Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE						
☐ New report✓ Amended reportIf an	ended, provide filing date of report that is being	amended 2017 05 24 (YYYY-MM-DD)				
ITEM 2 - PARTY CERTIFYING T	HE REPORT					
	relect only one). For guidance regarding whether an issuer is a Fund Continuous Disclosure and the companion policy to NI					
☐ Investment fund issuer						
Issuer (other than an inv	restment fund)					
☐ Underwriter						
ITEM 2 ICCUED NAME AND C	ATHER IDENTIFIEDS					
ITEM 3 - ISSUER NAME AND C		ad.				
Full legal nam	the issuer, or if the issuer is an investment fund, about the fur	ia.				
-	тарина и торо от торо					
Previous full legal nam	ANGEL BIOVENTURES INC.					
If the issuer's name changed	in the last 12 months, provide most recent previous legal nan	ne.				
Websi	www.abraplata.com	(if applicable)				
If the issuer has a legal entity identifier. Legal entity identifi	provide below. Refer to Part B of the Instructions for the defini	tion of "legal entity identifier".]				
Logar oraty radiation						
ITEM 4 - UNDERWRITER INFOR	RMATION					
If an underwriter is completing the repo	rt, provide the underwriter's full legal name and firm National	Registration Database (NRD) number.				
Full legal name						
Firm NRD number	(if applicable)					
If the underwriter does not have a firm I	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.					
Street address						
Municipality	Province/Sta	ite				
Country	Postal code/Zip co	de				
Telephone number	Webs	ite (if applicable)				

Item 5 - Issuer Information					
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.					
a) Primary industry					
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool . NAICS industry code 2 1 2 2 0					
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production Production					
Is the issuer's primary business is to invest all or substantially all of its assets in any of the following? If yes, select all that apply.					
☐ Mortgages ☐ Real estate ☐ Commerial/business debt ☐ Consumer debt ☐ Private companies					
b) Number of employees					
Number of employees: ✓ 0 - 49 ─ 50 - 99 ─ 100 - 499 ─ 500 or more					
c) SEDAR profile number					
Does the issuer have a SEDAR profile?					
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 1 1 4 7					
If the issuer does not have SEDAR profile complete item 5(d) - (h).					
d) Head office address					
Street address Province/State					
Municipality Postal code/Zip code					
Country Telephone number					
e) Date of formation and financial year-end					
Date of formation Financial year-end MM DD MM DD					
f) Reporting issuer status					
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.					
AII AB BC MB NB NL NT					
NS NU ON PE QC SK YT					
g) Public listing status					
If the issuer has a CUSIP number, provide below (first 6 digits only)					
CUSIP number					
If the issuer is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.					
Exchange name(s):					
h) Size of issuer's assets					
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size of the issuer's assets at the distribution end date.					
□ \$0 to under \$5M □ \$5M to under \$25M □ \$25M to under \$100M					
☐ \$100M to under \$500M ☐ \$500M to under \$1B ☐ \$1B or over					

Item 6 - Investment Fund Issuer Information				
If the issuer is an investment fund, provide the following information.				
a) Investment fund ma	anager information			
Full legal name				
Firm NRD number	(if applicable)			
If the investment fund ma	nager does not have a firm NRD number, provide the head office contact information of the investment fund manager.			
Street address				
Municipality	Province/State Province/State			
Country	Postal code/Zip code			
Telephone number	Website (if applicable)			
b) Type of investment	fund			
Type of investment fund tha	t most accurately identifies the issuer (select only one) .			
☐ Money market	☐ Equity ☐ Fixed income			
☐ Balanced	Alternative strategies Other (describe)			
Indicate whether one or boti	h of the following apply to the investment fund .			
☐ Invests primarily in	other investment fund issuers			
☐ Is a UCITs Fund¹				
	ve Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) re investment schemes to operate throughout the EU on a passport basis on authorization from one member state.			
c) Date of formation a	and financial year-end of the investment fund			
Date of format				
d) Reporting issuer st	YYYY MM DD MM DD atus of the investment fund			
, 1				
	orting issuer in any jurisdication of Canada? No Yes of Canada in which the investment fund is a reporting issuer.			
All	AB BC MB NB NL NT			
□ NS □	NU ON PE QC SK TT			
e) Public listing status	s of the investment fund			
If the investment fund has a	CUSIP number, provide below (first 6 digits only)			
	CUSIP number			
If the investment fund is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.				
Exchange nam	es			
f) Net asset value (NA	AV) of the investment fund			
Select the NAV range of the	investment fund as of the date of the most recent NAV calculation (Canadian \$). \$5M to under \$25M \$25M to under \$100M			
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD			

