

Estate No. 31-2601035

# IN THE MATTER OF THE BANKRUPTCY OF TOUGH MUDDER EVENTS LTD. IN THE CITY OF TORONTO, IN THE PROVINCE OF ONTARIO

## NOTICE OF BANKRUPTCY AND FIRST MEETING OF CREDITORS (Subsection 102(1) of the *Act*)

### TAKE NOTICE THAT:

- 1. TOUGH MUDDER EVENTS LTD. filed an assignment on March 18, 2020 and the undersigned, A. Farber & Partners Inc., was appointed as Trustee of the Estate of the Bankrupt by the Official Receiver, subject to affirmation by the creditors of the Trustee's appointment or substitution of another Trustee by the creditors.
- 2. The First Meeting of Creditors of the Bankrupt will be held via conference call on April 7, 2020, at 10:00 AM, from A. Farber & Partners Inc., 150 York Street, Suite 1600, in Toronto, Ontario. **To join the meeting please call in using the below telephone number and conference ID access code**:

Local: +1 (647) 749-7008 Toll Free: +1 (888) 457-7239 Conference ID: 915 673 879#

- 3. To be entitled to vote at the meeting, a creditor must lodge with the Trustee, before the meeting, a Proof of Claim and, where necessary, a proxy.
- 4. Enclosed with this Notice is a form of Proof of Claim, a form of proxy, and a list of creditors with claims amounting to twenty-five (\$25.00) dollars or more, showing the amounts of their claims.
- 5. Creditors must prove their claims against the Estate of the Bankrupt in order to share in any distribution of the proceeds realized from the Estate.

DATED at Toronto this 19th day of March, 2020.

A. FARBER & PARTNERS INC.

District of:

Ontario

Division No.

09 - Toronto

Court No.

31-2601035

Estate No.

-- Form 78 --

Statement of Affairs (Business Bankruptcy) made by an entity (Subsection 49(2) and Paragraph 158(d) of the Act / Subsections 50(2) and 62(1) of the Act)

> IN THE MATTER OF THE BANKRUPTCY OF TOUGH MUDDER EVENTS LTD OF THE CITY OF TORONTO, IN THE PROVINCE OF ONTARIO

To the bankrupt:

You are required to carefully and accurately complete this form and the applicable attachments showing the state of your affairs on the date of the bankruptcy, on the 16th day of March 2020. When completed, this form and the applicable attachments will constitute the Statement of Affairs and must be verified by oath or solemn

### LIABILITIES (as stated and estimated by the officer)

Unsecured creditors as per list "A"	394,388.24
Balance of secured claims as per list "B"	0.00
Total unsecured creditors	394,388.24
2. Secured creditors as per list "B"	0.00
3. Preferred creditors as per list "C"	0.00
Contingent, trust claims or other liabilities as per list "D" estimated to be reclaimable for	0.00
Total liabilities	394,388.24
Surplus	NIL

#### **ASSETS** (as stated and estimated by the officer)

X Original

Amended

(as stated and estimated by the officer)		
1. Inventory		0.00
2. Trade fixtures, etc		0.00
3. Accounts receivable and other receivables, as per list "E"	91.	
Good		
Doubtful 0.00		
Bad		
Estimated to produce		0.00
4. Bills of exchange, promissory note, etc., as per list "F"		0.00
5. Deposits in financial institutions	-	16,875.00
6. Cash	-11	29,000.00
7. Livestock		0.00
8. Machinery, equipment and plant		0.00
9. Real property or immovable as per list "G"		0.00
10. Furniture		0.00
11. RRSPs, RRIFs, life insurance, etc		0.00
12. Securities (shares, bonds, debentures, etc.)		0.00
13. Interests under wills		0.00
14. Vehicles		0.00
15. Other property, as per list "H"		0.00
If bankrupt is a corporation, add:		
Amount of subscribed capital	0.00	
Amount paid on capital	0.00	
Balance subscribed and unpaid		0.00
Estimated to produce		0.00
Total assets		45,875.00
Deficiency		348,513.24

I, Kyle McLaughlin, of the City of Brooklyn in the State of New York, do swear (or solemnly declare) that this statement and the attached lists are to the best of my knowledge, a full, true and complete statement of my affairs on the 16th day of March 2020 and fully disclose all property of every description that is in my possession or that may devolve on me in accordance with the Act.

