

## BOUTIQUE LE PENTAGONE INC. SELECTION OF THE TYPE OF DIVIDEND PARTICIPATION

I, \_\_\_\_\_  
(name of creditor)  
of \_\_\_\_\_  
(address, city, province)  
(or I, \_\_\_\_\_, of \_\_\_\_\_  
(name of the creditor's representative) (name of the city)  
\_\_\_\_\_  
(title and function) (signature of the creditor)

a creditor in the above matter for the sum of \$ \_\_\_\_\_ (hereinafter the "Affected Claim") choose:

**Option A** One-time payment corresponding to the lesser of one thousand five hundred dollars (\$1,500) or the amount of the Affected Claim.

In the case where the amount of the Affected Claim is greater than \$1,500, I understand that the amount of the Affected Claim shall be deemed to have been irrevocably and unconditionally reduced to \$1,500 and that I, or the creditor I represent, will be deemed to have irrevocably and unconditionally waived and renounced to any rights to file any other proof of claim or to participate in any further dividends in connection with the Affected Claim.

- or -

**Option B** Any balance remaining in the Fund on the Distribution Date following payment of the amounts referred to in subsections (a) to (d) below will be paid to Affected Creditors, including CRCD for a portion of its receivable, i.e. \$4,500,000, on a pro-rata basis.

- a) As complete payment of Crown Claims;
- b) As complete payment of Section 6(5) Claims;
- c) As complete payment of Section 19(2) Claims;
- d) As complete payment of the Claims of Electing Creditors.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2012.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of individual creditor

- OR -

\_\_\_\_\_  
Name of corporate creditor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of signing officer

\_\_\_\_\_  
Name and title of signing officer