

Notice of Proposal to Creditors

Care Providers Pty Ltd (In Liquidation)
ACN 143 530 796 ("the Company")

1. Resolution 1

The following proposal is put to creditors for consideration:

"That the remuneration of the Liquidator for the period 17 February 2025 to 13 May 2025, calculated at hourly rates as detailed in the report to creditors of 27 February 2025, is approved for payment in the sum of \$189,217.00, excluding GST, and that the Liquidator can draw the remuneration immediately or as required."

2. Reasons for proposal and the likely impact it will have on creditors if it is passed

The Liquidator has incurred remuneration costs in the sum of \$189,217.00 (Excluding GST) and now seeks approval for the payment of same.

The payment of the Liquidator's remuneration reduces any amount payable to creditors (if any) by way of dividend.

At this stage in the liquidation, it appears very likely that a dividend will be paid to priority (employee) creditors. However, the dividend will not be sufficient to discharge priority (employee) entitlements in full. Unfortunately, there will be insufficient funds to enable payment of a dividend to non-priority (unsecured) creditors.

The effect of approving my remuneration is to fix the Liquidator's remuneration which is then paid in accordance with Section 556 of the Act. If the remuneration is not approved, at some future time I will make an application to Court to decide my remuneration, which application will incur further costs in the liquidation and may delay and reduce distributions, if any, to creditors.

3. Voting

Please place a tick in the box which applies:

- | | | |
|--------|--------------------------|--|
| Yes | <input type="checkbox"/> | I approve the proposal |
| No | <input type="checkbox"/> | I do not approve the proposal |
| Object | <input type="checkbox"/> | I object to the proposal being resolved without a meeting of creditors |

4. Signature

Name of creditor: _____ ACN / ABN (if applicable): _____

☐

I am not a related creditor of the Company.

☐

I am a related creditor of the Company (describe relationship):

Address: _____

Name of authorised person signing: _____

Signature: _____ Date: _____

Lodgement instructions

Please return, together with a completed proof of debt (if not already completed), to Will Darsow at wdarsow@hplca.com.au **by no later than Friday, 20 June 2025.**

Heard Phillips Lieberenz
Level 12, 50 Pirie Street
Adelaide SA 5000

Ph: (08) 7089 0011
www.hplca.com.au