SWORN (or SOLEMNLY DECLARED)

before me at the City of Montclair in the State of New Jersey, on this 16th-day of March 2020.

Joshua M. Bailey NOTARY PUBLIC OF NEW JERSEY

District of: Division No. Court No. Estate No. Ontario 09 - Toronto 31-2601035

FORM 78 -- Continued

## List "A" Unsecured Creditors

## TOUGH MUDDER EVENTS LTD.

No.	Name of creditor	Address	Unsecured claim	Balance of claim	Total claim
1	Active Network LLC	717 N Harwood Street Dallas TX 75201 UNITED STATES	306,487.15	0.00	306,487.15
	Bingemans Inc	425 Bingemans Centre Drive Kitchener ON N2B 3X7	863.50	0.00	863.50
	Borden Ladner Gervais LLP - Calgary Attn: Karren Spiker Updated address per K Spiker's r	Centennial Place East Tower 1900 520 - 3rd Avenue SW Calgary AB T2P 0R3	110.60	0.00	110.60
	C.G. Group Inc.	Suite 507 1315 Finch Ave West Toronto ON M3J 2G6	18,371.95	0.00	18,371.95
	Chantler's Environmental Services Ltd	22 RR 2 9426 Wellington Rd Hillsburgh ON N0B 1Z0	4,598.20	0.00	4,598.20
6	City of Hamilton	Suite 900 120 King St West Hamilton ON L8P 4V2	3,248.65	0.00	3,248.65
7	Devon Jones	385 Whitney Avenue Hamilton ON L8S 2H5	86.40	0.00	86.40
8	Event Rental Works	7374 Highway 99, PO Box 1172 Pemberton BC V0N 2L0	9,374.90	0.00	9,374.90
9	Golden Grill	157 Ashdale Ave Toronto ON M4L 2Y8	4,043.50	0.00	4,043.50
10	Gotham Grill Toronto	Unit 1002 2200 Lakeshore Blvd W Toronto ON M8V 1A4	1,213.50	0.00	1,213.50
11	Hamilton Dream Center	Suite 100 627 Main St E Hamilton ON L9B 2N3	300.00	0.00	300.00
	Hemisphere Freight and Brokerage Services	Unit 3 21 Goodrich Rd. Etobicoke ON M8Z 6A3	1,003.30	0.00	1,003.30
13	Herc Rentals Inc fka Hertz Equipment Rental Corporation Attn: Amy Howe	27500 River View Center Blvd Bonita Springs FL 34134 USA	18,649.94	0.00	18,649.94
	Ministry of Finance - ON PST, EHT & Other Taxes Attn: Mrs. Asta Alberry	Ministry of Revenue 33 King Street West 6th Floor Oshawa ON L1H 8H5	11,388.46	0.00	11,388.46
	Moduloc Fence Rental	124 Belfield Rd #8 Etobicoke ON M9W 1G1	132.16	0.00	132.16
16	Peymski Food Truck	96 Pemberton Road Richmond Hill ON L4C 3T7	1,036.00	0.00	1,036.00
17	Sound Events INC	PO Box 24009 West Highland Kitchener ON N2M 5P1	6,113.30	0.00	6,113.30
18	Team Rubicon	Suite 310 6171 W. Century Blvd. Los Angeles CA 90045 UNITED STATES	311.86	0.00	311.86
19	Whistler Personnel Solution Inc.	PO Box 536 Whistler BC V0N 1B0	5,597.79	0.00	5,597.79
20	Wounded Warrior Project, Inc.	4899 Belfort Road Suite 300 Jacksonville FL 32256 UNITED STATES	1,457.08	0.00	1,457.08

16-Mar-2020	
Date	

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FORM 78 -- Continued

394,388.24 Total: 394,388.24 0.00

16-Mar-2020

Date

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FORM 78 -- Continued

List "B" Secured Creditors

## TOUGH MUDDER EVENTS LTD.

No.	Name of creditor	Address	Amount of claim	Particulars of security	When given	Estimated value of security	Estimated surplus from security	Balance of claim
		Total:	0.00			0.00	0.00	0.00

16-Mar-2020

Date

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Court No.

