# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8822554

ITEM 1 - REPORT TYPE								
✓ New report								
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)								
ITEM 2 - PARTY CERTIFYING TH	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	nuous Disclosure and the comp	umon policy to tvi or i	700.					
✓ Issuer (other than an investment of the state of th	stment fund)							
Underwriter	anon ana,							
ITEM 3 - ISSUER NAME AND OT								
Provide the following information about the			the fund.					
Full legal name	The Tinley Beverage C	ompany Inc.						
Previous full legal name								
If the issuer's name changed in th	e last 12 months, provide most	recent previous legal n	пате.					
Website	http://drinkhemplify.com	n/ (it	if applicable	<u>e)</u>				
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	he Instructions for the	definition o	of "legal entity identifier".				
Legal entity identifier								
If two or more issuers distributed a single s	security, provide the full legal no	ıme(s) of the co-issuer(	(s) other the	an the issuer named above	<u>.</u>			
Full legal name(s) of co-issuer(s)		(it	if applicable	2)				
ITEM A. HANDEDWOITED INCOM	AATION							
ITEM 4 - UNDERWRITER INFORM								
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NR.	RD number.		1			
Full legal name								
Firm NRD number		(if application	cable)					
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address								
Municipality		Provinc	Province/State					
Country		Postal code/Z	Zip code					
Telephone number		,	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 3 1 2 1 1 0  If the issuer is in the mining industry, indicate the stope 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     Cryptoassets	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
SEDAR profile number   Does the issuer have a SEDAR profile   O 0 0 2 2 1 5 9	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 aperating 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 3 1 2 1 1 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  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 2 2 1 5 9  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 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  If the issuer has a CUSIP number, provide below (first 6 digits only)	b) Number of employees
Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 2 2 1 5 9  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Telephone number  Date of formation and financial year-end  Date of formation 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 NB NL NT  NS NU ON PE QC SK YT  If the issuer have a SEDAR profile number 0 0 0 2 2 1 1 5 9  Province/State Provinc	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No   Yes   If yes, provide SEDAR profile number   0 0 0 2 2 1 5 9      If the issuer does not have SEDAR profile complete item 5(d) - (h).    Head office address	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Street address  Municipality  Country  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 NB NL NT  NS NU ON PE QC SK YT  g) Public listing status	Does the issuer have a SEDAR profile?
All   AB   BC   MB   NB   NL   NT   NS   NU   ON   PE   QC   SK   YT    Street address   Province/State   Postal code/Zip code   Telephone number    Postal code/Zip code   Telephone number   Postal code/Zip code   Telephone number    Financial year-end   MM   DD   Financial year-end   MM   DD   DD   DD   DD   DD   DD   D	No  ✓ Yes If yes, provide SEDAR profile number 0 0 0 2 2 1 5 9
Street address	
Municipality Country Telephone number  e) Date of formation and financial year-end  Date of formation YYYY 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  g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)	d) Head office address
Country  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 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)	Street address Province/State
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  g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)	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  g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)	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 the issuer has a CUSIP number, provide below (first 6 digits only)	
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   g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)	f) Reporting issuer status
All 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)	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
NS NU ON PE QC SK YT  g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)	If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
g) Public listing status  If the issuer has a CUSIP number, provide below (first 6 digits only)	AII AB BC MB NB NL NT
If the issuer has a CUSIP number, provide below (first 6 digits only)	□ NS         □ NU         □ ON         □ PE         □ QC         □ SK         □ YT
	g) Public listing status
CUSIP number	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 investment 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	it most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strate	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						
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	nd financial year-end of the investment fund					
Date of forma	tion Financial year-end MM DD					
d) Reporting issuer st	atus 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 T					
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 S500M to under \$1B S1B 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.

