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 report If amer	nded, provide filing date	of report that is being am	ended (YYYY-MM-DD)						
ITEM 2 - PARTY CERTIFYING THE	REPORT								
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.									
☐ Investment fund issuer	☐ Investment fund issuer								
✓ Issuer (other than an inves	stment fund)								
Underwriter									
ITEM 3 - ISSUER NAME AND OTI	HER IDENTIFIERS								
Provide the following information about the	e issuer, or if the issuer is an in	vestment fund, about the fund.							
Full legal name	Xanthic Biopharma Inc	;.							
Previous full legal name	Aurquest Resources In	nc.							
If the issuer's name changed in	the last 12 months, provide mo	ost recent previous legal name.							
Website			(if applicable)						
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of t	the Instructions for the definition	of "legal entity identifier".						
Legal entity identifier									
ITEM 4 - UNDERWRITER INFORM	IATION								
		' Com National Day	*** ** D. (4.100) must be						
If an underwriter is completing the report, p	orovide the underwriter's fuil le	gal name and firm National keg 	istration Database (NKD) number.						
Full legal name									
Firm NRD number		(if applicable)							
If the underwriter does not have a firm NRI	D number, provide the head off	fice contact information of the ur	nderwriter.						
Street address									
Municipality		Province/State							
Country		Postal code/Zip code							
Telephone number		Website	(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 3 2 5 4 1 1							
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 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 □ Real estate □ Commerial/business debt □ Consumer debt □ Private companies							
b) 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 0 2 9 1 0 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.							
│							
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 investm	ent fund, provide the following information.						
a) Investment fund man	a) Investment fund manager information						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mana	ger 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 for	und						
Type of investment fund that r	most accurately identifies the issuer (select only one) .						
Money market	Equity Fixed income						
Balanced	Alternative strategies Other (describe)						
Indicate whether one or both o	of the following apply to the investment fund .						
☐ Invests primarily in o	other investment fund issuers						
☐ Is a UCITs Fund¹							
	Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
	d financial year-end of the investment fund						
•							
Date of formatio	n Financial year-end MM DD						
d) Reporting issuer stat	us of the investment fund						
Is the investment fund a repor	ting issuer in any jurisdication of Canada? No Yes						
· · · <u></u> · · · · <u></u> ·	Canada in which the investment fund is a reporting issuer.						
☐ All ☐	AB BC MB NB NL NT						
	NU ON PE QC SK T						
e) Public listing status c	of the investment fund						
	CUSIP number, provide below (first 6 digits only)						
(CUSIP number						
	cly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for or and received a listing, which excludes, for example, automated trading systems.						
Exchange names							
f) Net asset value (NAV	') of the investment fund						
Select the NAV range of the in	vestment 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 \$500M	\$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 2018 2018 04 19 04 19 MM DD MM DD YYYYDetailed 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 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 Frequently Asked Questions. Canadian \$

Security code	CUSIP number (if applicable)	Description of security Number of securities		Single or lowest price	Highest price	Total amount	
UBS	98401B104	Each Unit is comprised of one common share and one-half of one common share purchase warrant	1,112,000.00	0.5000	0.5000	556,000.00	

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.

Security code			derlyi urity d	_	(Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)		
	, , , ,			Lowest	Highest						
	W	Т	С	М	S	0.7500	0.7500	2020-04-19	2:1	2 half warrants: one common share	

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 \$)
Ontario	NI 45-106 2.3 [Accredited investor]	7	425,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	3	106,000.00
United States	NI 45-106 2.3 [Accredited investor]	1	25,000.00
	556,000.00		

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)

