Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8749333

| ITEM 1 - REPORT TYPE | | | | | | | | | | | |
|--|-----------------|--------------|-----------|---------------|----------|-----------|-----------|-------------------|-----------------|-------------------|--------------------|
| ✓ New report | | | | | | | | | | | |
| Amended report | lf amer | ided, pro | vide f | iling date | e of r | eport | that is | being ame | ended | |) (YYYY-MM-DD) |
| ITEM 2 - PARTY CERTIF | YING THE | REPOR | Γ | | | | | | | | |
| Indicate the party certifying th Instrument 81-106 Investment | | | | | | | | | estment fund | l, refer to secti | on 1.1 of National |
| Investment fund i | | | | | • | . , | | | | | |
| ✓ Issuer (other than | n an inves | tment fui | nd) | | | | | | | | |
| | | | | | | | | | | | |
| Item 3 - Issuer Name and Other Identifiers | | | | | | | | | | | |
| | | | | | • . | | | | | | |
| Provide the following informat | | | | | | ment fu | nd, abou | ut the fund. | | |] |
| Full legal name Catalyst Healthcare Ltd. | | | | | | | | | | | |
| Previous full legal name | | | | | | | | | | | |
| If the issuer's name ch | anged in the | last 12 mc | onths, pi | rovide mos | st rece | nt previ | ous lega | al name. | | | |
| | Website | www.ca | tlystrr | ns.com | | | | (if applicabl | e) | | |
| If the issuer has a legal entity i | identifier, pro | vide below | . Refer t | to Part B o | f the li | nstructi | ons for t | the definition of | of "legal entit | ty identifier". | |
| Legal entity | dentifier | | | | | | | | | | |
| If two or more issuers distribut | ed a single s | ecurity, pro | vide the | e full legal | name | (s) of th | e co-issı | uer(s) other th | an the issuer | named above | 2 |
| Full legal name(s) of co | o-issuer(s) | | | | | | | (if applicable | e) | | |
| | | | | | | | | | | | |
| ITEM 4 - UNDERWRITE | | | | | | | | | | | |
| If an underwriter is completing | the report, | provide the | underw | vriter's full | legal i | name a | nd firm i | NRD number. | | | г |
| Full legal name | | | | 1 1 | | | 1 | | | |] |
| Firm NRD number | | | | | | | (if app | olicable) | | | |
| If the underwriter does not hav | ve a firm NRI | D number, | orovide | the head o | office o | contact | informa | tion of the un | derwriter. | | _ |
| Street address | | | | | | | | | | | |
| Municipality | | | | | | | Prov | vince/State | | | |
| Country | | | | | | Pos | tal code | e/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 in your reasonable judgment most closely corresponds to the issuer's primary business activity. | | | | | | | |
| NAICS industry code 5 1 1 2 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 Commercial/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? | | | | | | | |
| | | | | | | | |
| If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address | | | | | | | |
| · · | | | | | | | |
| Street address 820 - 1631 Dickson Ave Province/State British Columbia | | | | | | | |
| Municipality Kelowna Postal code/Zip code V1Y 0B5 | | | | | | | |
| Country Canada Telephone number 2508694858 | | | | | | | |
| e) Date of formation and financial year-end | | | | | | | |
| Date of formation20041024Financial year-end0831YYYYMMDDMMDD | | | | | | | |
| 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 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 | | | | | | | |
| 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 | S5M to under \$25M | □ \$25M to under \$100M |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | S1B or over |

| If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name | | | | | | | |
|---|--|--|--|--|--|--|--|
| Full legal name | | | | | | | |
| Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State | | | | | | | |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C | | | | | | | |
| Street address Municipality Country Postal code/Zip code Telephone number Website (if applicable) b Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITS Fund' Undertaking for the Collective Investment fund issuers c Date of formation and financial year-end of the investment fund EUT of formation and financial year-end of the investment fund Setter the jurisdictions of Canada in which the investment fund is a reporting issuer. All All AB BC MB NB NL NT Public listing status of the investment fund is a reporting issuer. If yes, setert the jurisdictions of Canada in which the investment fund is a reporting issuer. ON YES If yes, setert the jurisdictions of Canada in which the investment fund is a reporting issuer. ON YES If yes, setert the jurisdictions of Canada in which the investment fund is a reporting issuer. ON YES If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number CUSIP number If the investment fund is publicly listed, provide the name of the exchange on which the investment fund is securities primarily trade. Provide only the function of the investment fund is a reporting issuer. If the investment fund is a cUSIP number, provide below (first 6 digits only) CUSIP number CUSIP number Indicate the in | | | | | | | |
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| name of an exchange and not a trading facility such as, for example, an automated trading system. | | | | | | | |
| Exchange name | | | | | | | |
| f) Net asset value (NAV) of the investment fund | | | | | | | |
| Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$). | | | | | | | |
| L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M | | | | | | | |
| \$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: | | | | | | | |