	_		
a)	('11	rren	CV

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)

#### 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 05 10

YYYY MM DD

End date 2019 05 10

#### 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
U N T	74839Q		5,788,408.00	0.6000		3,473,044.80

#### 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.

		Underlying Exercise price (Canadian \$)			Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)				
						Lowest Highest					
W	N	Т	(	7	М	S	0.9000		2021-05-10	N/A	

#### 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 <sup>28</sup> purchasers	Total amount (Canadian \$)
Ontario	NI 45-106 2.3 [Accredited investor]	30	1,248,601.20
British Columbia	NI 45-106 2.3 [Accredited investor]	1	30,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	12	2,194,443.00
	3,473,044.20		
	43		

<sup>&</sup>lt;sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

<sup>&</sup>lt;sup>2b</sup> 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. 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	

<sup>&</sup>lt;sup>3</sup>"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)	

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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
No ✓ Yes If yes, indicate number of persons compensated. 7							

a) Name of person compe	ensated and regis	stration	status						
Indicate whether the person com	pensated is a regist	rant.			No	$\checkmark$	Yes		
If the person compensated is an i	individual, provide i	the name	of the ind	lividual.					
Full legal name of individ	dual								
		Family na	me		Firs	st given n	ame		Secondary given names
If the person compensated is not	an individual, prov	ide the fo	llowing in	formatior	7.				
Full legal name of non-individual Echelon Wealth Partners									
Fir	Firm NRD number 3 2 4 2 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 inform	nation								
If a firm NRD number is not prov	rided in Item 8 (a), p	orovide th	ne busines:	s contact	informatio	n of the p	person b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					F	Postal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer o	r investment fun	d mana	ger						
									ning of "connected" in Part B(2) of
the Instructions and the meaning				6 for the		-	-		
Connect with the issue	r or investment fun	d manag	er		Ш	Insider	of the is	suer (oth	er than an investment fund)
Director or officer of the	e investment fund o	or investr	nent fund	manager		Employ	ee of the	e issuer o	or investment fund manager
None of the above									
d) Compensation details									
	mmissions, securiti n as clerical, printin	es-based g, legal o	compenso r accounti	ition, gifts ng service	, discounts es. An issue	or other r is not r	comper equired	nsation. D to ask for	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions paid	70,6	11.02					Security	code 1	Security code 2 Security code 3
Value of all securities distributed as compensation				Securit	y codes		O P		
Describe terms of warrants, options or other rights  Options to acquire Units for \$0.60 per Unit. Each unit consisting of One common Share and one half of one warrant with each warrant exercisable into one common share for \$0.90 for two years									
Other compensation	5		Describ	е					
Total compensation paid	d								
Check box if the pers	son will or may rece	eive any	deferred o	compensa	ation (desc	ribe the	terms be	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire add <sup>5</sup> Do not include deferred compe	er. Indicate the secu ditional securities o	ırity code	es for all s						

a) Name of person compe	ensated and regis	stration sta	atus						
Indicate whether the person com	pensated is a regist	rant.		☐ No		<b>√</b>	Yes		
If the person compensated is an i	If the person compensated is an individual, provide the name of the individual.								
Full legal name of individ	dual								
		Family name	Э	•	First	given na	ame		Secondary given names
If the person compensated is not an individual, provide the following information.									
Full legal name o	of non-individual	Canacco	ord Genuit	y Corp					
Fir	m NRD number	9	0 0					(if appl	icable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.									
b) Business contact information									
If a firm NRD number is not prov	rided in Item 8 (a), p	provide the	business co	ontact infor	mation (	of the p	oerson b	eing com	npensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Po	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer o	r investment fun	d manage	er						
Indicate the person's relationship the Instructions and the meaning									nning of "connected" in Part B(2) of
Connect with the issue						•	-		ner than an investment fund)
Director or officer of the	e investment fund o	or investme	ent fund ma	anager	E	mploy	ee of th	e issuer (	or investment fund manager
✓ None of the above									
d) Compensation details									
	mmissions, securiti n as clerical, printin	es-based co g, legal or o	ompensatio accounting	n, gifts, disc services. Ar	counts o	r other is not r	comper equired	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions paid	108,8	50.00					Security	code 1	Security code 2 Security code 3
Value of all securities distributed as compensation			5	Security co	des		O P		
Describe terms of warrants, options or other rights  Options to acquire Units for \$0.60 per Unit. Each unit consisting of One common Share and one half of one warrant with each warrant exercisable into one common share for \$0.90 for two years									
Other compensation	5		Describe						
Total compensation paid	d								
Check box if the pers	son will or may rece	eive any de	eferred com	npensation	(describ	oe the t	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire add <sup>5</sup> Do not include deferred compe	er. Indicate the secu ditional securities o	urity codes	for all secu						

