Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8870013

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 T	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 inv	estment fund)									
Underwriter	,									
Item 3 - Issuer Name and Other Identifiers										
Provide the following information about	t the issuer, or if the issuer is an in	vestment fund, about the fund.								
Full legal nam	ne Parkland Fuel Corpora	tion								
Previous full legal nam	ne									
If the issuer's name changed in	the last 12 months, provide most	recent previous legal name.								
Websi	te https://www.parkland.c	a/en (if applicab	le)							
If the issuer has a legal entity identifier.	provide below. Refer to Part B of t	the Instructions for the definition	of "legal entity identifier".							
Legal entity identifie	er 549300Q72GWZCL8M	IQC95								
If two or more issuers distributed a sing	le security, provide the full legal n	ame(s) of the co-issuer(s) other th	han the issuer named above.							
Full legal name(s) of co-issuer(s)	(if applicab	le)							
ITEM 4 - UNDERWRITER INFO	RMATION									
If an underwriter is completing the repo	rt, provide the underwriter's full le	gal name and firm NRD number	:							
Full legal name										
Firm NRD number		(if applicable)								
If the underwriter does not have a firm I	NRD number, provide the head of	fice contact information of the ur	nderwriter.							
Street address	et address									
Municipality	Province/State									
Country		Postal code/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	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
All CS industry code	a) Primary industry
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production 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 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 0 9 5 8 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 Postal code/Zip code Country Telephone number Postal code/Zip code Telephone number All AB BC MB NB NL NT	
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	NAICS industry code 4 5 4 3 1 9
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets	
Cryptoassets b) Number of employees Number of employees:	
Number of employees:	
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 0 9 5 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation Financial year-end The province of formation and financial year-end The province of formation 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. Minimal No Yes No N	b) Number of employees
Does the issuer have a SEDAR profile? No	Number of employees: ☐ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☑ 500 or more
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number Date of formation and financial year-end YYYY MM DD Financial year-end 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 NB NL NT	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Tyyyy MM DD Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NB NL NT	Does the issuer have a SEDAR profile?
Street address	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 0 9 5 8
Street address	
Municipality Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NB NL NT	d) Head office address
Country Telephone number e) Date of formation and financial year-end Date of formation Tinancial year-end Tinancial 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	Street address Province/State
e) Date of formation and financial year-end Date of formation	Municipality Postal code/Zip code
Date of formation	Country Telephone number
f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT	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 NB NL NT	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT	f) Reporting issuer status
AII AB BC MB NB NL NT	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
	If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
NS NU ON PE QC SK YT	AII AB BC MB NB NL NT
	NS NU ON PE QC SK YT
g) Public listing status	g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only) CUSIP number	
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.	
Exchange name	Exchange name
h) Size of issuer's assets	h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION							
If the issuer is an investment fund, provide the following information.								
a) Investment fund manager 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.

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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 07 10

End date 2019 07 10

c) Detailed purchaser information

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

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

			Canadian \$			
Security CUSIP number (if applicable) Description of security		Number of securities	Single or lowest price	Highest price	Total amount	
N O T	70137TAP0	5.875% Unsecured Senior Notes Due 2027	105.00	2,618.4000		654,600,000.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertib exchangea security of	able	nderlyii curity c		ise price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
			Lowest	Highest			

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 ^{2<u>a</u>} purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	2	9,819,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	3	19,638,000.00
United States	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	99	624,488,400.00
France	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	654,600.00
	654,600,000.00		

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

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	

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)

