Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8703895

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 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											
✓ Issuer (other than an investment fund)											
Item 3 - Issuer Name and Other Identifiers											
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.											
Full leç	gal name	AP Cap	ital M	ortgage	e Inve	stmen	t Corpo	oration			
Previous full legal name											
If the issuer's name cha	If the issuer's name changed in the last 12 months, provide most recent previous legal name.										
	Website	http://ap	ocapita	al.ca/				(if applicable	e)		
If the issuer has a legal entity id	lentifier <u>,</u> pro	vide below	. Refer t	to Part B	of the l	Instructio	ons for th	he definition o	of "legal entity	y identifier".	
Legal entity i	identifier										
If two or more issuers distributed	d a single s	ecurity, pro	vide the	e full lega	l name	e(s) of th	e co-issu	er(s) other th	an the issuer	named above	2.
Full legal name(s) of co-	issuer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITER	INFORM	ATION									
If an underwriter is completing t	the report, p	provide the	underw	riter's ful	l legal	name al	nd firm N	NRD number.			7
Full legal name											
Firm NRD number							(if app	licable)			
If the underwriter does not have	e a firm NRL	D number, p	orovide	the head	office	contact	informat	tion of the un	derwriter.		
Street address											
Municipality							Provi	ince/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 2 2 2 9 9										
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.										
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										
Cryptoassets										
b) Number of employees										
Number of employees: 🗸 0 - 49 🗍 50 - 99 🗌 100 - 499 🗍 500 or more										
c) SEDAR profile number										
Does the issuer have a SEDAR profile?										
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 9 1 7 4										
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 YYYY MM DD										
f) Reporting issuer status										
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes										
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.										
AII AB BC MB NB NL NT										
NS NU ON PE QC SK YT										
g) Public listing status										
If the issuer has a CUSIP number, provide below (first 6 digits only)										
CUSIP number										
If the issuer is publicly listed, provide the 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	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	Fund Issuer Information
If the issuer is an inves	tment fund, provide the following information.
a) Investment fund ma	anager information
Full legal name	
Firm NRD number	(if applicable)
If the investment fund 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	fund
Type of investment fund tha	t most accurately identifies the issuer (select only one) .
Money market	Equity Fixed income Balanced
Alternative strateg	ies Cryptoasset Other (describe)
Indicate whether one or bot	n of the following apply to the investment fund .
Invests primarily in	other investment fund issuers
Is a UCITs Fund ¹	
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union 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 format	ion Financial year-end
	YYYY MM DD 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
	of Canada in which the investment fund is a reporting issuer.
	AB BC MB NB NL NT
	NU ON PE QC SK YT
e) Public listing status	of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	licly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the ot a trading facility such as, for example, an automated trading system.
Exchange n	
f) Net asset value (NA	V) of the investment fund
Select the NAV range of the	investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation:
	YYYY MM DD

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.												
a) 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)												
b) Distribution date(s)	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 01 07 End date 2019 01 17												
Start dat	^{te} 2019 01 07	End da	01 17									
	YYYY MM DD		YYYY I	MM DD								
 c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. 												
•	· · ·	ttach the schedule	to the complet	ed report.								
d) Types of securities distr												
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 \$	5							
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount							
C M S Clas	ss B Common Shares	8,251.0	0 100.0000		825,100.00							
	ns) were distributed, provide the exercis version ratio and describe any other te Exercise price (Canadian \$) Lowest Highest			ecurity.	exchangeable securities							
f) Summary of the distribut	tion by jurisdiction and exemption											
purchaser resides and for each ex distribution in a jurisdiction of Ca This table requires a separate line purchaser resides, if a purchaser r jurisdiction.	ecurities distributed and the number of emption relied on in Canada for that d mada, include distributions to purchase e item for: (i) each jurisdiction where a resides in a jurisdiction of Canada, and tate the province or territory, otherwise	listribution. However, ers resident in that juri purchaser resides, (ii) (iii) each exemption r	if an issuer located sdiction of Canada each exemption rel	outside of Canad only. ied on in the juri	da completes a sdiction where a							
Province or country	Exemption relied of	n	Number of unique ² purchasers	²⁹ Total a	mount (Canadian \$)							
Alberta	NI 45-106 2.3 [Accredited invo	estor]		1	63,500.00							
Alberta	NI 45-106 2.9(2.1) [Offering n (AB, SK, ON, QC, NB, NS)	nemorandum]		1	45,000.00							
British Columbia	NII 45-106 2 9(1) [Offering memorandum] (BC			1	55,600.00							
British Columbia	NI 45-106 2.3 [Accredited inv	estor]		3	461,000.00							
British Columbia	NI 45-106 2.5 [Family, friends associates]	and business		1	200,000.00							
	Total	I dollar amount of se	curities distribut	ed	825,100.00							
	Total number of u	unique purchasers ^{2b}		7								