a) Name of person comp	ensated and regis	stration statu	s						
Indicate whether the person co	Indicate whether the person compensated is a registrant.    No   Yes								
If the person compensated is an	n individual, provide	the name of th	e individ	dual.					
Full legal name of indiv	vidual								
	Family name First given name Secondary given names							Secondary given names	
If the person compensated is not an individual, provide the following information.									
Full legal name	of non-individual	Richardson	GMP						
F	irm NRD number	2 1	9	7	0			(if appl	icable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  No Ves									
b) Business contact info	b) Business contact information								
If a firm NRD number is not pro	ovided in Item 8 (a), <sub>I</sub>	provide the bus	siness co	ontact info	mation	of the p	person b	eing com	npensated.
Street address									
Municipality						Р	rovince	/State	
Country					Р	ostal c	ode/Zip	code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fun	d manager							
Indicate the person's relationsh	ip with the issuer or	investment fun	d mana	ger (select	all that	apply).	Refer to	the mea	uning of "connected" in Part B(2) of
the Instructions and the meaning	ng of "control" in sec	tion 1.4 of NI 4	!5-106 f	or the purp	oses of	comple	eting this	section.	
Connect with the issu	er or investment fur	nd manager			□ '	Insider	of the is	suer (oth	ner than an investment fund)
Director or officer of t	he investment fund	or investment	fund ma	anager		Employ	ee of the	e issuer o	or investment fund manager
✓ None of the above									
d) Compensation details									
Canadian dollars. Include cash o	commissions, securiti	es-based comp	ensatio	n, gifts, dis	counts (	or other	comper	nsation. E	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
allocation arrangements with th									
Cash commissions pa	7,0	14.00					Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation			5	Security co	des		ОР	Т	
•	erms of warrants, or	otions or other	rights						
	-		scribe	Ontions	to oog	uiro I I	nita for	¢0.60.5	or Unit Food unit consisting
Other compensatio	n°	De	SCHDE	of One	commo	n Sha	re and	one half	er Unit. Each unit consisting for one warrant with each on share for \$0.90 for two
Total compensation pa	nid			7					
Check box if the pe	erson will or may rec	eive any defer	red com	npensation	(descri	ibe the	terms be	elow)	
<sup>4</sup> Provide the aggregate value	of all securities distri	huted as com	nensatio	on excludi	na ontic	ons wa	rrants o	r other ric	ohts exercisable to acquire
additional securities of the issu	<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. <sup>5</sup> Do not include deferred compensation.								
= 1									

a) Name of person comp	ensated and regis	stration sta	atus						
Indicate whether the person compensated is a registrant.    No   Yes									
If the person compensated is an	n individual, provide	the name o	f the individ	lual.					
Full legal name of indiv	vidual								
	Family name First given name Secondary given names								
If the person compensated is not an individual, provide the following information.									
Full legal name	of non-individual	Kingsdal	e Capital						
F	irm NRD number	6	8 3	0				(if appl	icable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes									
b) Business contact info	mation								
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the	business co	ntact infor	mation	of the p	person b	eing com	npensated.
Street address									
Municipality						Р	rovince	/State	
Country					P	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fun-	d manage	er						
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  □ Connect with the issuer or investment fund manager □ Insider of the issuer (other than an investment fund) □ Director or officer of the investment fund or investment fund manager □ Employee of the issuer or investment fund manager □ None of the above									
d) Compensation details									
Provide details of all compensations of all compensations and all areas and all areas are all all areas are all ar	ion paid, or to be pa commissions, securiti ch as clerical, printin	es-based co g, legal or o	ompensation accounting	n, gifts, dis services. A	counts c n issuer	or other is not r	comper equired	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	aid 10,7	04.00					Security	code 1	Security code 2 Security code 3
Value of all securition distributed as compensation			S	Security co	des		0 P	Т	
Describe :	erms of warrants, or	otions or ot	her rights						
Other compensation	Other compensation <sup>5</sup> Describe  17,840 Options to acquire Units for \$0.60 per Unit. Each unit consisting of One common Share and one half of one warrant with each warrant exercisable into one common share for \$0.90 for two years								
Total compensation pa	aid								
	erson will or may reco	,						,	ghts exercisable to acquire
<sup>4</sup> Provide the aggregate value additional securities of the issinghts exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the secu dditional securities o	urity codes	for all secu						