EM 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	•					_			
☐ No ☑ Yes	If yes, indicate num	ber of perso	ons compe	nsated.		2			
a) Name of person compensa									
Indicate whether the person com	pensated is a registrant	t.	☐ No	<u> </u>	✓ Yes				
If the person compensated is an inc	dividual, provide the na	me of the indi	ividual.			_			_
Full legal name of individual									
	Family name	•	Fir	st given nam	е	Sec	ondary given	names	
If the person compensated is not o									
Full legal name of no	on-individual Found	ations Mark	ets Inc.						
Firm N	IRD number 2	2 8	3	0		(if app	olicable)		
Indicate whether the person comp	ensated facilitated the	distribution th	nrough a fui	nding porta	l or an int	– ternet-bas	sed portal.		No ✓ Ye
b) Business contact informati	on								
If a firm NRD number is not provid	ed in Item 8 (a), provide	e the business	contact info	ormation of	the perso	on being c	compensated	d.	
Street address									
Municipality			1		Provinc	e/State			
Country			1	Posta	ıl code/Z	ip code			
Email address			J		ephone	-			
				. •	ороо				
c) Relationship to issuer or in Indicate the person's relationship w			nager (selec	t all that ar	anly) Refe	er to the n	neanina of "	connecte	d" in Part
B(2) of the Instructions and the me									u u. t
Connect with the issuer or	investment fund mana	ger		Insid	er of the	issuer (ot	her than an	investme	ent fund)
Director or officer of the inv	estment fund or invest	ment fund ma	anager	Empl	loyee of t	he issuer	or investme	ent fund r	manager
✓ None of the above									
d) Compensation details									
Provide details of all compensation Canadian dollars. Include cash com services incidental to the distributio on, internal allocation arrangement	missions, securities-bas n, such as clerical, print	ed compensa ing, legal or a	tion, gifts, d accounting s	scounts or ervices. An	other con issuer is r	npensatio not require	n. Do not re ed to ask for	port payn	nents for
Cash commissions paid	6,000.00	;	Security cod	les	Securit	y code 1	Security co	ode 2	Security code 3
Value of all securities distributed as compensation ⁴	6,000.00				С	M S	WN	Т	
Describe terms	of warrants, options or	other rights		mpensation d 12,000 c			ed at \$0.50) expirin	g April 19,
Other compensation ⁵		Describe							
Total compensation paid	12,000.00								
Check box if the person	will or may receive any	deferred con	npensation	(describe th	ne terms	below)			
⁴ Provide the aggregate value of as additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compens	Indicate the security co ional securities of the i	odes for all se							

a) Name of person compe	ensated 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 indivi	dual							
	Family name First given name Secondary given names							
If the person compensated is	If the person compensated is not an individual, provide the following information.							
Full legal name of	f non-individual Power One Capital Markets Limited							
Fir	Firm NRD number 1 7 0 1 0 (if applicable)							
Indicate whether the person o	ompensated facilitated the distribution through a funding portal or an internet-based portal.	Yes						
b) Business contact inform	nation							
If a firm NRD number is not p	ovided 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 of	r investment fund manager							
Indicate the person's relations	ip with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" is meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.	n Part						
	r or investment fund manager Insider of the issuer (other than an investment	fund)						
	e investment fund or investment fund manager	•						
None of the above		iago:						
d) Compensation details	tion paid or to be paid to the person identified in Item 9(a) in connection with the distribution. Provide all	amounts in						
Table 1 and	tion paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all commissions, securities-based compensation, gifts, discounts or other compensation. Do not report paymen							
	ution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details abou	ıt, or report						
_	nents with the directors, officers or employees of a non-individual compensated by the issuer.							
Cash commissions pai	Security code 1 Security code 2 Security code 3 Security code	urity code 3						
Value of all securities distributed as	6,000.00 C M S W N T							
compensation	4 0,000.00							
Describe te	Describe terms of warrants, options or other rights 6,000 compensation warrants issued at \$0.50 expiring April 19, 2020 and 12,000 common							
Other compensation ⁵ Describe								
Total compensation pai								
	con 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 ac	cauire						
additional securities of the iss	uer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants	or other						
rights exercisable to acquire a 5Do not include deferred com	dditional securities of the issuer. Densation.							

ГЕМ	9 - DIRECTORS, EXECUTI	VE OFFICERS A	AND PROMO	TERS OF THE IS	SSUER					
If t	he issuer is an investment fund, o	do not complete I	tem 9. Procced t	o Item 10.						
Ind	icate whether the issuer is any of th	e following (select	all that apply).							
Reporting issuer in any jurisdiction of Canada										
	Foreign public issuer									
	Wholly owned subsidiary of a r	eporting issuer in	any jurisdiction o	f Canada ⁶						
Provide name 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	ıts 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. ⁶ An 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. If the issuer is none of the above, check this box and complete Item 9(a) - (c).									
a)	Directors, executive officers a		•	., .,						
	ovide the following information for rritory; otherwise state the country.	each director, exec	cutive officer and p				da, sta	e the p	province o	or
	Organization or company name	Family name	First given name	Secondary give names	, a littisaletta		lual or issuer (select all the		that	
						Province or country		0	Р	
b)	Promoter information									
	the promoter listed above is not an ithin Canada, state the province or t									
	Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	I Relationship to brome				
					Province or country	or D		0		
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

Telephone number 4153653701

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	Bhumgara	David			
	Family name	First given name		Secondary give	en names
Title	Chief Financial Officer				
Name of issuer/underwriter/ investment fund manager	Xanthic Biopharma Inc.				
Telephone number	4165744603	Email address	davidb@:	xanthicbiophar	ma.com
Signature	/s/ David Bhumgara	Date	2018	04	20
		_	YYYY	MM	DD

ITEM 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	Matanovic	Anna		Title Law Clerk
	Family name	First given name	Secondary given names	
Name of company	Fogler, Rubinoff LLP			

Notice - Collection and use of personal information

Email address | amatanovic@foglers.com

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.