Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8749241

| ITEM 1 - REPORT TYPE | | | | | |
|--|--|---------------------|-----------------------|-------------------------------|--------------------|
| ✓ New report | | | | | |
| | nded, provide filing date | of report that i | s being ame | ended | (YYYY-MM-DD) |
| ITEM 2 - PARTY CERTIFYING TH | E REPORT | | | | |
| Indicate the party certifying the report (sel Instrument 81-106 Investment Fund Conti | | | | restment fund, refer to secti | on 1.1 of National |
| Investment fund issuer | nuous Disclosure una the comp | umon policy to W | 01-100. | | |
| ✓ Issuer (other than an investment of the state of th | stment fund) | | | | |
| Underwriter | · · · · · · · · · · · · · · · · · · · | | | | |
| ITEM 3 - ISSUER NAME AND OT | HED IDENTIFIEDS | | | | |
| Provide the following information about the | | vestment fund. ah | out the fund | | |
| Full legal name | | | out the fund. | | |
| Previous full legal name | Trovec Holdings Inc. | | | | |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | |
| Website libertydefense.com (if applicable) | | | | | |
| If the issuer has a leaal entity identifier, pr | legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier". | | | | |
| Legal entity identifier | , | <u> </u> | ,] | | |
| If two or more issuers distributed a single s | security, provide the full legal no | ame(s) of the co-is | 」 suer(s) other th | an the issuer named above | |
| Full legal name(s) of co-issuer(s) | | | (if applicable | e) | |
| | | | | | |
| ITEM 4 - UNDERWRITER INFORM | | | | | |
| If an underwriter is completing the report, Full legal name | provide the underwriter's full le | gal name and firn | n NRD number. | |] |
| | | (:4 - | | | |
| Firm NRD number (if applicable) | | | | | |
| Street address | If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. | | | |] |
| Municipality | | Pro | ovince/State | |] |
| Country | | | de/Zip code | |] |
| Telephone number | | . 33.4. 00 | Website | | (if applicable) |

| If the issuer is an investment fund, do not complete item 5. Proceed to Item 6. a) Primary industry | Item 5 - Issuer Information |
|---|--|
| Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity. NAICS industry code | If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6. |
| ANCS industry code | a) Primary industry |
| 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 | |
| mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production | NAICS industry code 5 4 1 9 9 0 |
| Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages | mining industry. Select the category that best describes the issuer's stage of operations. |
| Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets | |
| Cryptoassets b) Number of employees Number of employees: | |
| Number of employees: | |
| c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 4 6 3 1 3 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end Is the issuer a reporting issuer status Is the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT | b) Number of employees |
| Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 4 6 3 1 3 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation and financial year-end Financial year-end MMM 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. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT | Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more |
| No | c) SEDAR profile number |
| If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Municipality Country Telephone number e) Date of formation and financial year-end Date of formation Tyyyy MM DD Financial year-end 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT | Does the issuer have a SEDAR profile? |
| Street address | No ✓ Yes If yes, provide SEDAR profile number 0 0 0 4 6 3 1 3 |
| Street address Province/State Municipality Postal code/Zip code Telephone number e) Date of formation and financial year-end Pinancial year-end 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT | |
| Municipality Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation Financial year-end 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT | d) Head office address |
| Country Telephone number Date of formation and financial year-end Date of formation Financial year-end MM DD The porting 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT | Street address Province/State |
| e) Date of formation and financial year-end Date of formation | Municipality Postal code/Zip code |
| Date of formation | Country Telephone number |
| 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT | e) Date of formation and financial year-end |
| 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT | |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT | f) Reporting issuer status |
| AII AB BC MB NB NL NT NS NU ON PE QC SK YT | 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 |
| g) Public listing status | □ NS □ NU □ ON □ PE □ QC □ SK □ YT |
| 9, | 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 name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system. | |
| Exchange name | Exchange name |
| h) Size of issuer's assets | h) Size of issuer's assets |