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may 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.

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ITEM 8 - COMPENSATION	INFORMATION							
Provide information for each person the distribution. Complete addition			• •				ation in co	nnection with
Indicate whether any compensation	on was paid, or will be p	oaid, in connecti	on with the distribu	ition.				
🗌 No 🗹 Yes	If yes, indicate nu	mber of perso	ons compensated	ł. 🗌	4			
a) Name of person compens	sated and registratio	n status						
Indicate whether the person compe	ensated is a registrant.		No No	✓ Yes				
If the person compensated is an inc	dividual, provide the nai	me of the indivi	dual.					
Full legal name of individu	lal							
	Family	name	First g	given name		Secon	dary given	names
If the person compensated is not a	n individual, provide the	e following infor	mation.					
Full legal name of	non-individual Dive	rsifi Alternativ	e Investments Lt	d.				
Firm	NRD number 4	1 1	8 0		(if appl	icable)		
Indicate whether the person compe	ensated facilitated the d	istribution throu	I I I I I I I I I I I I I I I I I I I	l or an interr	 net-based p	oortal.	✓ N	lo 🗌 Yes
b) Business contact informa								
If a firm NRD number is not provid	ed in Item 8 (a), provide	e the business co	ontact information o	of the person	being con	pensated.		
Street address								
Municipality				Provinc	ce/State			
Country			Po	stal code/2	Zip code			
Email address			-	Telephone	number			
c) Relationship to issuer or i	investment fund mar	nager						
Indicate the person's relationship w the Instructions and the meaning o						ining of "con	nected" ir	ו Part B(2) of
Connect with the issuer of	or investment fund man	ager	🔲 Ir	sider of the	issuer (oth	ier than an ii	nvestmen	t fund)
Director or officer of the i	nvestment fund or inve	stment fund ma	anager 🗌 E	mployee of t	the issuer	or investmer	nt fund ma	anager
✓ None of the above								
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such a allocation arrangements with the d	missions, securities-bas as clerical, printing, lega	ed compensation I or accounting	n, gifts, discounts o services. An issuer i	r other comp s not require	ensation. L d to ask fo	Do not report	t payment	ts for services
Cash commissions paid	1,800.00			Securi	ty code 1	Security cod	le 2 Se	curity code 3
Value of all securities distributed as compensation ⁴		•	Security codes	С	M S			
Describe term	ns of warrants, options	or other rights						
Other compensation ⁵		Describe						
Total compensation paid	1,800.00							
Check box if the person	n will or may receive ar	ny deferred con	pensation (describ	e the terms	below)			
Trailing fees of up to	1% annually, after 3	65 days, as p	er Agency Agree	ement.				
⁴ Provide the aggregate value of an additional securities of the issuer. rights exercisable to acquire addit	Indicate the security co	des for all secu						

⁵Do not include deferred compensation.