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FORM 78 -- Continued

List "C" Preferred Creditors for Wages, Rent, etc.

## TOUGH MUDDER EVENTS LTD.

No.	Name of creditor	Address and occupation	Nature of claim	Period during which claim accrued	Amount of claim	Amount payable in full	Difference ranking for dividend
				Total:	0.00	0.00	0.00

16-Mar-2020

Date

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FORM 78 -- Continued

List "D" Contingent or Other Liabilities

## TOUGH MUDDER EVENTS LTD.

No.	Name of creditor or claimant	Address and occupation	Amount of liability or claim	Amount expected to rank for dividend	Date when liability incurred	Nature of liability
		Total:	0.00	0.00		40.0

16-Mar-2020

Date

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FORM 78 -- Continued

List "E"
Debts Due to the Bankrupt

## TOUGH MUDDER EVENTS LTD.

No.	Name of debtor	Address and occupation	Nature of debt	Amount of debt (good, doubtful, bad)	Folio of ledgers or other book where particulars to be found	When contracted	Estimated to produce	Particulars of any securities held for debt
1	Accounts Receivables - various		Accounts Receivables - various	0.00 0.00 4,240.59		30-Dec-2019	0.00	Accounts Receivables - various
2	Inter-company receivable	 USA	Inter-company receivable	0.00 0.00 1,341,980.00		30-Dec-2019	0.00	Inter-company receivable
			Total:	0.00 0.00 1,346,220.59			0.00	

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FORM 78 -- Continued

List "F"

Bills of Exchange, Promissory Notes, Lien Notes, Chattel Mortgages, etc., Available as Assets

TOUGH MUDDER EVENTS LTD.

No.	Name of all promissory, acceptors, endorsers, mortgagors, and guarantors	Address	Occupation	Amount of bill or note, etc.	Date when due	Estimated to produce	Particulars of any property held as security for payment of bill or note, etc.
			Total:	0.00		0.00	

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Date

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FORM 78 -- Continued

List "G"
Real Property or Immovables Owned by Bankrupt

TOUGH MUDDER EVENTS LTD.

Description of property	Nature of bankrupt interest	In whose name does title stand	Total value	Particulars of mortgages, hypothecs, or other encumbrances (name, address, amount)	Equity or surplus
		Total:	0.00		0.00

16-Mar-2020

Date

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District of: Division No. Court No. Estate No. Ontario 09 - Toronto 31-2601035

FORM 78 -- Concluded

List "H" Property

## TOUGH MUDDER EVENTS LTD. FULL STATEMENT OF PROPERTY

Nature of property	Location	Details of property	Original cost	Estimated to produce
(a) Stock-in-trade		Inventory	0.00	0.00
(b) Trade fixtures, etc.			0.00	0.00
(c) Cash in financial institutions	HSBC 70 York Street Toronto ON M5J 1S9	00008001	16,875.00	16,875.00
(d) Cash on hand		Cash on hand	29,000.00	29,000.00
(e) Livestock			0.00	0.00
(f) Machinery, equipment and plant			0.00	0.00
(g) Furniture			0.00	0.00
(h) Life insurance policies, RRSPs, etc.			0.00	0.00
(i) Securities			0.00	0.00
(j) Interests under wills, etc.			0.00	0.00
(k) Vehicles			0.00	0.00
(I) Taxes			0.00	0.00
(m) Other		Construction Materials - Obstacles, equipment and supplies	20,000.00	0.00
			Total:	45,875.00

