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October 7, 2016

**To: The Creditors of Victorian Order Of Nurses For Canada – Western Region (“VON West”)**

Please be advised that on October 5, 2016, VON West sought and obtained from the Ontario Superior Court of Justice Court Orders to:

- (i) establish a process for the identification and determination of claims against VON West and/or the Directors and/or the Officers of VON West (the “**Claims Procedure Order**”); and
- (ii) authorize VON West to file a plan of compromise or arrangement (the “**Plan**”) under the Companies’ Creditors Arrangement Act (the “**CCAA**”) and to call a meeting of creditors to consider and vote upon a resolution to approve the Plan (the “**Meeting Order**”).

In accordance with the Claims Procedure Order, we enclose copies of the following documentation (the “**Proof of Claim Document Package**”):

1. Notice of Claims Process for VON West;
2. Claim Notice (if applicable);
3. Instruction Letter with respect to completing the Proof of Claim form;
4. Proof of Claim form; and
5. Notice of Dispute (if applicable).

Copies of the Claims Procedure Order and Proof of Claim Document Package can be found at the Monitor’s website at <http://www.collinsbarrow.com/en/cbn/restructuring-and-recovery-engagements/v-o-n>.

Pursuant to the Meeting Order, the meeting of creditors has been scheduled for 2:00 p.m. (Toronto time) on November 16, 2016. The Monitor will in the next few weeks be sending to all Known Creditors (as defined in the Claims Procedure Order) an Information Package with information on the Plan and on how creditors can vote on the Plan.

Should you have any questions on the Proof of Claim Document Package, please contact Mr. Jeffrey Berger of our office at 647-726-0496 or [cblmonitor@collinsbarrow.com](mailto:cblmonitor@collinsbarrow.com).

Yours truly,

**COLLINS BARROW TORONTO LIMITED**

In its capacity as Court-Appointed Monitor of  
Victorian Order Of Nurses For Canada – Western Region  
and not in its personal capacity

  
Per: Daniel Weisz, CPA, CA, CIRP, LIT  
Senior Vice-President

Ontario Superior Court of Justice (Commercial List)  
Court No. CV-15-11192-OOCL

**Notice To Creditors Of Victorian Order Of Nurses For Canada – Eastern Region  
and Victorian Order Of Nurses For Canada – Western Region**

**NOTICE OF CLAIMS PROCESS FOR  
VICTORIAN ORDER OF NURSES FOR CANADA – EASTERN REGION (“VON East”) and  
VICTORIAN ORDER OF NURSES FOR CANADA – WESTERN REGION (“VON West”)  
pursuant to the *Companies’ Creditors Arrangement Act***

PLEASE TAKE NOTICE that on October 5, 2016, the Court issued orders (the “**Claims Procedure Orders**”), requiring that all Persons who assert a Claim(s) against VON East or VON West, and/or the Directors and/or the Officers of VON East or VON West **must file a Proof of Claim with the Monitor on or before 10:00 a.m. (Toronto time) on October 26, 2016 (the “Pre-Filing Claims Bar Date”) or the Restructuring Claims Bar Date (as described in the Claims Procedure Orders).**

Copies of the Claims Procedure Orders and Proof of Claim Document Packages for each of VON East and VON West may be obtained from the Monitor’s website at <http://www.collinsbarrow.com/en/cbn/restructuring-and-recovery-engagements/v-o-n>, or by contacting the Monitor at the address listed below.

**If your proof of claim is not received by the Monitor by the Pre-Filing Claims Bar Date or the Restructuring Claims Bar Date, as applicable, your Claim against VON East, VON West, the Directors and Officers of VON East or the Directors and Officers of VON West will be barred and extinguished forever.**

Please note that if you have received a Claim Notice, VON West has inserted in the Claim Notice the amount VON West’s records show as being owed to you for the relevant period (but excluding any Restructuring Claims and Director/Officer Claims). If you agree with the amount of the claim set out in the Claim Notice, there is nothing further you need to do to file your Pre-Filing Claim and your Pre-Filing Claim will be admitted for voting and distribution purposes at the amount set out in the Claim Notice.