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first 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 inves | tment fund, provide the following information. | | | |
| a) Investment fund ma | anager information | | | |
| Full legal name | | | | |
| Firm NRD number | (if applicable) | | | |
| If the investment fund mand | ager does not have a firm NRD number, provide the head office contact information of the investment fund manager. | | | |
| Street address | | | | |
| Municipality | Province/State | | | |
| Country | Postal code/Zip code | | | |
| Telephone number | Website (if applicable) | | | |
| b) Type of investment | fund | | | |
| Type of investment fund tha | nt most accurately identifies the issuer (select only one) . | | | |
| Money market | ☐ Equity ☐ Fixed income ☐ Balanced | | | |
| Alternative strateg | gies Cryptoasset Other (describe) | | | |
| Indicate whether one or bot | h of the following apply to the investment fund . | | | |
| Invests primarily in | n other investment fund issuers | | | |
| ☐ Is a UCITs Fund¹ | | | | |
| ¹ Undertaking for the Collec (EU) directives that allow c | tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. | | | |
| c) Date of formation and financial year-end of the investment fund | | | | |
| Date of forma | tion Financial year-end MM DD MM DD | | | |
| d) Reporting issuer status of the investment fund | | | | |
| Is the investment fund a rep | orting issuer in any jurisdication of Canada? No Yes | | | |
| If yes, select the jurisdictions | s of Canada in which the investment fund is a reporting issuer. | | | |
| ☐ AII ☐ | AB BC MB NB NL NT | | | |
| □ NS □ | NU ON PE QC SK YT | | | |
| 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 name of the exchange on which the investment fund's securities primarily trade. Provide only the | | | | |
| _ | name of an exchange and not a trading facility such as, for example, an automated trading system. Exchange name | | | |
| - | AV) of the investment fund | | | |
| | investment fund as of the date of the most recent NAV calculation (Canadian \$). | | | |
| \$0 to under \$5M | \$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 in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

| 30,70 | date 1 of the report. | | | | | | | | |
|----------|--|---------------|------------|------------|--------------------------------|--------------|-----------|----------|---------------|
| a) | Currency | | | | | | | | |
| Sele | ct the currency or currencies in v | vhich the dis | stribution | was mad | e. All dollar amounts provided | in the repor | t must be | in Canad | dian dollars. |
| √ | Canadian dollar US | 6 dollar | |] Euro | Other (describe) | | | | |
| b) | Distribution date(s) | | | | | | | | |
| as b | e the distribution start and end o oth the start and end dates. If th ibution period covered by the re | e report is b | | <i>J</i> . | • | , | | | |
| | Start date | 2019 | 03 | 07 | End date | 2019 | 03 | 07 | |
| | | YYYY | MM | DD | | YYYY | MM | DD | - |

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) 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.

| | | | | | Canadian \$ | |
|---------------|------------------------------|---|----------------------|------------------------------|---------------|--------------|
| Security code | CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount |
| S U B | | A subscription receipt will automatically convert into one Common Share and One Common Share Purchase Warrant | 8,558,000.00 | 0.8000 | | 6,846,400.00 |

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.

| 6 | exch | vertib angea urity c | able | | nderlyi | | | se price adian \$) | Expiry date (YYYY- MM-DD) | Conversion ratio | Describe other items (if applicable) | |
|---|------|----------------------------|------|---|---------|---|--------|-----------------------|------------------------------|------------------|--|--|
| | | | | | - | | Lowest | Highest | | | | |
| \ | N | Z | Т | С | М | S | 1.1000 | | 2021-03-07 | | Each Warrant is exercisable to acquire one Common share at an exercise price of \$1.10 for 24 months following the closing date. | |