a) Name of person com	pensated and regis	tration status								
Indicate whether the person co	mpensated is a registi	rant.	✓ No	Yes						
If the person compensated is a	n individual, provide t	he name of the indivi	idual.							
Full legal name of indi	vidual Sim		David							
		Family name	First	given name		Secondary	given names			
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual										
Firm NRD number (if applicable)										
Indicate whether the person co	mpensated facilitated	the distribution throu	ugh a funding port	al or an inter	net-based	portal. 🗸] No 🗌 Yes			
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a), p	rovide the business c	ontact information	of the persor	n being cor	mpensated.				
Street address	6030 88 St NW									
Municipality	Edmonton			Provin	ce/State	Alberta				
Country	Canada] P	ostal code/	Zip code	T6E 6G4				
Email address	davidsim@interba	un.com		Telephone	number					
c) Relationship to issuer	or investment fund	l manager								
Indicate the person's relationsh							ed" in Part B(2) of			
the Instructions and the meani	-		· · ·				tmont fund)			
	uer or investment fun		_	insider of the	issuer (or	her than an inves	imeni iuna)			
Director or officer of	the investment fund c	or investment fund m	anager 🗌 I	Employee of	the issuer	or investment fur	id manager			
✓ None of the above										
d) Compensation details	3									
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t	commissions, securitie Ich as clerical, printing	es-based compensations, legal or accounting	on, gifts, discounts o services. An issuer	or other com is not requir	pensation. ed to ask fo	Do not report pay	ments for services			
Cash commissions p	aid 2,54	40.00		Secur	ity code 1	Security code 2	Security code 3			
Value of all securiti distributed as compensation			Security codes	С	M S					
	terms of warrants, op	tions or other rights								
Other compensation	on ⁵	Describe								
Total compensation pa	aid 2,54	0.00								
Check box if the pe	erson will or may rece	eive any deferred cor	npensation (descri	ibe the terms	below)					
Trailing fees of up	o to 1% annually, a	fter 365 days, as p	per Agency Agre	ement.						
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the secu additional securities of	rity codes for all sec								

a) Name of person comp	ensated and regis	stration status												
Indicate whether the person con	npensated is a regist	trant.		No No		\checkmark	Yes	5						
If the person compensated is an	individual, provide	the name of the i	individ	lual.										
Full legal name of indivi	idual													
		Family name			First	given	name			Se	condary	given na	ames	
If the person compensated is no	t an individual, prov	ide the following	inform	nation.										
Full legal name	of non-individual	Cape Cove F	inanc	ial										
Fi	rm NRD number	4 4	5	7	0				(if app	licable)				
Indicate whether the person con	npensated facilitated	the distribution	throu	gh a fundir	ng porta	al or a	n inter	rnet-b	based	portal.	\checkmark] No		Yes
b) Business contact inform	mation													
If a firm NRD number is not pro	vided in Item 8 (a), J	provide the busin	ess co	ntact infor	mation	of the	perso	n bei	ng cor	npensated	d.			
Street address														
Municipality						I	Provir	nce/S	State					
Country					P	ostal	code/	Zip d	code					
Email address						Tele	ohone	e nur	nber					
c) Relationship to issuer of	or investment fun	d manager]
Indicate the person's relationshi the Instructions and the meanin											'connecte	ed" in F	Part B(2)) of
Connect with the issue	-			, ,		-	-			her than a	an invest	ment f	und)	
Director or officer of th	ne investment fund	or investment fu	nd ma	nager		Emplo	vee of	the i	issuer	or invest	ment fun	d man	ager	
✓ None of the above				0		•	,						0	
d) Compensation details														
Provide details of all compensati	on paid, or to be pa	id. to the person	identif	fied in Item	8(a) in	conn	ection	with	the di	stribution.	. Provide	all am	ounts ir	1
Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securiti ch as clerical, printin	es-based comper g, legal or accou	nsatior nting s	n, gifts, diso services. Ar	counts c n issuer	or othe is not	er com requir	penso red to	ation. ask fo	Do not re	port pay	ments j	for servi	ces
Cash commissions pa	id 2,7	80.00				Г	Secu	rity co	do 1	Security	r code 2	Secu	rity code	3
Value of all securitie	s		0			-	C	M	s	Cooliny				<u> </u>
distributed as compensation	n ⁴		5	ecurity co	des	L								
Describe te	erms of warrants, op	otions or other rig	ghts											
Other compensation	۱ ⁵	Desc	ribe											
Total compensation pai	id 2,7	80.00												
Check box if the per	rson will or may rec	eive any deferre	d com	pensation	(descri	be the	e terms	s belo	ow)					
Trailing fees of up	to 1% annually, a	after 365 days,	as pe	er Agency	/ Agre	emen	ıt.							
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo	er. Indicate the sec Iditional securities c	urity codes for al												