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. | | | | | | | | | |
|--|--|---------------------------------|------------------------------|---|--|--|--|--|--|
| a) Currency | | | | | | | | | |
| Select the currency or currencies | in which the distribution was made. A | ll dollar amounts provia | led in the report n | nust be in Canadi | an dollars. | | | | |
| ✓ Canadian dollar | US dollar Euro | Other (describ | e) | | | | | | |
| b) 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 2019 03 07 YYYY MM DD YYYY MM DD | | | | | | | | | |
| c) Detailed purchaser info | | | | | | | | | |
| | is form for each purchaser and (| attach the schedule | to the comple | ted report. | | | | | |
| d) Types of securities dist | • | | • | • | | | | | |
| Provide the following informatio | n for all distributions reported on a pe JSIP number, indicate the full 9-digit C | | | | ow to indicate the | | | | |
| | | | | Canadian \$ | | | | | |
| Security CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount | | | | |
| C V P Cla | ss A Preferred shares. | 511,319.0 | 0 0.5500 |) | 281,225.45 | | | | |
| e) Details of rights and co | onvertible/exchangeable securities | S | | | | | | | |
| | ns) were distributed, provide the exerc nversion ratio and describe any other t | | | | exchangeable securities | | | | |
| Convertible / exchangeable security code Security code | Exercise price (Canadian \$) Lowest Highest | Expiry date (YYYY- MM-DD) | Conversion ratio | - | items (if applicable) | | | | |
| C V P C M S | 0.0000 | 1 | c s p c | Class A Prefer convertible into shares on a 1 accordance wi privileges, rest conditions atta Class A Prefer | to 1 basis in th the rights, trictions and iched to the | | | | |
| f) Summary of the distribut | ition by jurisdiction and exemption | n | | | | | | | |
| 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 | on | Number of unique purchasers | e ^{2ª} Total a | mount (Canadian \$) | | | | | |
| Alberta | NI 45-106 2.3 [Accredited inv | vestor] | | 5 | 205,299.60 | | | | |
| British Columbia | NI 45-106 2.3 [Accredited inv | vestor] | | 2 | 75,925.85 | | | | |
| | Tota | al dollar amount of se | curities distribu | ited | 281,225.45 | | | | |
| | Total number of | unique purchasers ^{2b} | | 7 | | | | | |
| ^{2a} In calculating the number of u | unique purchasers per row, count each | purchaser only once. Jo | oint purchasers mo | ay be counted as | one purchaser. | | | | |

^{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.

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.³ 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.

1

| a) Name of person comp | ensated and registr | ration stat | us | | | | | | |
|---|--|----------------------------|-----------------------|------------------------------|--------------------|-----------------------------------|----------------------|--------------------------|---|
| Indicate whether the person con | npensated is a registra | ınt. | | 🗌 No | | \checkmark | Yes | | |
| If the person compensated is an | individual, provide the | e name of t | he indivi | dual. | | | | | |
| Full legal name of individual | | | | | | | | | |
| | Fa | amily name | | | First | t given n | ame | | Secondary given names |
| If the person compensated is no | If the person compensated is not an individual, provide the following information. | | | | | | | | |
| Full legal name | of non-individual [ד | Friview Ca | pital Lto | l. | | | | | |
| Fi | rm NRD number | 4 0 | 8 | 3 | 0 | | | (if appl | icable) |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves | | | | | | | | | |
| b) Business contact infor | mation | | | | | | | | |
| If a firm NRD number is not pro | vided in Item 8 (a), pro | ovide the bi | usiness co | ontact info | rmation | of the | person b | eing com | pensated. |
| Street address | | | | | | | | | |
| Municipality | | | | | | Р | rovince | e/State | |
| Country | | | | | Ρ | ostal c | code/Zi | p code | |
| Email address | | | | | | Telep | hone n | umber | |
| c) Relationship to issuer | or investment fund | manager | | | | | | | |
| Indicate the person's relationshi the Instructions and the meanin | | | | | | | | | ning of "connected" in Part B(2) of |
| Connect with the issue | - | | | | | - | - | | er than an investment fund) |
| Director or officer of the | e investment fund or | investmen | t fund ma | anager | | Employ | vee of th | e issuer o | or investment fund manager |
| ✓ None of the above | | | | | | | | | |
| d) Compensation details | | | | | | | | | |
| Provide details of all compensati Canadian dollars. Include cash c | ommissions, securities h as clerical, printing, | -based com legal or acc | npensatio counting | n, gifts, dis services. A | counts n issuer | or othei [.] is not i | r compei required | nsation. E to ask foi | tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal |
| Cash commissions pa | id 19,685 | 5.78 | | | | Г | Security | code 1 | Security code 2 Security code 3 |
| Value of all securitie distributed as compensation | - | | S | Security co | odes | | W N | | |
| Describe terms of warrants, options or other rights Each whole Warrant entitles the holder to purchase one Class A Preferred share in the capital of the Issuer at a price of \$0.50 per Class A Preferred share for a period of five years from the date the Warrant is issued. | | | | | | | | | |
| Other compensation | 1 ⁵ | D | escribe | | | | | | |
| Total compensation pai | d 19,685 | 5.78 | | | | | | | |
| Check box if the per | son will or may receiv | ve any defe | erred con | pensatior | (descr | ibe the | terms b | elow) | |
| | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- action of the security of the securi | er. Indicate the securi Iditional securities of t | ity codes fo | | | | | | | |