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 unique ²⁸ purchasers | Total amount (Canadian \$) |
|---------------------|---|---|----------------------------|
| Alberta | NI 45-106 2.3 [Accredited investor] | 4 | 109,800.00 |
| British Columbia | NI 45-106 2.3 [Accredited investor] | 58 | 3,380,600.00 |
| British Columbia | NI 45-106 2.5 [Family, friends and business associates] | 1 | 10,000.00 |

| Manitoba | NI 45-106 2.3 [Accredited investor] | 7 | 122,000.00 | | |
|----------------|---|----|--------------|--|--|
| Nova Scotia | NI 45-106 2.3 [Accredited investor] | 1 | 100,000.00 | | |
| Ontario | NI 45-106 2.3 [Accredited investor] | 67 | 2,855,200.00 | | |
| Québec | NI 45-106 2.3 [Accredited investor] | 1 | 24,800.00 | | |
| Finland | NI 45-106 2.3 [Accredited investor] | 1 | 10,000.00 | | |
| Thailand | NI 45-106 2.3 [Accredited investor] | 1 | 60,000.00 | | |
| Ireland | NI 45-106 2.3 [Accredited investor] | 1 | 50,000.00 | | |
| China | NI 45-106 2.3 [Accredited investor] | 1 | 44,000.00 | | |
| Cayman Islands | NI 45-106 2.3 [Accredited investor] | 1 | 80,000.00 | | |
| | 6,846,400.00 | | | | |
| | Total number of unique purchasers ^{2b} | | | | |

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one 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) |
|-------------|---|---|---|
| | | | |

^{2b} In 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.

| 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 V Yes If yes, indicate number of persons compensated. | ITEM 8 - COMPENSATION INFORMATION |
|--|---|
| | |
| No ✓ Yes If yes, indicate number of persons 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. 5 |

| a) Name of person comp | ensated and regis | tration | status | | | | | | | | | |
|--|--|------------------------|--------------------------|----------------|--------------------------|--------------------|-----------------|--------------------|-------------------------|------------------------------------|---------------------|---|
| Indicate whether the person cor | npensated is a regist | rant. | | | No | | \checkmark | Yes | | | | |
| If the person compensated is an | individual, provide i | the name | e of the ind | ividu | ıal. | | | | | | | |
| Full legal name of individual | | | | | | | | | | | | |
| | | Family na | ıme | | | First | t given | name | | Secondary | given names | |
| If the person compensated is no | If the person compensated is not an individual, provide the following information. | | | | | | | | | | | |
| Full legal name | 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 No Yes | | | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), ¡ | orovide ti | he business | con | tact info | rmation | of the | person | being co | mpensated. | | |
| Street address | | | | | | | | | | | | |
| Municipality | | | | | | | ı | Provinc | e/State | | | ĺ |
| Country | | | | | | Р | ostal | code/Z | ip code | | | ĺ |
| Email address | | | | | | | Tele | ohone | number | | | أ |
| c) Relationship to issuer | or investment fund | d mana | ger | | | | | | | | | 7 |
| 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) | | | | | | | | | | f | | |
| _ | | | | man | | | | | • | | ŕ | |
| Director or officer of the | ne investment tuna t | or investi | ment iuna | man | lagei | Ш | Emplo | yee or t | ne issuei | r or investment fu | no manager | |
| ✓ None of the above | | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | | |
| Provide details of all compensat Canadian dollars. Include cash c incidental to the distribution, su allocation arrangements with th | ommissions, securiti ch as clerical, printin | es-based g, legal c | compensa or accountii | tion, ng se | gifts, dis ervices. A | counts n issuer | or other is not | er comp require | ensation. d to ask f | Do not report pa | yments for services | |
| Cash commissions pa | id 83,7 | 60.00 | | | | | Γ | Securit | y code 1 | Security code 2 | Security code 3 | 1 |
| Value of all securitie | es | | | 90 | ecurity co | dos | | | N T | | | |
| distributed as compensatio | n ⁴ | | | Je | curity co | ues | L | | | | |] |
| Describe t | erms of warrants, op | otions or | other right | l a | | y Warr arrant | ants - | 18,100 ercisab |) e to acc | quire one Comr nonths following | | |
| Other compensation | n ⁵ 14,48 | 30.00 | Describ | e [| Advisor | y Fee | | | | | | ĺ |
| Total compensation pa | id 98,24 | 40.00 | | L | | | | | | | | J |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | | | |
| | | | | | | | | | | | |] |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire act ⁵ Do not include deferred comp | ier. Indicate the secu Idditional securities o | urity code | es for all se | | | | | | | | | |