a) Name of person compe	ensated and regis	stration sta	atus						
Indicate whether the person com	Indicate whether the person compensated is a registrant.    No   Yes								
If the person compensated is an	individual, provide	the name of	f the individ	dual.					
Full legal name of indivi	dual								
		Family name	ı	•	First	t given n	ame	•	Secondary given names
• •	If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individual	Hampton	Securitie	es					
Fii	m NRD number	2	8 9	0				(if appli	icable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.									
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the l	business co	ntact info	rmation	of the p	oerson b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer of	or investment fun	d manage	r						
Indicate the person's relationship the Instructions and the meaning									ning of "connected" in Part B(2) of
Connect with the issue						•	-		er than an investment fund)
Director or officer of th	e investment fund	or investme	nt fund ma	anager	П	Employ	ee of the	e issuer o	or investment fund manager
None of the above					_				
d) Compensation details									
Provide details of all compensation	ommissions, securiti h as clerical, printin	es-based co g, legal or a	mpensation	n, gifts, dis services. A	counts n issuer	or other is not r	comper equired	nsation. D to ask for	tribution. Provide all amounts in Oo not report payments for services r details about, or report on, internal
Cash commissions pai	d 1,4	28.00					Security	code 1	Security code 2 Security code 3
Value of all securities distributed as compensation			S	Security co	des				
Describe te	erms of warrants, op	otions or oth	ner rights	consisti	ng of C ch warr	ne coi	mmon \$	Share ar	0.60 per Unit. Each unit nd one half of one warrant ne common share for \$0.90
Other compensation	5		Describe						
Total compensation pai	d								
Check box if the per	son will or may rec	eive any de	ferred com	npensation	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire and <sup>5</sup> Do not include deferred compe	er. Indicate the seco Iditional securities o	urity codes i	for all secu						

a) Name of person compe	ensated and regis	tration sta	tus						
Indicate whether the person com	Indicate whether the person compensated is a registrant.    No   Yes								
If the person compensated is an individual, provide the name of the individual.									
Full legal name of individ	dual								
		Family name		•	First	given n	ame	•	Secondary given names
If the person compensated is not an individual, provide the following information.									
Full legal name o	of non-individual	Leede Jo	nes Gab	le					
Fir	m NRD number	5 7	7 7	0				(if appli	icable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.									
b) Business contact inform	nation								
If a firm NRD number is not prov	rided in Item 8 (a), p	provide the b	ousiness co	ontact info	rmation	of the p	person b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					Р	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer of	r investment fund	d manager							
Indicate the person's relationship the Instructions and the meaning									ning of "connected" in Part B(2) of
Connect with the issue			,	F - F		•	-		er than an investment fund)
Director or officer of the	e investment fund o	or investmer	nt fund ma	anager	П	Employ	ee of the	e issuer o	or investment fund manager
✓ None of the above					_				
d) Compensation details									
Provide details of all compensation Canadian dollars. Include cash co	mmissions, securition n as clerical, printing	es-based cor g, legal or a	mpensatio ccounting	n, gifts, dis services. A	counts n issuer	or other is not r	comper equired	nsation. D to ask for	tribution. Provide all amounts in Oo not report payments for services r details about, or report on, internal
Cash commissions paid	d 17,7	10.00					Security	code 1	Security code 2 Security code 3
Value of all securities distributed as compensation			Ş	Security co	odes		O P		
Describe te	Describe terms of warrants, options or other rights  29,517 Options to acquire Units for \$0.60 per Unit. Each unit consisting of One common Share and one half of one warrant with each warrant exercisable into one common share for \$0.90 for two years								
Other compensation	5		Describe						
Total compensation paid	d								
Check box if the pers	son will or may rece	eive any def	erred con	npensation	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire add <sup>5</sup> Do not include deferred compe	er. Indicate the secu ditional securities o	ırity codes f	for all secu						