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, which should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. ✓ Canadian dollar US dollar ☐ Euro Other (describe) Distribution date(s) State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date End date 2017 05 2017 16 05 16 MM DD MM DD YYYY Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A of the

Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed. The information included in item 7d must reconcile to item 7f. For examples on how to report convertible securities, see our <u>Frequently Asked Questions.</u>

						Canadian \$		
Security code		,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
С	М	S	07820Y		2,585,967.00	0.3000		775,790.10
W	N	Т	07820Y	Warrants are exercisable 1:1 for Common Shares, \$0.30/share in the first six months, \$0.50/share in the next six months	164,213.00	0.3000	0.5000	82,106.50

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Security code						Underlying security code						(Conc	se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest									
W	' N	Т	С	М	S	0.3000	0.5000	2018-05-15		Warrants are exercisable 1:1 for Common Shares, \$0.30/share in the first six months, \$0.50/share in the next six months						

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	3	144,990.00
British Columbia	NI 45-106 2.3 [Accredited investor]	5	304,800.00
United States	Other	2	75,000.00
Cayman Islands	NI 45-106 2.3 [Accredited investor]	1	21,000.00
Argentina	NI 45-106 2.3 [Accredited investor]	1	200,000.10

Thailand	30,000.00		
Total dollar amount of secu		urities distributed	775,790.10
	Total number of unique purchasers ²	13	

²In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

ITEM 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No ✓ Yes If yes, indicate number of persons compensated. 6
a) Name of person compensated and registration status
Indicate whether the person compensated is a registrant. No Yes
If the person compensated is an individual, provide the name of the individual.
Full legal name of individual Sidders David
Family name First given name Secondary given names
If the person compensated is not an individual, provide the following information.
Full legal name of non-individual
Firm NRD number (if applicable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🕡 No 🔲 Yes
b) Business contact information
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.
Street address 9e Pinehill Drive
Municipality Province/State
Country Bermuda Postal code/Zip code HM08
Email address david.sidders@gmail.com Telephone number 14413365472
c) Relationship to issuer or investment fund manager
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager
✓ None of the above
d) Compensation details
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.
Cash commissions paid 1,680.00 Security codes Security code 1 Security code 2 Security code 3
Value of all securities distributed as compensation ⁴ 2,800.00
Describe terms of warrants, options or other rights Exercisable 1:1 for Common Shares, \$0.30/share in the first six months, \$0.50/share in the next six months
Other compensation ⁵ Describe
Total compensation paid
Check box if the person will or may receive any deferred compensation (describe the terms below)
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.

 a) Name of person comp 	ated and registration status				
Indicate whether the persor	npensated is a registrant. No Ves				
If the person compensated is an individual, provide the name of the individual.					
Full legal name of individual					
	Family name First given name Secondary given names	_			
If the person compensated is	an individual, provide the following information.				
Full legal name	on-individual HAYWOOD SECURITIES INC.				
Fi	NRD number 1 6 3 0 (if applicable)				
Indicate whether the person	pensated facilitated the distribution through a funding portal or an internet-based portal.	No 🗌 Yes			
b) Business contact infor	ion				
If a firm NRD number is not p	ded in Item 8 (a), provide the business contact information of the person being compensated.				
Street address					
Municipality	Province/State				
Country	Postal code/Zip code				
Email address	Telephone number				
c) Relationship to issuer	nvestment fund manager				
	with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected eaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.	d" in Part			
	investment fund manager Insider of the issuer (other than an investment	ent fund)			
	vestment fund or investment fund manager	•			
✓ None of the above	Employee of the issuer of investment rand	nanagoi			
d) Compensation details					
Provide details of all compens Canadian dollars. Include cash services incidental to the distri	n paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide a nmissions, securities-based compensation, gifts, discounts or other compensation. Do not report payn on, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details a ots with the directors, officers or employees of a non-individual compensated by the issuer.	nents for			
Cash commissions pa	15,984.00 Security codes Security code 1 Security code 2 S	Security code 3			
Value of all securitie	W N T				
distributed a compensation	26,640.00				
Describe to	s of warrants, options or other rights Exercisable 1:1 for Common Shares, \$0.30/share in the next six months	the first six			
Other compensation	Describe				
Total compensation pa					
Check box if the pe	will or may receive any deferred compensation (describe the terms below)				
additional securities of the is	all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrational securities of the issuer. Isation.	o acquire ants or other			