| a) Name of person comp | ensated and regis | stration | status | | | | | | | | |
|---|---|------------------------|----------------------|----------------|------------------------------|----------------------|-------------------|----------------------|-------------------------|------------------------------------|--------------------|
| Indicate whether the person cor | npensated is a regist | rant. | | | ☐ No | | \checkmark | Yes | | | |
| If the person compensated is an | If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | |
| Full legal name of individual | | | | | | | | | | | |
| | | Family na | ime | | | First | t given i | name | | Secondary | given names |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | |
| Full legal name of non-individual Haywood Securities Inc. | | | | | | | | | | | |
| Firm NRD number 1 6 3 0 (if applicable) | | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes | | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), p | orovide ti | he busine | ess co | ontact info | rmation | of the | person | being coi | mpensated. | |
| Street address | | | | | | | | | | | |
| Municipality | | | | | | | F | Provinc | e/State | | |
| Country | | | | | | Р | ostal | code/Z | ip code | | |
| Email address | | | | | | | Telep | ohone i | number | | |
| c) Relationship to issuer | or investment fun | d mana | ger | | | | | | | | |
| 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 issu | er or investment fur | u manaç | ger | | | Ш | msider | or the i | ssuer (or | ther than an inves | imeni iuna) |
| Director or officer of the | ne investment fund (| or invest | ment fun | d ma | anager | | Emplo | yee of tl | ne issuer | or investment fu | nd manager |
| ✓ None of the above | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | |
| Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th | ommissions, securiti ch as clerical, printin | es-based g, legal c | compen: or accoun | satio iting | n, gifts, dis services. A | scounts In issuer | or othe is not | er compe required | ensation. I to ask f | Do not report pay | ments for services |
| Cash commissions pa | id 19,3 | 93.00 | | | | | Γ | Security | code 1 | Security code 2 | Security code 3 |
| Value of all securitie | es | | | | Security co | odoc | | | N T | | |
| distributed as compensatio | n ⁴ | | | | | oues | L | | | | |
| Describe to | erms of warrants, op | otions or | other rig | hts | | y Warr 'arrant | ants - is exe | 18,100 rcisabl | e to acc | quire one Comn nonths following | |
| Other compensation | n⁵ 3,62 | 20.00 | Descr | ibe | Advisor | y Fee | | | | | |
| Total compensation pa | id 23,0 | 13.00 | | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | | |
| | | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp | ier. Indicate the secu Idditional securities d | urity code | es for all | | | | | | | | |

| a) Name of person comp | ensated and regis | tration | status | | | | | | | | | |
|---|--|------------------------|-------------------------|-------|------------------------------|--------------------|-----------------|----------------------|-------------------------|----------------------------------|---------------|--------|
| Indicate whether the person cor | npensated is a regist | rant. | | | ☐ No | | \checkmark | Yes | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | | | |
| Full legal name of indiv | Full legal name of individual | | | | | | | | | | | |
| Family name First given name Secondary given names | | | | | | | | | | | | |
| If the person compensated is no | If the person compensated is not an individual, provide the following information. | | | | | | | | | | | |
| Full legal name | Full legal name of non-individual GMP Securities L.P. | | | | | | | | | | | |
| Firm NRD number 2 1 9 8 0 (if applicable) | | | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes | | | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), p | orovide t | he busine: | ss co | ntact info | rmation | of the | person | being coi | mpensated. | | |
| Street address | | | | | | | | | | | | |
| Municipality | | | | | | | I | Provinc | e/State | | | |
| Country | | | | | | Р | ostal | code/Z | ip code | | | |
| Email address | | | | | | | Tele | ohone r | number | | | |
| c) Relationship to issuer | or investment fund | d mana | ıger | | | | | | | | | |
| 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 issu | er or investment fun | d mana | ger | | | | Inside | of the i | ssuer (ot | her than an inves | ment fund) | |
| Director or officer of the | he investment fund o | or invest | ment fund | d ma | nager | | Emplo | yee of th | ne issuer | or investment fur | id manager | |
| ✓ None of the above | | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | | |
| Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with th | ommissions, securiti ch as clerical, printin | es-basea g, legal (| d compens or account | ation | n, gifts, dis services. A | counts n issuer | or other is not | er compe required | ensation. I to ask f | Do not report pay | ments for ser | rvices |
| Cash commissions pa | id 83,7 | 60.00 | | | | | ſ | Security | code 1 | Security code 2 | Security cod | de 3 |
| Value of all securities | es | | | c | Security co | odes | | | N T | | | |
| distributed as compensatio | n ⁴ | | | | | ues | | l l | | | | |
| Describe t | erms of warrants, op | otions or | other righ | nts | | y Warr arrant | ants - | 18,100 ercisabl | e to acc | uire one Comm onths following | | |
| Other compensation | n ⁵ 14,48 | 30.00 | Descri | be | Advisor | y Fee | | | | | | |
| Total compensation pa | id 98,24 | 40.00 | | | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire at ⁵ Do not include deferred comp | ier. Indicate the secu Idditional securities o | ırity cod | les for all s | | | | | | | | | r |

