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PROOF OF CLAIM

(See reverse for instructions)

All capitalized terms not otherwise defined herein shall have the same meaning ascribed thereto in the Claims Procedure Order issued by the Superior Court of Quebec (Commercial Division) on February 16, 2017.

IN THE MATTER OF THE PLAN OF COMPROMISE OR ARRANGEMENT OF:

ALLIANCE HANGER INC. _____ (referred to in this form as the "**Debtor**")

and the claim of _____ (referred to in this form as the "**Affected Creditor**").

All notices or correspondence regarding this claim to be forwarded to the creditor at the following address:

_____ (name of Affected Creditor)

_____ (number and street)

_____ (city, province, country, postal code)

Phone _____ Fax _____ E-mail address _____

I, _____ residing in the City of _____

in the Province of _____ do hereby certify that:

| | |
|---|---|
| If you are an officer of the company, state position or title | 1. <input type="checkbox"/> I am an Affected Creditor or <input type="checkbox"/> I am _____ of the Affected Creditor |
| | 2. <input type="checkbox"/> I have knowledge of all the circumstances connected with the Affected Claim and the amount claimed in excess thereof referred to below. |
| The attached statement of account or affidavit (or solemn declaration) must specify the vouchers or other evidence in support of the claim | 3. The Debtor was, as at the Determination Date, namely February 16, 2017 and still is, indebted towards the Affected Creditor in an amount in excess of the Affected Creditor's Affected Claim Amount in the amount of \$ _____, as specified in the statement of account (or affidavit or solemn declaration) attached and marked Schedule "A" hereto and evidenced by the documents attached and marked Schedule "B" hereto , after deducting any counterclaims to which the Debtor is entitled. |

Dated at _____, this _____ day of _____ 2017

_____ Witness

_____ Signature of individual completing this form

Instructions for completing Proof of Claim forms:

The Proof of Claim is only to be completed by Affected Creditors with Affected Claim(s) who seek to claim an amount in excess of their respective Affected Claim Amount, a copy of which has been communicated to you and is available on the Monitor's website: www.kpmg.com/ca/alliancehanger

Affected Creditors who do not dispute their respective Affected Claim Amount are not required to complete this Proof of Claim.

The duly completed Proof of Claim together with supporting documentation must be returned and received by the Monitor, by e-mail, facsimile, mail, courier or registered mail to the address set out below, no later than 5:00 p.m. on March 3, 2017 (the "Claims Bar Date").

FAILURE TO FILE YOUR PROOF OF CLAIM AGAINST THE DEBTOR BY THE CLAIMS BAR DATE WILL RESULT IN YOUR CLAIM FOR AN AMOUNT IN EXCESS OF YOUR AFFECTED CLAIM AMOUNT BEING FOREVER EXTINGUISHED AND BARRED.

In completing the attached form, your attention is directed to the marginal notes on this Proof of Claim form and to the following requirements:

Proof of Claim:

1. The Proof of Claim must be completed and signed by an individual and not by a corporation. If you are acting for a corporation or other person, you must state the capacity in which you are acting, such as, "Credit Manager", "Treasurer", "Authorized Agent", etc.
2. The person signing the Proof of Claim must have knowledge of the circumstances related with the Affected Claim and the amount claimed in excess of the Affected Claim Amount.
3. All amounts claimed in excess of the Affected Claim Amount should be supported by a statement of account, an affidavit or a solemn declaration containing the details of such claim that must be marked "Schedule A" and the documents marked as "Schedule B". The date at which amounts in excess of the Affected Claim Amount are to be calculated and the correct name of the Debtor must appear on the statement of account, affidavit or solemn declaration.
4. The person signing the Proof of Claim must insert the place and date and the signature must be witnessed.

KPMG INC.

Court-appointed Monitor of Alliance Hanger Inc.

Attention: Mr. Mickaël Marchand

Fax: (514) 840-2121

E-mail: alliancehanger@kpmg.ca