excluding Negative Notice Claims that are Restructuring Period Claims), this Proof of Claim **MUST** be actually received by the Monitor **before 5:00 p.m. (Eastern Prevailing Time) on the date** (the “**Restructuring Period Claims Bar Date**”) **on the date that is the later of: (i) the Claims Bar Date and (ii) the date that is thirty (30) Calendar Days after the date on which the Monitor sends a General Claims Package with respect to the Restructuring Period Claim.**

In either case, completed forms must be delivered by prepaid ordinary mail, registered mail, courier, personal delivery or email addressed to:

AlixPartners Restructuring, Inc.,
in its capacity as Monitor of the Applicants
220 Bay Street, 13th Floor
Toronto, Ontario M5J 2W4

Attention: Nathalie El-Zakhem
Email: nathalie.elzakhem@alixpartners.com

In accordance with the Claims Procedure Order, notices shall be deemed to be received by the Monitor upon actual receipt thereof by the Monitor during normal business hours on a Business Day, or if delivered outside of normal business hours, on the next Business Day.

FAILURE TO FILE YOUR PROOF OF CLAIM SUCH THAT IT IS ACTUALLY RECEIVED BY THE MONITOR BY THE APPLICABLE BAR DATE WILL RESULT IN YOUR CLAIM (EXCEPT FOR ANY CLAIM OUTLINED IN ANY STATEMENT OF NEGATIVE NOTICE CLAIM THAT MAY HAVE BEEN ADDRESSED TO YOU) BEING EXTINGUISHED AND FOREVER BARRED AND IN YOU BEING PREVENTED FROM MAKING OR ENFORCING A CLAIM AGAINST ANY OF THE APPLICANTS. IN ADDITION, UNLESS YOU HAVE SEPARATELY RECEIVED A STATEMENT OF NEGATIVE NOTICE CLAIM FROM THE MONITOR IN RESPECT OF ANY OTHER CLAIM, YOU SHALL NOT BE ENTITLED TO FURTHER NOTICE OF AND SHALL NOT BE ENTITLED TO PARTICIPATE AS A CREDITOR IN THE APPLICANTS' CCAA PROCEEDINGS WITH RESPECT TO ANY SUCH CLAIMS.

DATED at _____ this _____ day of _____, 2026.

Signature of Claimant or its Authorized
Signatory