| a) Name of person comp | ensated and regis | tration status | | | | | | | | |
|---|---|--|--|--|--|---------------------|--|--|--|--|
| Indicate whether the person co | mpensated is a registr | ant. | ✓ No | Yes | | | | | | |
| If the person compensated is a | n individual, provide ti | he name of the indiv | idual. | | | | | | | |
| Full legal name of indiv | vidual | | | | | | | | | |
| | F | amily name | Fire | st given name | Secondary | given names | | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | |
| Full legal name of non-individual Jett Capital Advisors, LLC | | | | | | | | | | |
| Firm NRD number (if applicable) | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes | | | | | | | | | | |
| b) Business contact info | rmation | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), p | rovide the business o | ontact informatio | n of the person bein | g compensated. | | | | | |
| Street address | 712 5th Ave | | | | | | | | | |
| Municipality | New York | | | Province/S | tate New York | | | | | |
| Country | United States | | اً ا | Postal code/Zip c | ode 10019 | | | | | |
| Email address | info@jettcapital.co | m | Ī | Telephone num | 2126160430 |) | | | | |
| c) Relationship to issuer | or investment fund | l 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 Reployee of the issuer or investment fund manager None of the above | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | |
| Provide details of all compensation details Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the | tion paid, or to be paid commissions, securitie ch as clerical, printing | s-based compensati n, legal or accounting | on, gifts, discounts services. An issue | or other compensa er is not required to | tion. Do not report pa ask for details about, d | yments for services | | | | |
| Cash commissions pa | aid 19,39 | 93.00 | | Security cod | le 1 Security code 2 | Security code 3 | | | | |
| Value of all securitie | | | Security codes | WN | Т | | | | | |
| • | Describe terms of warrants, options or other rights Describe terms of warrants, options or other rights Advisory Warrants - 4,525 Each Warrant is exercisable to acquire one Common share at an exercise price of \$1.10 for 24 months following the closing date. | | | | | | | | | |
| Other compensation | n ⁵ 3,62 | 0.00 Describe | Advisory Fee | | | | | | | |
| Total compensation pa | aid 23,01 | 3.00 | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | |
| | | | | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp | uer. Indicate the secu dditional securities of | rity codes for all sec | | | | | | | | |