a) Name of person compensated and registration status					
Indicate whether the person compensated is a registrant. No Ves					
If the person compensated is an individual, provide the name of the individual.					
Full legal name of individual					
Family name First given name Secondary given names					
If the person compensated is not an individual, provide the following information.					
Full legal name of non-individual PI FINANCIAL CORP.					
Firm NRD number 5 2 9 0 (if applicable)					
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No	Yes				
b) Business contact information					
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.					
Street address					
Municipality Province/State	一				
Country Postal code/Zip code	<u> </u>				
Email address Telephone number					
c) Relationship to issuer or investment fund manager					
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Pa	ırt				
B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.					
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund	1)				
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager	r				
✓ None of the above					
d) Compensation details					
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amo Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	r				
Cash commissions paid 3,600.00 Security codes Security code 1 Security code 2 Security code 2 Security code 2 Security code 3,600.00	code 3				
Value of all securities Security codes Security codes Security code 1 Security code 2 Security code 2 Security code 2 Security code 3 Security code 5 Security code 5 Security code 6 Security code 7 Security code 7 Security code 8 Security code 8 Security code 9 Secur					
distributed as compensation ⁴ 6,000.00					
Describe terms of warrants, options or other rights Exercisable 1:1 for Common Shares, \$0.30/share in the firs months, \$0.50/share in the next six months	t six				
Other compensation ⁵ Describe					
Total compensation paid					
Check box if the person will or may receive any deferred compensation (describe the terms below)					
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.					

a) Name of person compensated and registration status						
Indicate whether the person compensated is a registrant. No Ves						
If the person compensated is an individual, provide the name of the individual.						
Full legal name of individual						
Family name First given name Secondary given names						
If the person compensated is not an individual, provide the following information.						
Full legal name of non-individual CANACCORD GENUITY CORP						
Firm NRD number 9 0 0 (if applicable)						
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V	'es					
b) Business contact information						
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.						
Street address						
Municipality Province/State	$\bar{\exists}$					
Country Postal code/Zip code	_ 					
Email address Telephone number	_					
c) Relationship to issuer or investment fund manager						
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.						
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)						
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager						
None of the above						
d) Compensation details						
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for						
services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report						
on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.						
Cash commissions paid 2,400.00 Security codes Security code 1 Security code 2 Security code 3	3					
Value of all securities W N T						
distributed as compensation ⁴ 4,000.00						
Describe terms of warrants, options or other rights Exercisable 1:1 for Common Shares, \$0.30/share in the first six						
months, \$0.50/share in the next six months						
Other compensation ⁵ Describe	╛					
Total compensation paid						
Check box if the person will or may receive any deferred compensation (describe the terms below)						
⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire						
additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer.						
⁵ Do not include deferred compensation.						

a) Name of person com	npensated and registration status					
Indicate whether the perso	on compensated is a registrant.	✓ No	Yes			
If the person compensated is an individual, provide the name of the individual.						
Full legal name of indi	ividual					
	Family name	First given name	e Seco	ndary given names		
If the person compensated	is not an individual, provide the following	information.				
Full legal name	e of non-individual STERLING MAR	KETING CORP				
F	Firm NRD number		(if app	licable)		
Indicate whether the person	n compensated facilitated the distribution	through a funding portal	or an internet-base	ed portal. 🗸	No 🗌 Yes	
b) Business contact info	ormation					
If a firm NRD number is not	provided in Item 8 (a), provide the busines	ss contact information of	the person being co	ompensated.		
Street address	#420 – 625 Howe Street					
Municipality	Vancouver		Province/State	British Columb	oia	
Country	Canada	Posta	I code/Zip code	V6C 2T6		
Email address	emma@sterlingmarketingcor p.com	Tele	ephone number	6046970028		
c) Relationship to issue	r or investment fund manager					
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager None of the above						
d) Compensation details	S					
Provide details of all compen Canadian dollars. Include cas services incidental to the dist	nsation paid, or to be paid, to the person id sh commissions, securities-based compens tribution, such as clerical, printing, legal or gements with the directors, officers or emp	ation, gifts, discounts or a accounting services. An	other compensation issuer is not require	n. Do not report pa d to ask for details	yments for	
Value of all securiti	ies	County codes	WNT	T I		
distributed compensation	10,000.00					
Describe	terms of warrants, options or other rights	Exercisable 1:1 for months, \$0.50/sha			n the first six	
Other compensation	on ⁵ Describe					
Total compensation pa	aid					
Check box if the pe	erson will or may receive any deferred co	ompensation (describe th	ne terms below)			
additional securities of the i	ue of all securities distributed as compensissuer. Indicate the security codes for all see additional securities of the issuer. Sompensation.					