16-Mar-2020

Date



## Bankruptcy and Insolvency Act PROOF OF CLAIM

150 York Street, Suite 1600 Toronto, ON M5H 3S5 P: 1.855.775.8777 F: 1.416.496.3839

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

IN	THE	MATTER OF THE <b>BANKRUPTCY</b> of <b>TOUGH MUDDER EVENTS LTD.</b> , of <b>Toronto, Ontario</b> and the claim of, creditor.						
I, _ of		(name of creditor or representative of the creditor),  (city and province) do hereby certify:						
1.	Tha	t I am a creditor of the above-named debtor (or that I am						
	repi	resentative of the creditor)).						
2.	Tha	t I have knowledge of all the circumstances connected with the claim referred to below.						
3.	That the debtor was, at the date of <b>bankruptcy</b> , namely the <b>18<sup>th</sup> day of March</b> , <b>2020</b> , and still is, indebted to the creditor in the st of \$, as specified in the statement of account (or affidavit) attached and marked Schedule "A", af deducting any counterclaims to which the debtor is entitled. (The attached statement of account or affidavit must specify the vouche or other evidence in support of the claim.)							
4.	(Ch	eck and complete appropriate category.)						
		A. UNSECURED CLAIM OF \$ That in respect of this debt, I do not hold any assets of the debtor as security and (check appropriate description):						
		Regarding the amount of \$, I claim a right to a priority under section 136 of the Act.						
		Regarding the amount of \$						
		B. CLAIM OF LESSOR FOR DISCLAIMER OF A LEASE \$  That I hereby make a claim under subsection 65.2(4) of the Act, particulars of which are as follows:  (Give full particulars of the claim, including the calculations upon which the claim is based.)						
		C. SECURED CLAIM OF \$ as security, particulars of which are as follows: (Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents.)						
		D. CLAIM BY FARMER, FISHERMAN OR AQUACULTURIST OF \$ That I hereby make a claim under subsection 81.2(1) of the Act for the unpaid amount of \$  (Attach a copy of sales agreement and delivery receipts.)						
		E. CLAIM BY WAGE EARNER OF \$						
		☐ That I hereby make a claim under subsection 81.3(8) of the Act in the amount of \$						
		☐ That I hereby make a claim under subsection 81.4(8) of the Act in the amount of \$						
		F. CLAIM BY EMPLOYEE FOR UNPAID AMOUNT REGARDING PENSION PLAN OF \$						
		☐ That I hereby make a claim under subsection 81.5 of the Act in the amount of \$						
		☐ That I hereby make a claim under subsection 81.5 of the Act in the amount of \$						
		G. CLAIM AGAINST DIRECTOR \$						
		H. CLAIM OF A CUSTOMER OF A BANKRUPT SECURITIES FIRM \$ That I hereby make a claim as a customer for net equity as contemplated by section 262 of the Act, particulars of which are as follows:  (Give full particulars of the claim, including the calculations upon which the claim is based.)						

of section 4 of the Act and have (or has) (or have not or has not) dealt with the debtor in a non-arm's-length manner.

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That, to the best of my knowledge, I am (or the above-named creditor is) (or am not or is not) related to the debtor within the meaning

6.	the meaning of subsection creditor and the debtor are within the 12 months) imm	ayments that I have received from 2(1) of the Act that I have been related within the meaning of ediately before the date of the iddits and transfers at undervalue.)	en privy to or party section 4 of the Act	to with the debtor with or were not dealing	ithin the three mo with each other a	nths (or, if the tarm's length,	
7.	(Applicable only in the case	Applicable only in the case of the bankruptcy of an individual)					
	payments under section or of the fact that there  I request that a copy o	eviews the financial situation of a 68 of the Act, I request to be it is no longer surplus income. If the report filed by the trustee and to the above address. (Applied)	informed, pursuant t	to paragraph 68(4) of the rupt's application for	the Act, of the new discharge pursuan	v fixed amount	
Dat	ted at	this	day of _		20		
Wit	tness:		Creditor:				
			Phone Number:				
			Fax Number:				
			Email:				

**NOTES:** If an affidavit is attached, it must have been made before a person qualified to take affidavits.

If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed

in Form 1.1 must be added at the end of the document.