TEM 8 - COMPENSATION	INFORMATION	l							
Provide information for each perso the distribution. Complete addition				•	•	in connection with			
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.									
No ✓ Yes If yes, indicate number of persons compensated.									
a) Name of person compen-	sated and registr	ation status							
Indicate whether the person compe	ensated is a registra	nt.	□ No ✓	Yes					
If the person compensated is an inc	dividual, provide th	e name of the indivi	dual.						
Full legal name of individu	ıal								
	Fa	mily name	First given	name	Secondary	given names			
If the person compensated is not a	n individual, provid	e the following infor	mation.						
Full legal name of	non-individual	I.P. Morgan Secu	rities LLC						
Firm	NRD number	5 0 0		(if app	plicable)				
Indicate whether the person compe	ensated facilitated t	he distribution thro	ugh a funding portal or (an internet-based	portal.	No Yes			
b) Business contact informa	tion								
If a firm NRD number is not provid	led in Item 8 (a), pro	ovide the business co	ontact information of the	e person being co	mpensated.				
Street address			-						
Municipality				Province/State					
Country			Postal	code/Zip code					
Email address			Tele	ephone number					
c) Relationship to issuer or	investment fund	manager							
Indicate the person's relationship w the Instructions and the meaning o						ed" in Part B(2) of			
Connect with the issuer of	or investment fund	manager	Inside	er of the issuer (o	ther than an inves	tment fund)			
Director or officer of the i	nvestment fund or	investment fund ma	anager	oyee of the issue	r or investment fur	nd manager			
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 as clerical, printing,	-based compensation legal or accounting	n, gifts, discounts or oth services. An issuer is no	er compensation. t required to ask f	Do not report pay	ments for services			
Cash commissions paid	392,760	0.00		Security code 1	Security code 2	Security code 3			
Value of all securities distributed as compensation ⁴			Security codes						
·	s of warrants, opti	ons or other rights							
Other compensation⁵		Describe							
Total compensation paid	392,760	0.00							
Check box if the perso	L will or may receive	/e any deferred con	npensation (describe th	e terms below)					
⁴Provide the aggregate value of a	securities distribi	ited as compensation	on, excludina ontions w	varrants or other i	riahts exercisable	to acquire			
additional securities of the issuer. rights exercisable to acquire addit	Indicate the securi	ity codes for all sec	urities distributed as col	mpensation, <u>inclu</u>	uding options, warr	ants or other			

⁵Do not include deferred compensation.

a) Name of person comper	sated and regis	tration status	;									
Indicate whether the person compensated is a registrant. No Yes												
If the person compensated is an in	dividual, provide t	he name of the	individ	ual.								
Full legal name of individ	ual											
			First	given n	ame		Se	condary	given nam	es		
If the person compensated is not an individual, provide the following information.												
Full legal name of non-individual BofA Securities, Inc.												
Firm NRD number 6 2 2 0 0 (if applicable)												
Indicate whether the person comp	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
b) Business contact information	ation											
If a firm NRD number is not provi	ded in Item 8 (a), p	provide the busi	ness co	ntact infor	mation	of the	person l	being co	mpensated	<i>1</i> .		
Street address												
Municipality						Р	rovinc	e/State				
Country					Р	ostal c	code/Zi	p code				
Email address						Telep	hone r	number				
c) Relationship to issuer or	investment fund	d manager										
Indicate the person's relationship the Instructions and the meaning										connecte	ed" in Par	t B(2) of
Connect with the issuer			•	, ,		•	-		ther than a	an invest	ment fun	d)
Director or officer of the	investment fund o	or investment f	und ma	nager		Employ	ee of th	ne issue	r or investr	ment fun	d manag	er
✓ None of the above												
d) Compensation details												
Provide details of all compensation	•	•										
Canadian dollars. Include cash con incidental to the distribution, such	as clerical, printing	g, legal or acco	unting s	ervices. Ar	ı issuer	is not i	required	l to ask f				
allocation arrangements with the d			a non-i	ndividual (compen	sated b	by the is	suer.				
Cash commissions paid	130,92	20.00					Security	code 1	Security	code 2	Security	code 3
Value of all securities distributed as compensation ⁴			S	ecurity co	des							
Describe terr	ms of warrants, op	otions or other	rights									
Other compensation ⁵		Des	cribe									
Total compensation paid	130,92	20.00										
Check box if the person	on will or may rece	eive any deferr	ed com	pensation	(descri	be the	terms b	elow)				
⁴ Provide the aggregate value of a	all securities distri	buted as comp	ensatio	n, <u>exclud</u> ir	ng optic	ons, wa	errants c	or other i	rights exer	cisable i	o acquire	,
additional securities of the issuer rights exercisable to acquire add. ⁵ Do not include deferred compen	. Indicate the secuitional securities o	ırity codes for a										
שט ווטג וווטומעe deletted coifipen	sauon.											