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.  No Yes								
If the person compensated is an individual, provide the name of the individual.								
Full legal name of indi	vidual							
Family name First given name Secondary given names								
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual 1557394 Alberta Ltd.								
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 p	rovided in Item 8 (a), p	provide the business co	ontact information	of the perso	on being com	pensated.		
Street address	36 Cortina Way S	W						
Municipality	Calgary			Provi	nce/State	Alberta		
Country	Canada		P	ostal code	Zip code	T3H 0B6		
Email address	frankangya!@gm	ail.com		Telephon	e number	7806991831		
c) Relationship to issue	c) Relationship to issuer or investment fund manager							
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of								
the Instructions and the mean			· · · <u>—</u>					
Connect with the iss	uer or investment fur	nd manager		insider of th	e issuer (otr	er than an invest	ment fund)	
Director or officer of	the investment fund	or investment fund ma	anager	Employee o	f the issuer	or investment fun	d manager	
✓ None of the above								
d) Compensation details	5							
Provide details of all compensa								
Canadian dollars. Include cash incidental to the distribution, s								
allocation arrangements with t			individual comper	nsated by the	e issuer.			
Cash commissions p	aid 3,1	50.00		Secu	urity code 1	Security code 2	Security code 3	
Value of all securit distributed as compensati			Security codes					
•	terms of warrants, o	otions or other rights	5,250 38 Corti	na Wav S\	N			
Other compensation	-	Describe						
Total compensation p								
		eive any deferred con	neneation (descr	ihe the term	e below)			
Clieck pox ii tile b	erson will of may rec	eive arry deferred con	ipensation (descr					
<sup>4</sup> Provide the aggregate value additional securities of the iss								
rights exercisable to acquire a 5Do not include deferred com	additional securities d		นเอมาเอนเซน (	ac compens	anon, <u>moida</u>	<del>ing</del> opiions, wan	3.7.0 01 00101	
Do not include deletted COM	рспванот.							

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER						
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 Canada <sup>6</sup>										
Provide name of reporting issuer										
Wholly owned subsidiary of a foreign public issuer <sup>6</sup>										
Provide name of	foreign public issue	r						7		
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only <sup>7</sup>				_		
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.						
<sup>6</sup> 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. <sup>7</sup> 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 officer	e and promoters of	of the issuer								
a) Directors, executive officers and promoters of the issuer  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.							province			
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to			
				Province or	country	D	0	Р		
b) Promoter information										
If the promoter listed above is not an within Canada, state the province or										
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo			
				Province or country	D		C	)		
c) Residential address of eac	h individual									
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he		

## 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	The Tinley Beverage Company Inc.									
Full legal name	Ellison	David								
	Family name	First given name		Seconda	ary given na	mes				
Title	Director									
Telephone number	4166635000	Email address	david@a	cuitylaw.	ca					
Signature	David Ellison	Date	2019	05	23					
			YYYY	MM	DD					

ITEM 11- CONTACT P	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 individua	al certifying the report							
Full legal name				Title				
•	Family name	First given name	Secondary given names	_	_			
Name of company								
Telephone number		Er	nail address					

### Notice - Collection and use of personal information

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

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

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

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

- 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.