a) Name of person compensated	and registration status										
Indicate whether the person compensated	l is a registrant.	No No	✓ Yes								
If the person compensated is an individua	l, provide the name of the indiv	idual.									
Full legal name of individual											
	Family name	First	given name	Secondary	given names						
If the person compensated is not an individual, provide the following information.											
Full legal name of non-ir	ndividual Rethink & Divers	ify Securities Inc.									
Firm NRD	number 4 7 2	5 0	(if	applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves											
b) Business contact information											
If a firm NRD number is not provided in I	em 8 (a), provide the business o	contact information	of the person being	compensated.							
Street address											
Municipality			Province/Sta	ate							
Country		_ P0	ostal code/Zip co	de							
Email address			Telephone numb	per							
c) Relationship to issuer or invest	ment fund manager										
Indicate the person's relationship with the the Instructions and the meaning of "cont					ed" in Part B(2) of						
Connect with the issuer or inve		· · ·		· (other than an inves	stment fund)						
Director or officer of the investment	nent fund or investment fund m	nanager 🗌 E	Employee of the iss	uer or investment fu	nd manager						
None of the above		_									
d) Compensation details											
Provide details of all compensation paid, c Canadian dollars. Include cash commission incidental to the distribution, such as cleric allocation arrangements with the directors	ns, securities-based compensati cal, printing, legal or accounting	on, gifts, discounts c J services. An issuer	or other compensati is not required to a	on. Do not report pay	ments for services						
Cash commissions paid	550.00		Security code	1 Security code 2	Security code 3						
Value of all securities		Security codes	СМ	s							
distributed as compensation ⁴	arrants, options or other rights										
Other compensation ⁵	Describe										
Total compensation paid	550.00										
Check box if the person will c	or may receive any deferred co	mpensation (descri	be the terms below)							
Trailing fees of up to 1% a	nnually, after 365 days, as	per Agency Agree	ement.								
⁴ Provide the aggregate value of all secur additional securities of the issuer. Indica rights exercisable to acquire additional s ⁵ Do not include deferred compensation.	te the security codes for all sec										

ITEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER							
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	ltem 10.								
Indicate whether the issuer is any o	f the following (sele	ct the one that applie	es - if more than one	applies, select onl	ly one).						
Reporting issuer in any juri	sdiction of Canada										
Foreign public issuer											
Wholly owned subsidiary of a reporting issuer in 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	es and the distributio	n is to permitted clie	nts only ⁷							
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (a	:). Proceed to Item 1	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	ltem 9(a) - (c).								
a) Directors, executive officer	rs and promoters	of the issuer									
Provide the following information fo territory; otherwise state the country						state the	province	or			
Organization or company name	Family name	First given name	Secondary given	Business loc non-individ residen jurisdictic individu	ation of ual or tail on of		issuer apply)				
				Province or	D	0	Р				
	Hagen	Ches	Orlando	British Columb	ia	✓					
	van der Vorm	Sander		British Columb	ia	~					
	Unrau	Bradly	Daniel	British Columb	ia	~					
	Froese	Steven	Alexander	British Columb	ia	✓					
	Wiebe	Roy	Phil	Alberta		~					
	Weiss	Daniel	Harold	Alberta		✓					
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	Residential jurisdiction of individual		ationship one or bo					
				Province or country	D		C)			

c) Residential address of each individual

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

ITEM 10 - CERTIFICATION

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

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

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	AP Capital Mortgage Investment Coporation								
Full legal name	Hagen	Ches							
	Family name	First given name		Secondary given names					
Title	Director								
Telephone number	7783287401	Email address	ches@apcapital.ca						
Signature	Ches Hagen	Date	2019	01	17				
			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	Sexsmith	Robyn			Title	Operations Manager
	Family name	First given name	Secondary	given names		
Name of company	AP Capital					
Telephone number	7783287401	E	nail address	robyn@apca	pital.ca	

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.