a) Name of person compens	ated and registra	ation status										
Indicate whether the person compe	nsated is a registrar	nt.	[No		\checkmark	Yes					
If the person compensated is an ind	ividual, provide the	name of the	individ	ual.								
Full legal name of individua	al											
	Far	mily name			First	given n	ame		Sec	condary (given nam	nes
If the person compensated is not an	individual, provide	the following	inform	nation.								
Full legal name of r	on-individual C	IBC World	Market	ts Corp.								
Firm	NRD number	2 6	7	0				(if app	olicable)			
Indicate whether the person compe	nsated facilitated th	ne distribution	throug	nh a fundi	ng port	al or an	interne	- et-based	portal.	√	No	Yes
b) Business contact information	ion											
If a firm NRD number is not provide	ed in Item 8 (a), pro	vide the busin	ness cor	ntact infor	mation	of the	person l	being coi	mpensated	!.		
Street address												
Municipality						Р	rovinc	e/State				
Country					Р	ostal c	code/Zi	p code				
Email address						Telep	hone r	number				
c) Relationship to issuer or in	nvestment fund r	manager										
Indicate the person's relationship we the Instructions and the meaning of										connecte	ed" in Pa	rt B(2) of
Connect with the issuer o						•	-		ther than a	n invest	ment fur	nd)
Director or officer of the in	nvestment fund or i	nvestment fu	nd mar	nager		Employ	ee of th	ne issuer	r or investn	nent fun	d mana	ger
✓ None of the above												
d) Compensation details												
Provide details of all compensation p	paid, or to be paid,	to the person	identifi	ed in Iten	8(a) in	conne	ction wi	ith the di	istribution.	Provide	all amo	unts in
Canadian dollars. Include cash commincidental to the distribution, such a												
allocation arrangements with the di									or details d	ibout, oi	report	ni, unternat
Cash commissions paid	130,920	.00					Security	code 1	Security	code 2	Security	y code 3
Value of all securities			S	ecurity co	des							
distributed as compensation ⁴				ounty 00				I		-		
Describe term	s of warrants, option		ا ا									
Other compensation ⁵		Desc	cribe									
Total compensation paid	130,920	.00										
Check box if the persor	will or may receive	e any deferre	d comp	ensation	(descri	be the	terms b	elow)				
⁴ Provide the aggregate value of all additional securities of the issuer. rights exercisable to acquire additi	Indicate the securit	y codes for a										
⁵ Do not include deferred compensa	ation.											