**WARNING:** A trustee may, pursuant to subsection 128(3) of the Act, redeem a security on payment to the secured creditor of the debt or the

value of the security as assessed, in a proof of security, by the secured creditor.

Subsection 201(1) of the Act provides severe penalties for making any false claim, proof, declaration or statement of account.

#### General

The signature of a witness is required.

This document *must be signed* personally by the individual completing the declaration.

Give the complete address where all notices or correspondence is to be forwarded.

For your claim to be valid, you must provide *supporting documentation* (i.e., invoice or statement of account). The amount on the *statement of account* must correspond to the amount indicated on the proof of claim (see Item 3 below).

Item 1 – Creditor must state full and complete legal name of company or firm. If the individual completing the proof of claim is not the creditor himself, he must state his position or title.

Item 3 – The statement of account must be complete. A detailed statement of account of the last three months must be attached to the proof of claim and must show the date, the number and the amount of all the invoices or charges, together with the date, the number and the amount of all credits or payments.

Item 4 – Please *strike out* those phrases that do not apply.

- An unsecured creditor must indicate whether he does or does not claim a right to a priority. A schedule must be attached to support priority claims.
- If you are filing as a secured creditor, a certified copy of the security documents must be attached to the proof of claim.
- If making a claim as a farmer, fisherman or aqua culturist, attach a copy of sales agreement and delivery documents.

Item 5 – All claims must indicate if they *are or are not related* to the debtor, as defined in Section 4 of the Bankrupt Act, by striking out "are" or "are not." If you are related by blood or marriage to the debtor, you should consider yourself to be a related person. If the bankrupt is a corporation, you would be considered to be related to it if you were a shareholder or if your company was controlled by the same shareholders as the bankrupt corporation.

Item 6 – All Claimants must attach a detailed list of all payments or credits received or granted as follows:

- within the three (3) months preceding the bankruptcy or the proposal, in case where the claimant and the debtor are not related.
- within the twelve (12) months preceding the bankruptcy or proposal, in the case where the claimant and the debtor are related.

### **PROXY**

## All signatures must be witnessed.

A creditor may vote either in person or by proxy.

A debtor may not be appointed a proxy to vote at any meeting of his creditors.

The trustee may be appointed as a proxy for any creditor.

In order for a duly authorized person to have a right to vote he must himself be a creditor or be holder of a properly executed proxy.

The name of the creditor must appear in the proxy.

Completed forms can be sent by:

Mail: Amanda Binelli

A. Farber & Partners Ltd., Trustee 150 York Street, Suite 1600 Toronto, ON M5H 3S5

Fax: 416 496-3839

Email: abinelli@farbergroup.com

Note: As an original claim is not necessary, multiple copies of your claim do not need to be sent. One copy of your claim and

supporting documentation, either by mail, fax or email, would suffice.

IN THE MATTER OF THE RANKRIPTCY of TOUGH MUDDER EVENTS LTD

## **GENERAL PROXY**

in the with tex of the binning it	er of rocom wie	DDEKE (ENTO ETD.				
an insolvent person. I (or We),						
(name of creditor), of		(name of city, town or village), a credito				
above matter, hereby appoint		or,	to be my (or			
our) general proxy in the above except as to	the receipt of divid	ends, with (or without) power to app	point another general proxy in his or her			
place.						
Dated at	this	day of	, 20			
Witness		Individual Creditor	(Telephone no.)			
		Name of Corporate Creditor				
Witness		Per:None and Title of Signing Office	Talanhana na )			
Witness		Name and Title of Signing Officer (Telephone no.)				