| a) Name of person comp | ensated and regi | stration status | | | | | | | | | |
|---|--|------------------------|--------------|--|----------------|----------------------|-------------------------|-------------------|-----------------|----------|--|
| Indicate whether the person cor | npensated is a regis | trant. | ☐ No | ✓ | Yes | | | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | | |
| Full legal name of indiv | idual | | | | | | | | | | |
| | | Family name | • | First given | name | <u> </u> | Seco | ndary give | n names | <u> </u> | |
| · | If the person compensated is not an individual, provide the following information. | | | | | | | | | | |
| Full legal name | Full legal name of non-individual Aligned Capital Partners Inc. | | | | | | | | | | |
| Firm NRD number 2 3 4 0 (if applicable) | | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes | | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), | provide the business | contact info | rmation of th | e person bei | ing com _l | pensated. | | | | |
| Street address | | | | | | | | | | | |
| Municipality | | | | | Province/S | State | | | | | |
| Country | | | | Postal | code/Zip | code | | | | | |
| Email address | | | | Tele | phone nui | mber | | | | | |
| c) Relationship to issuer | or investment fun | d 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 meanir | | | | | | | 3 -1 | | | () -1 | |
| Connect with the issu | er or investment fur | nd manager | | Inside | er of the issu | uer (othe | er than an | investme | nt fund |) | |
| Director or officer of the | he investment fund | or investment fund | manager | Emple | oyee of the | issuer o | r investme | nt fund m | anage | r | |
| None of the above | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | |
| Provide details of all compensat | | | | | | | | | | | |
| Canadian dollars. Include cash c incidental to the distribution, suc | | | | | | | | | | | |
| allocation arrangements with th | | | | | | | | | , | | |
| Cash commissions pa | iid | | | | Security co | ode 1 | Security co | de 2 S | ecurity c | ode 3 | |
| Value of all securitie | - | | Security co | odes | WN | Т | | | | | |
| distributed as compensatio | | | | | | | | | | | |
| Describe t | erms of warrants, o | otions or other right | Each W | Warrants - 3 arrant is ex cise price o | ercisable t | to acqu · 24 mo | ire one C nths follo | ommon wing the | share closin | at ng | |
| Other compensation | n ⁵ | Describe | е | | | | | | | | |
| Total compensation pa | id | | | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | | |
| | | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire act ⁵ Do not include deferred comp | ier. Indicate the sec dditional securities d | urity codes for all se | | | | | | | | ner | |

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER If the issuer is an investment fund, do not complete Item 9. Procced to Item 10. Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one). Reporting issuer in any jurisdiction of Canada Foreign public issuer Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada⁶ Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer⁶ Provide name of foreign public issuer Issuer distributing only eligible foreign securities and the distribution is to permitted clients only solution. 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. ⁷Check 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. ✓ If the issuer is none of the above, check this box and complete Item 9(a) - (c). Directors, executive officers and promoters of the issuer a) Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter. Business location of non-individual or Relationship to issuer residentail Secondary given (select all that apply) jurisdiction of Organization or company name Family name First given name names individual D 0 Ρ Province or country / Parrotta Sam British Columbia E. ✓ Riker William Jr. United States United States Marshall Corby McCoach John British Columbia **United States** Bhardwaj Aman Smudde Bart United States ✓ British Columbia Towns Damian Promoter information b) 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. Residential Relationship to promoter jurisdiction of Secondary given (select one or both if applicable) individual Organization or company name Family name First given name names Province or D 0 country Residential address of each individual

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, director or agent 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 be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report 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.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

| Name of issuer/underwriter/ investment fund manager/agent | Liberty Defense Holdings, Inc. | | | | | | | | | |
|--|--------------------------------|---|---------|-----------|-----------------------|--|--|--|--|--|
| Full legal name | Towns | | | | | | | | | |
| | Family name | Family name First given name | | | Secondary given names | | | | | |
| Title | CFO, Director and the Corpora | CFO, Director and the Corporate Secretary | | | | | | | | |
| Telephone number | 6044234406 | Email address | dtowns@ | libertyde | defense.com | | | | | |
| Signature | (signed) "Damian Towns" | Date | 2019 | 03 | 18 | | | | | |
| | | | YYYY | MM | DD | | | | | |

| TEM 11- CONTACT PERSON | | | | | | | | | | |
|--|----------------------|------------------|-----|-----------------------|-------------|---------|-------------------------------|--|--|--|
| Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10. | | | | | | | | | | |
| Same as individual certifying the report | | | | | | | | | | |
| Full legal name | Rodrigues | Kristopher | | | | Title | Corporate Securities Clerk | | | |
| | Family name | First given name | | Secondary given names | | | | | | |
| Name of company | Stikeman Elliott LLP | | | | | | | | | |
| Telephone number | 4168146772 | | Ema | ail address | krodrigues@ | stikema | n.com | | | |

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:

- a) 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.