a) Name of person comp	pensated and regi	stration status					
Indicate whether the person co	mpensated is a regis	trant.	☐ No	\checkmark	Yes		
If the person compensated is a	n individual, provide	the name of the indiv	ridual.				
Full legal name of indiv	vidual						
		Family name		First given n	ame	Secondary	given names
If the person compensated is no	ot an individual, prov	vide the following info	rmation.				
Full legal name	of non-individual	RBC Capital Mar	kets, LLC				
F	irm NRD number	8 2 7	0		(if ap	plicable)	
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a funding _l	portal or an	L internet-based	l portal. 🗸	No Yes
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business (contact informa	tion of the	person being co	mpensated.	
Street address							
Municipality				P	rovince/State	·	
Country				Postal o	code/Zip code	\	
Email address			<u> </u>		hone number		
	an increase and from	d		Тетер			
c) Relationship to issuer							W
Indicate the person's relationsh the Instructions and the meani							ed" in Part B(2) of
Connect with the issu	uer or investment fur	nd manager		Insider	of the issuer (c	ther than an inves	tment fund)
Director or officer of	the investment fund	or investment fund m	nanager	Employ	ee of the issue	r or investment fur	nd manager
✓ None of the above				_			
<u> </u>							
d) Compensation details Provide details of all compensation		id to the nersen iden	tified in Itam 9/	(a) in conno	ction with the	listribution Provide	all amounts in
Canadian dollars. Include cash	commissions, securit	ies-based compensati	on, gifts, discou	nts or other	r compensation	. Do not report pay	ments for services
incidental to the distribution, su allocation arrangements with the						for details about, o	r report on, internal
Cash commissions pa		20.00	individual con	iperisatea t		,	
·		20.00			Security code 1	Security code 2	Security code 3
Value of all securition distributed as compensation			Security codes	s			
Describe	terms of warrants, o	 ptions or other rights					
Other compensation	n ⁵	Describe					
Total compensation pa	aid 130,9	20.00					
Check box if the pe	erson will or may rec	eive any deferred co	mpensation (de	escribe the	terms below)		
45							
⁴ Provide the aggregate value additional securities of the iss	uer. Indicate the sec	urity codes for all sec					
rights exercisable to acquire a 5Do not include deferred comp		of the issuer.					

a) Name of person compensated	and registration status				
Indicate whether the person compensated	is a registrant.	☐ No ✓	Yes		
If the person compensated is an individua	l, provide the name of the individ	dual.			
Full legal name of individual					
	Family name	First given	name	Secondary (given names
If the person compensated is not an indivi	dual, provide the following infor	mation.			
Full legal name of non-in	dividual Wells Fargo Secu	rities, LLC			
Firm NRD	number 1 7 2	0 0	(if ap	plicable)	
Indicate whether the person compensated	facilitated the distribution throu	igh a funding portal or a	n internet-basea	f portal.	No Yes
b) Business contact information					
If a firm NRD number is not provided in It	em 8 (a), provide the business co	ontact information of the	person being co	mpensated.	
Street address					
Municipality		I	Province/State	,	
Country		Postal	code/Zip code		
Email address		Tele	phone numbei	r	
c) Relationship to issuer or investi	nent 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 invest			-	". ther than an invest	ment fund)
Director or officer of the investm		<u> </u>		r or investment fun	
<u> </u>	ent fund of investment fund ma	magei Emplo	yee of the issue	i oi ilivestillelit iuli	u manager
None of the above					
d) Compensation details					
Provide details of all compensation paid, or Canadian dollars. Include cash commission incidental to the distribution, such as clerical allocation arrangements with the directors	ns, securities-based compensatio al, printing, legal or accounting	n, gifts, discounts or othe services. An issuer is not	er compensation. required to ask ;	. Do not report payı	ments for services
Cash commissions paid	130,920.00	individudi compensated	by the issuer.		
	100,320.00		Security code 1	Security code 2	Security code 3
Value of all securities distributed as compensation ⁴	\$	Security codes			
Describe terms of wa	arrants, options or other rights				
Other compensation ⁵	Describe				
Total compensation paid	130,920.00				
Check box if the person will o	r may receive any deferred com	npensation (describe the	e terms below)		
⁴ Provide the aggregate value of all secur	ities distributed as compensation	on, excludina options. w	arrants or other	rights exercisable t	o acquire
additional securities of the issuer. Indicating the securities of the issuer. Indicating the security additional security of the security additional security.	te the security codes for all secu				