If you believe that VON West owes you an amount that is different from the amount included in the Claim Notice, you must follow the procedures contained in paragraph 11 of the Claims Procedure Order in connection with your Claim against VON West.

If you wish to assert any Director/Officer Claim or Restructuring Claim, you must complete a Proof of Claim form in respect of such Claim even if you have received a Claim Notice.

Address of the Monitor: Collins Barrow Toronto Limited, Court-appointed Monitor  
11 King St. W., Suite 700  
Toronto, Ontario, M5H 4C7  
Tel. (647) 726-0496  
Fax (416) 480-2646  
Attention: Jeffrey Berger  
E-mail: [cbtnmonitor@collinsbarrow.com](mailto:cbtnmonitor@collinsbarrow.com)

## INSTRUCTION LETTER

Pursuant to an Order of the Ontario Superior Court of Justice dated October 5, 2016, (the "Claims Procedure Order"), Victorian Order Of Nurses For Canada – Western Region ("VON West") has been authorized to conduct a claims procedure. A copy of the Claims Procedure Order is available on the Monitor's website at <http://www.collinsbarrow.com/en/cbn/restructuring-and-recovery-engagements/v-o-n>.

This Guide has been prepared to assist Persons asserting a Claim in filling out the Proof of Claim form with respect to VON West. If you have any additional questions regarding completion of the Proof of Claim form, please consult the Monitor's website or contact the Monitor at the coordinates shown below.

In the event of any inconsistency between the terms of this guide and the terms of the Claims Procedure Order, the terms of the Claims Procedure Order will govern. Capitalized terms used herein and not otherwise defined have the meanings ascribed to them in the Claims Procedure Order.

Please note that if you have received a Claim Notice, VON West has inserted in the Claim Notice the amount VON West's records show as being owed to you for the relevant period (but excluding any Restructuring Claims and Director/Officer Claims). If you agree with the amount of the claim set out in the Claim Notice, there is nothing further you need to do to file your Pre-Filing Claim and your Pre-Filing Claim will be admitted for voting and distribution purposes at the amount set out in the Claim Notice. If you believe that VON West owes you an amount that is different from the amount included in the Claim Notice, you must follow the procedures contained in paragraph 11 of the Claims Procedure Order in connection with your Claim against VON West. If you wish to assert any Director/Officer Claim or Restructuring Claim, you must complete a Proof of Claim form in respect of such Claim even if you have received a Claim Notice.

Additional copies of the Proof of Claim form may be found at the Monitor's website address noted above. If you are completing a Proof of Claim form, please follow the instructions set out below:

### **Section 1 – Particulars of Creditor**

- A separate Proof of Claim form must be filed by each legal entity or person asserting a Claim.
- A Person asserting a Claim shall include any and all Claims it asserts in a single Proof of Claim.
- The full legal name of the Person asserting the Claim must be provided.
- If the Person asserting the Claim operates under a different name, or names, please indicate this in a separate schedule in the supporting documentation.
- If the Claim has been assigned or transferred to another party, the steps in Section 2 must also be completed.
- Unless the Claim is assigned or transferred, all future correspondence, notices, etc. regarding the Claim will be directed to the address and contact indicated in the Proof of Claim.

### **Section 2 – Particulars of Original Creditor in case of Assignment**

- If the holder of a Claim is the assignee of its Claim, then the steps in this Section 2 must be completed.
- The full legal name of the original creditor must be provided.
- If the assignor operates under a different name, or names, please indicate this in a separate schedule in the supporting documentation.
- Please provide particulars of assignment in a separate schedule, including a copy of any documentation governing the assignment.
- If the Monitor is satisfied that an assignment or transfer has occurred, all future correspondence, notices, etc. regarding the Claim will be directed to the assignee at the address and contact indicated in the Proof of Claim.