| ITEM 9 - DIRECTORS, EXECU | ITIVE OFFICERS | AND PROMOT | ERS OF THE ISS | SUER | | | | | | |
|--|-----------------------------|------------------------|--------------------------|---|----------------------------------|-----------|----------|----|--|--|
| If the issuer is an investment fun | d, do not complete | Item 9. Procced to | Item 10. | | | | | | | |
| Indicate whether the issuer is any o | f the following (selec | t the one that applie | es - if more than one | e applies, select onl | y one). | | | | | |
| Reporting issuer in any jurisdiction of Canada | | | | | | | | | | |
| Foreign public issuer | | | | | | | | | | |
| Wholly owned subsidiary of | f a reporting issuer i | n any jurisdiction of | Canada ⁶ | | | | | | | |
| Provide name of reporting issuer | | | | | | | | | | |
| Wholly owned subsidiary of a foreign public issuer ⁶ | | | | | | | | | | |
| Provide name of foreign public issuer | | | | | | | | | | |
| Issuer distributing only eligi | ble foreign securitie | s and the distributio | n is to permitted clie | ents only ⁷ | | | | _ | | |
| If the issuer is at least one of the | above, do not com | plete Item 9(a) – (d | 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). | | | | | | | | | | |
| a) Directors, executive officer | rs and promoters | of the issuer | | | | | | | | |
| Provide the following information fo | r each director, execu | utive officer and pro | | | | state the | province | or | | |
| territory; otherwise state the country | : For "Relationship to I | o issuer", "D" – Direo | ctor, "O" – Executive | Officer, "P" – Pron | noter. | | | | | |
| Organization or company name | Family name | First given name | Secondary given names | Business location of non-individual or residentail jurisdiction of individual | | | | | | |
| | | | | Province or country D | | D | 0 | Р | | |
| | Bishop | Shane | | British Columb | ia | ✓ | ~ | | | |
| | Burgess | Charles | | Alberta | | ~ | | | | |
| | Knott | Joseph | | Ontario | | ✓ | | | | |
| | Chopra | Rahul | | United States | | ✓ | | | | |
| b) Promoter information | | | | | | | | | | |
| If the promoter listed above is not ar within Canada, state the province or | | | | | | | | | | |
| Organization or company name | Family name | First given name | Secondary given names | Residential jurisdiction of individual | of (select one or both if applie | | | | | |
| | | | | Province or country | D | | C |) | | |
| | | | | | | | | | | |
| c) Residential address of eac | h 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 | Catalyst Healthcare Ltd. | | | | | | | | |
|--|--------------------------|------------------|----------------------------|-----------------------|----|--|--|--|--|
| Full legal name | Bishop | Shane | | | | | | | |
| | Family name | First given name | | Secondary given names | | | | | |
| Title | President and Director | | | | | | | | |
| Telephone number | Email address | shane_bi | ane_bishop@catalystrms.com | | | | | | |
| Signature | Shane Bishop | Date | 2019 | 03 | 18 | | | | |
| | | | 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 | Brown | Michael | | Title | Legal Counsel |
|------------------|-----------------|------------------|-------------------|----------------|---------------|
| | Family name | First given name | Secondary given r | names | |
| Name of company | Harper Grey LLP | | | | |
| Telephone number | 6048952892 | En | ail address mbr | own@harpergrey | .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.