a) Name of person compens	ated and regist	ration status							
Indicate whether the person comper	nsated is a registro	ant.	☐ No	•	Yes				
If the person compensated is an indi	ividual, provide th	e name of the inc	lividual.						
Full legal name of individua	al								
	F	amily name		First giver	name		Secondary	given names	
If the person compensated is not an	individual, provid	le the following in	formation.						
Full legal name of n	on-individual	BMO Capital M	arkets Corp).]
Firm I	NRD number	9 0	0 0			(if app	olicable)		
Indicate whether the person comper	nsated facilitated	the distribution th	rough a fund	ling portal or	an interne	rt-based	portal.	No Y	es
b) Business contact informat	ion								
If a firm NRD number is not provide	d in Item 8 (a), pr	ovide the busines.	s contact info	rmation of th	e person b	peing cor	mpensated.		
Street address									
Municipality					Province	e/State			٦
Country				Posta	l code/Zi _l	p code			Ī
Email address				Tele	ephone n	number			٦
c) Relationship to issuer or ir	nvestment fund	manager							
Indicate the person's relationship wi the Instructions and the meaning of								ed" in Part B(2) (of
Connect with the issuer or			o for the pur				her than an inves	tment fund)	
Director or officer of the in			manager	<u> </u>			or investment fur		
<u> </u>	ivestillerit luliu oi	investment fund	managei	Ш спірі	oyee or ur	e issuei	or investment fur	iu managei	
✓ None of the above									
d) Compensation details									
Provide details of all compensation p Canadian dollars. Include cash comm									oc.
incidental to the distribution, such as	s clerical, printing,	legal or accounti	ng services. A	An issuer is no	t required	to ask fo			
allocation arrangements with the dir			on-individual	compensated	d by the iss	suer.			
Cash commissions paid	65,46	0.00			Security	code 1	Security code 2	Security code 3	,
Value of all securities distributed as compensation ⁴			Security c	odes					
' L	s of warrants, opt	 ions or other righ	ts						٦
Other compensation ⁵		Describ							\exists
Total compensation paid	65,460								
Check box if the person			rompensatio	n (describe th	a tarms h	elow)			
Check box if the person	will of may recei	ve any deferred t	ompensation	T (describe ti		Clow)			¬
									╛
⁴ Provide the aggregate value of all additional securities of the issuer. It									
rights exercisable to acquire addition 5Do not include deferred compensations.	onal securities of				., 550.00	., <u>ord</u>	<u> </u>	2. 02.00	
,									

a) Name of person compensated a	nd registration status				
Indicate whether the person compensated	s a registrant.	□ No v	Yes		
If the person compensated is an individual,	provide the name of the indivi	dual.			
Full legal name of individual					
	Family name	First giver	n name	Secondary (given names
If the person compensated is not an individ	ual, provide the following infor	mation.			
Full legal name of non-inc	ividual Goldman Sachs &	Co. LLC			
Firm NRD r	umber 1 5 8	0	(if ap	plicable)	
Indicate whether the person compensated	acilitated the distribution throu	igh a funding portal or	an internet-based	f portal. ✓	No Yes
b) Business contact information					
If a firm NRD number is not provided in Ite	m 8 (a), provide the business co	ontact information of th	ne person being co	mpensated.	
Street address					
Municipality			Province/State		
Country		Posta	I code/Zip code		
Email address		Tel	ephone number	ſ	
c) Relationship to issuer or investment	ent fund manager				
Indicate the person's relationship with the the Instructions and the meaning of "control					ed" in Part B(2) of
Connect with the issuer or invest			-	 other than an invest	ment fund)
Director or officer of the investment		_		r or investment fun	
<u></u>			-,		
None of the above					
d) Compensation details		C 1: 1: 0():			
Provide details of all compensation paid, or Canadian dollars. Include cash commission incidental to the distribution, such as clerical allocation arrangements with the directors,	, securities-based compensatio l, printing, legal or accounting	n, gifts, discounts or otl services. An issuer is no	her compensation ot required to ask	. Do not report payı	ments for services
Cash commissions paid	65,460.00	individual compensated	T by the issuer.		
	00,400.00		Security code 1	Security code 2	Security code 3
Value of all securities distributed as compensation ⁴	,	Security codes			
Describe terms of wa	rants, options or other rights				
Other compensation⁵	Describe				
Total compensation paid	65,460.00				
Check box if the person will or	may receive any deferred con	npensation (describe th	ne terms below)		
⁴ Provide the aggregate value of all securi	ies distributed as compensation	on, excludina options. v	warrants or other	rights exercisable t	to acquire
additional securities of the issuer. Indicate rights exercisable to acquire additional se ⁵ Do not include deferred compensation.	the security codes for all secu				