### **Section 3 – Amount of Claim**

- Indicate the amount VON West or the Officer(s) or Director(s) was and still is indebted to the Person asserting the Claim.

#### *Currency, Original Currency Amount*

- The amount of the Claim must be provided in the currency in which it arose.
- Indicate the appropriate currency in the Currency column.
- If the Claim is denominated in multiple currencies, use a separate line to indicate the Claim amount in each such currency. If there are insufficient lines to record these amounts, attach a separate schedule indicating the required information.
- Claims denominated in a currency other than Canadian dollars will be converted into Canadian dollars by the Monitor using the Bank of Canada noon spot exchange rate on the Filing Date.

#### *Pre-Filing*

- Complete this section ONLY if the Claim relates to an indebtedness, liability or obligation that is based in whole or in part on facts existing on or prior to the Filing Date. (For the full definition of a Pre-Filing Claim, please refer to paragraph 2(e)(a) of the Stay Extension and Claims Procedure Order.)

#### *Secured*

- Complete this section ONLY if the Claim recorded on that line is secured. Do not complete this section if your Claim is unsecured.
- If the value of the collateral securing your Claim is less than the amount of your Claim, enter the shortfall portion on a separate line as an unsecured claim.

- Evidence supporting the security you hold must be submitted with the Proof of Claim form. Provide full particulars of the nature of the security, including the date on which the security was given and the value you attribute to the collateral securing your Claim. Attach a copy of all related security documents.

*Priority*

- Complete this section ONLY if the amount of your Claim has a right to priority pursuant to Section 136 of the Bankruptcy and Insolvency Act (Canada) (the "BIA") or would be entitled to claim such a priority if this Proof of Claim were being filed in accordance the provisions of the BIA.
- If a priority claim is being asserted, please provide details as to the nature of the claim being asserted, and the basis for priority on which you rely.

*Restructuring*

- Complete this section ONLY if the amount of the Claim against VON West arose out of the restructuring, termination, repudiation, or disclaimer or breach of any lease, contract, employment agreement or other agreement or obligation after the Filing Date.

*Officers and Directors*

- Complete this section only if the Claim you are making is being asserted against an Officer or Director of VON West.
- You must identify the individual Officer(s) or Director(s) against whom you are asserting the Claim.

**Section 4 – Particulars of Claim**

- Attach to the Proof of Claim form all particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the Claim, name of any guarantor which has guaranteed the Claim and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by VON West or any Officer or Director to the holder of the Claim and estimated value of such security and particulars of any restructuring claim.

**Certification**

- The person signing the Proof of Claim form should
  - be the holder of the Claim, or authorized Representative of the holder of the Claim.
  - have knowledge of all the circumstances connected with this Claim.
- By signing and submitting the Proof of Claim, the Creditor is asserting the Claim against VON West and / or the indicated Officer(s) or Director(s)

**Filing of Claim**

- For Persons wishing to assert a Pre-Filing Claim and/or a Director/Officer Claim, this Proof of Claim **must be received** by the Monitor by no later than 10:00 a.m. (Toronto time) on October 26, 2016 (the "**Pre-Filing Claims Bar Date**"). For Persons wishing to assert a Restructuring Claim, this Proof of Claim **must be received** by the Monitor by the later of:
  - a) in the case of Restructuring Claims arising before the date of the Claims Procedure Order, the Pre-Filing Claims Bar Date; and
  - b) in the case of Restructuring Claims arising on or after the date of the Claims Procedure Order, the later of:

- (1) the Pre-Filing Claims Bar Date; and
  - (2) 10:00 a.m. (Toronto Time) on the date that is 10 Business Days after the Monitor sends a Proof of Claim Document Package with respect to a Restructuring Claim in accordance with paragraph 8 of the Claims Procedure Order;
- Proofs of Claim should be sent by prepaid ordinary mail, registered mail, courier, personal delivery, or facsimile or other electronic transmission to the following address:

Collins Barrow Toronto Limited  
Court-appointed Monitor of Victorian Order Of Nurses For Canada – Western  
Region  
11 King Street West, Suite 700  
Toronto, Ontario M5H 4C7

Attention: Jeffrey Berger  
Telephone: (647) 726-0496  
Facsimile: (416) 480-2646  
E-mail: [cbtlmonitor@collinsbarrow.com](mailto:cbtlmonitor@collinsbarrow.com)

**Failure to file your Proof of Claim so that it is received by the Monitor by 10:00 a.m. Toronto time on the applicable claims bar date will result in your claim being barred and you will be prevented from making or enforcing a Claim against VON West or any current or former Officer or Director of VON West. In addition, you shall not be entitled to further notice in and shall not be entitled to participate as a Creditor in these proceedings.**

In the Matter of Proceedings under the Companies' Creditors Arrangement Act  
in respect of Victorian Order Of Nurses For Canada – Western Region

**PROOF OF CLAIM**

**1. Particulars of Creditor:**

- (1) Full Legal Name of Creditor: \_\_\_\_\_
- (2) Full Mailing Address of Creditor: \_\_\_\_\_
- (3) Telephone Number of Creditor: \_\_\_\_\_
- (4) Facsimile Number of Creditor: \_\_\_\_\_
- (5) E-mail Address of Creditor: \_\_\_\_\_
- (6) Attention (Contact Person): \_\_\_\_\_

**2. Particulars of Original Creditor from Whom You Acquired Claim, if Applicable:**

- (1) Have you acquired this Claim by assignment?

Yes [  ] No [  ]

(if yes, attach documents evidencing assignment)

- (2) Full Legal Name of original creditor(s): \_\_\_\_\_

**3. Claim:**

I, \_\_\_\_\_, [*name of Creditor or authorized representative of the Creditor*], do hereby certify that I am the Creditor/hold the position of \_\_\_\_\_ of the Creditor and have knowledge of all the circumstances connected with the Claim described herein; and

The Creditor makes the following Claim against Victorian Order Of Nurses For Canada – Western Region (“**VON West**”) and/or the Directors/Officers of VON West:

Nature of Claim	Claim Amount *	Claim as at
Pre-Filing Claim		November 25, 2015
Restructuring Claim		
Priority Claim		November 25, 2015
Secured Claim		November 25, 2015
Director/Officer Claim		October 5, 2016

\* Assumes Canadian funds unless indicated otherwise.

**4. Particulars of Claim:**

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

*(Attach a schedule setting forth full particulars of the Claim(s) against VON West and/or the Directors and/or the Officers of VON West and supporting documentation, including amount, description of transaction(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, description of the security, if any, granted by VON West to the Creditor or title retention arrangement with VON West and estimated value of such security or title retention arrangement).*

**THIS PROOF OF CLAIM MUST BE RETURNED TO AND RECEIVED BY THE MONITOR BY 10:00 A.M. (TORONTO TIME) ON THE CLAIMS BAR DATE (FOR PRE-FILING CLAIMS, OCTOBER 26, 2016) AT THE FOLLOWING ADDRESS:**

COLLINS BARROW TORONTO LIMITED  
11 King Street West, Suite 700  
PO Box 27  
Toronto, Ontario M5H 4C7

Attention: Jeffrey Berger  
Telephone: (647) 726-0496  
Facsimile: (416) 480-2646  
E-mail: [cbltmonitor@collinsbarrow.com](mailto:cbltmonitor@collinsbarrow.com)

**DATED** at ..... this ..... day of ....., 2016.

Witnessed by:

*[If Creditor is individual]*

\_\_\_\_\_  
*(sign)*

\_\_\_\_\_  
Print Name

*[If Creditor is corporation]*

\_\_\_\_\_  
[Print name of Creditor]

Per: *(sign)* \_\_\_\_\_  
Authorized Signing Officer