 a) Name of person compensat 	ed and registration status					
Indicate whether the person compensated is a registrant. No Yes						
If the person compensated is an individual, provide the name of the individual.						
Full legal name of individual	Vallone	Claudio		Alejandro		
	Family name	First given nam	ne Se	econdary given names		
If the person compensated is not ar	n individual, provide the following	information.				
Full legal name of nor	n-individual					
Firm NRD number (if applicable)						
Indicate whether the person compe	nsated facilitated the distribution	through a funding porta	l or an internet-b	ased portal. ✓ No ☐ Yes	S	
b) Business contact information	n					
If a firm NRD number is not provided	d in Item 8 (a), provide the busine	s contact information of	f the person being	g compensated.		
Street address Monro	pe 4486					
Municipality Bueno	os Aires	7	Province/Stat	e		
Country Argen	tina	Posta	al code/Zip cod	e C1430 blv		
Email address claudi	o.vallone@gmail.com	_ Tel	ephone numbe	02304471867		
c) Relationship to issuer or inve	estment fund manager					
Indicate the person's relationship wit B(2) of the Instructions and the mear						
Connect with the issuer or in	_			other than an investment fund)		
	estment fund or investment fund n		·	er or investment fund manager		
None of the above		ianagei	,	o. ooooa.a manage.		
d) Compensation details						
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.						
Cash commissions paid	16,000.01	Security codes	Security code 1	Security code 2 Security code 3		
Value of all securities		Coodiny codes	W N T			
distributed as compensation⁴	26,666.00					
Describe terms of warrants, options or other rights Exercisable 1:1 for Common Shares, \$0.30/share in the first six months, \$0.50/share in the next six months						
Other compensation ⁵	Describe			, monario		
Total compensation paid						
Check box if the person will or may receive any deferred compensation (describe the terms below)						
⁴ Provide the aggregate value of all additional securities of the issuer. In rights exercisable to acquire additions ⁵ Do not include deferred compensations.	ndicate the security codes for all sonal securities of the issuer.					

ГЕМ	9 - DIRECTORS, EXECUTIV	VE OFFICERS A	AND PROMO	TERS OF THE IS	SSUER					
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.										
Ind	icate whether the issuer is any of th	e following (select	all that apply).							
[Reporting issuer in any jurisdic	tion of Canada								
	Foreign public issuer									
	Wholly owned subsidiary of a r	eporting issuer in	any jurisdiction o	f Canada ⁶						
	Provide name o	of reporting issuer								
	Wholly owned subsidiary of a f	oreign public issu	er ⁶							
	Provide name of for	eign public issuer								
	Issuer distributing eligible forei	gn securities only	to permitted clien	ts ⁷						
⁶ An . secu	If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. 6An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. 7 Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.									
a)	Directors, executive officers a		•							
	ovide the following information for ritory; otherwise state the country.	each director, exec	cutive officer and p				da, stai	e the p	province o	or
	First given Sorganization or company name Family name name		Secondary give	Business location of non-individual or residentail jurisdiction of individual		Relationship to issuer (select all that apply)				
					Province o	r country	D	0	Р	
b)	Promoter information									
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.										
	Organization or company name		First given name	Secondary given names			ationship to promoter one or both if applicable			
					Province or country	D		C)	
c)	Residential address of each in	ndividual								

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer or director of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Kropivnitski	pivnitski Zula			
	Family name	First given name		Secondary given names	
Title	Chief Financial Officer				
Name of issuer/underwriter/ investment fund manager	AbraPlata Resource Corp				
Telephone number	6046810084	Email address	zula@abı	raplata.com	
Signature	Zula Kropivnitski	Date	2017	05	25
		•	YYYY	MM	DD

ITEM 11- CONTACT	PERSON						
	•	on for the individual that th different than the individua	9	thority or regulator may contact with any Item 10.			
Same as individual certifying the report							
Full legal name				Title			
	Family name	First given name	Secondary given names				
Name of company [
Telephone number		E	mail address				

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.