a) Name of person compensated and reg	istration status				
Indicate whether the person compensated is a regi	strant.	☐ No	✓ Yes		
If the person compensated is an individual, provide	the name of the indivi	dual.			
Full legal name of individual					
	Family name	First gi	iven name	Secondary (given names
If the person compensated is not an individual, pro	vide the following infor	mation.			
Full legal name of non-individua	MUFG Securities	Americas Inc.			
Firm NRD number	1 1 8	8 0	(if ap	plicable)	
Indicate whether the person compensated facilitate	ed the distribution thro	ıgh a funding portal	or an internet-based	f portal.	No Yes
b) Business contact information					
If a firm NRD number is not provided in Item 8 (a),	provide the business co	ontact information o	f the person being co	ompensated.	
Street address					
Municipality			Province/State)	
Country		Pos	stal code/Zip code	,	
Email address		Т	elephone number	r	
c) Relationship to issuer or investment fu	nd manager				
Indicate the person's relationship with the issuer of the Instructions and the meaning of "control" in se					ed" in Part B(2) of
Connect with the issuer or investment fu		· · · · <u>—</u>	sider of the issuer (o		ment fund)
Director or officer of the investment func			nployee of the issue		
_					a manager
✓ None of the above					
d) Compensation details					
Provide details of all compensation paid, or to be p Canadian dollars. Include cash commissions, securi incidental to the distribution, such as clerical, printi	ties-based compensation ng, legal or accounting	n, gifts, discounts or services. An issuer is	other compensation not required to ask	. Do not report payı	ments for services
allocation arrangements with the directors, officers		ındıvıdual compenso	ited by the issuer.		
Cash commissions paid 65,	460.00		Security code 1	Security code 2	Security code 3
Value of all securities distributed as compensation ⁴	;	Security codes			
Describe terms of warrants, of	options or other rights				
Other compensation ⁵	Describe				
Total compensation paid 65,	460.00				
Check box if the person will or may re	ceive any deferred con	npensation (describe	e the terms below)		
⁴ Provide the aggregate value of all securities dist	ributed as compensation	on, excludina ontion	s. warrants or other	riahts exercisable i	to acquire
additional securities of the issuer. Indicate the se rights exercisable to acquire additional securities ⁵ Do not include deferred compensation.	curity codes for all sec				

a) Name of person compensa	ated and regis	stration status								
Indicate whether the person compen	sated is a regist	rant.		No	\checkmark	Yes				
If the person compensated is an indi	vidual, provide t	the name of the ir	ndividual.							
Full legal name of individua	I									
		Family name		F	irst given i	name		Second	ary given r	names
If the person compensated is not an	individual, provi	ide the following i	informati	ion.						
Full legal name of no	on-individual	National Bank	of Cana	ada Finar	cial Inc.					
Firm N	IRD number	5 0	9	4 0			(if app	olicable)		
Indicate whether the person compen	sated facilitatea	the distribution t	hrough a	funding p	ortal or a	n interne	t-based	portal.	✓ No	Yes
b) Business contact informati	on									
If a firm NRD number is not provided	l in Item 8 (a), p	provide the busine	ess contac	ct informat	ion of the	person b	eing coi	mpensated.		
Street address										
Municipality					F	Province	e/State			
Country					Postal	code/Zip	o code			
Email address					Tele	ohone n	umber			
c) Relationship to issuer or in	vestment fund	d manager								
Indicate the person's relationship wit the Instructions and the meaning of									ected" in	Part B(2) of
Connect with the issuer or			100 101 111		_	-		:her than an inv	estment	fund)
Director or officer of the inv			d manad	ıer —	= _			or investment		
_	resument fund (or investment fair	u manay			yee or thi	e issuei	or investment	iunu ma	nagei
✓ None of the above										
d) Compensation details										
Provide details of all compensation per Canadian dollars. Include cash comm incidental to the distribution, such as	issions, securition clerical, printing	es-based compens g, legal or accoun	sation, gi ting serv	fts, discour ices. An iss	nts or othe uer is not	er compei required	nsation. to ask f	Do not report p	ayments	for services
allocation arrangements with the dire			non-indi	vidual com	pensated	by the iss	suer.			
Cash commissions paid	65,46	60.00				Security	code 1	Security code	2 Sec	urity code 3
Value of all securities distributed as compensation ⁴			Secu	ırity codes						
· L	of warrants, op	otions or other rig	hts							
Other compensation ⁵		Descr	ibe							
Total compensation paid	65,46	60.00								
Check box if the person			compen	sation (de	scribe the	terms b	elow)			
40 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		h. 1 - 1		-1 -1'	- <i>i</i>			de fate a series de la constante de la constan		•
⁴ Provide the aggregate value of all additional securities of the issuer. In rights exercisable to acquire additional 5Do not include deferred compensa	ndicate the secu nal securities o	urity codes for all								

a) Name of person compens	sated and regis	stration status									
Indicate whether the person compe	nsated is a regist	rant.	☐ No		√	Yes					
If the person compensated is an ind	lividual, provide i	the name of the in	ndividual.								
Full legal name of individua	al										
		Family name		First gi	iven naı	me		Secon	dary give	en names	
If the person compensated is not an	individual, prov	ide the following i	information.								
Full legal name of r	non-individual	Scotia Capital	(USA) Inc.								
Firm	NRD number	1 9	0 1	0			(if app	licable)			
Indicate whether the person compe	nsated facilitated	the distribution t	hrough a fund	ling portal	or an i	internet	-based _l	portal.	\checkmark	No 🗌 Y	'es
b) Business contact information	tion										
If a firm NRD number is not provide	ed in Item 8 (a), p	provide the busine	ss contact info	ormation o	f the pe	erson be	eing con	mpensated.			
Street address											
Municipality					Pro	ovince/	/State				
Country				Pos	stal co	de/Zip	code				Ī
Email address				Т	Геlерh	none nu	umber				Ī
c) Relationship to issuer or in	nvestment fun	d manager	_								
Indicate the person's relationship w the Instructions and the meaning o									nected"	' in Part B(2)	of
Connect with the issuer of			oo for the par	·	-	-		her than an ir	nvestme	ent fund)	
☐ Director or officer of the in			d manager					or investmer			
<u> </u>	ivesiment idia (or investment rand	u manager	Ш -	прюус	e or the	133001	or investmen	it iuiiu i	nanagei	
✓ None of the above											
d) Compensation details											
Provide details of all compensation provide details of all compensation of Canadian dollars. Include cash compensation incidental to the distribution, such a second control of the contro	missions, securiti s clerical, printin	es-based compens g, legal or accoun	sation, gifts, di ting services. <i>i</i>	iscounts or An issuer is	other of not re	compen quired t	sation. to ask fo	Do not report	рауте	ents for servic	es
allocation arrangements with the di			non-individua	l compenso	ated by	the issu	uer.				
Cash commissions paid	65,4	60.00			S	Security o	code 1	Security cod	e 2 S	Security code 3	3
Value of all securities distributed as compensation ⁴			Security of	odes							
·	s of warrants, op	 otions or other rigl	hts								
Other compensation ⁵		Descri	ibe								\dashv
Total compensation paid	65,46	60.00									
Check box if the persor	n will or may rece	eive any deferred	compensatio	n (describe	e the te	erms be	elow)				
											\neg
⁴ Provide the aggregate value of all	l securities distri	huted as compon	sation evolut	lina ontion	וב ואיפיי	rante or	other ri	iahte evereier	hle to	acquire	
additional securities of the issuer rights exercisable to acquire additional 5Do not include deferred compens.	Indicate the sectional securities o	urity codes for all									

a) Name of person compensated	and registration status				
Indicate whether the person compensated	is a registrant.	☐ No ✓	Yes		
If the person compensated is an individua	l, provide the name of the individ	dual.			
Full legal name of individual					
	Family name	First given r	name	Secondary (given names
If the person compensated is not an indivi	dual, provide the following infor	mation.			
Full legal name of non-ir	ndividual TD Securities (US	A) LLC			
Firm NRD	number 6 5 9	0	(if ap	plicable)	
Indicate whether the person compensated	facilitated the distribution throu	igh a funding portal or ai	n internet-basea	l portal. ✓	No Yes
b) Business contact information					
If a firm NRD number is not provided in It	em 8 (a), provide the business co	ontact information of the	person being co	mpensated.	
Street address					
Municipality		F	Province/State		
Country		Postal	code/Zip code		
Email address		Telep	ohone numbei	,	
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 invest			•	 ther than an invest	ment fund)
<u>—</u>	nent fund or investment fund ma	_		r or investment fun	
<u> </u>	ient fund of investment fund ma	anagei Employ	yee or the issue	i oi ilivesillelli iuli	u 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	cal, printing, legal or accounting	services. An issuer is not	required to ask		
allocation arrangements with the directors		individual compensated i	by the issuer.		
Cash commissions paid	65,460.00		Security code 1	Security code 2	Security code 3
Value of all securities distributed as compensation ⁴		Security codes			
'	arrants, options or other rights				
Other compensation ⁵	Describe				
Total compensation paid	65,460.00				
	or may receive any deferred com	ananation (describe the	torma halaw)		
Check box if the person will d		ipensation (describe the	terris below)		
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.			, <u>111010</u>	<u>aang</u> opaons, wan	and or ouror
23 not morado deferida compensation.					

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).			
✓ Reporting issuer in any juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada ⁶					
Provide nan	ne of reporting issue	r						7
Wholly owned subsidiary of	a foreign public issu	ıer ⁶						_
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 ⁷				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
⁶ An issuer is a wholly owned subside securities that are required by law to respectively. ⁷ Check this box if it applies to the collients. Refer to the definitions of "e.	o be owned by its dir urrent distribution evo	ectors, are benefic en if the issuer mad	ially owned by the re de previous distribut	eporting issuer or ti tions of other types	the foreign	public is	ssuer,	
If the issuer is none of the	above, check this b	ox and complete	Item 9(a) - (c).					
a) Directors, executive officer	e and promoters of	of the issuer						
Provide the following information for	•		moter of the issuer T	or locations within	Canada s	tate the	nrovince	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	Parkland Fuel Corporation					
Full legal name	Brooks	Ben				
	Family name	First given name		Seconda	ary given na	ames
Title	VP, Treasury and Risk Manag	jement				
Telephone number	4035672534	Email address	ben.broo	ks@park	land.ca	
Signature	(signed) "Ben Brooks"	Date	2019	07	19	
			YYYY	MM	DD	

ITEM 11- CONTACT I	PERSON					
		the individual that the secur he individual certifying the r		hority or regul	ator m	ay contact with any questions
Same as individua	al certifying the report					
Full legal name	Masri	Hind		-	Title	Associate
	Family name	First given name	Secondary given r	names	,	
Name of company	Bennett Jones LLP					
Telephone number	4032983045	Em	ail address mas	srih@bennet	tjone	s.comq

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.