Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8869914

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 REPOR	RT							
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	closure and the companion policy to two	77 700.						
✓ Issuer (other than an investment for the state of t	und)							
Underwriter	ua)							
ITEM 3 - ISSUER NAME AND OTHER ID								
Provide the following information about the issuer, o								
Full legal name A-ASA	A-13-Fund, a series of Survival E	conomics (Companies Investments, LLC					
Previous full legal name								
If the issuer's name changed in the last 12 n	months, provide most recent previous lega	ıl name.						
Website		(if applicable	2)					
If the issuer has a legal entity identifier, provide belo	ow. Refer to Part B of the Instructions for t	he definition o	of "legal entity identifier".					
Legal entity identifier								
If two or more issuers distributed a single security, pr	rovide the full legal name(s) of the co-issu	uer(s) other tha	an the issuer named above.					
Full legal name(s) of co-issuer(s)		(if applicable	2)					
ITEM 4 - UNDERWRITER INFORMATION								
If an underwriter is completing the report, provide th	ne underwriter's full legal name and firm I	NRD number.						
Full legal name								
Firm NRD number	(if app	olicable)						
If the underwriter does not have a firm NRD number	r, provide the head office contact informat	tion of the und	derwriter.					
Street address								
Municipality	Prov	ince/State						
Country	Postal 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 6 9 8 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.						
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						
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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
If the issuer does not have SEDAR profile complete item 5(d) - (h).						
d) Head office address						
Street address 2150 S. 1300 E, Suite 360 Province/State Utah						
Municipality Salt Lake City Postal code/Zip code 84106						
Country United States Telephone number						
e) Date of formation and financial year-end						
Date of formation 2017 11 20 Financial year-end 12 31 YYYY MM DD MM DD						
f) Reporting issuer status						
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
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
\$100M to under \$500M	☐ \$500M 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 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 on						
-	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. Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Canadian dollar ✓ US dollar Euro Other (describe) Distribution date(s) State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date End date 2018 02 15 2018 02 15 YYYY MM DD YYYY MM DD Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. 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	I IOWAST		Total amount
UN	Т	LLC Membership Units	10,000.00	1.2507		12,507.00

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.

Convertible / exchangeable security code		Underlying security code		•	Exercise price (Canadian \$)		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 ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	1	12,507.00
	12,507.00		
	Total number of unique purchasers ² b	1	

^{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. 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 I	NFORMATIO	N							
Provide information for each person the distribution. Complete addition							sation in	n connectio	on with
Indicate whether any compensation	on was paid, or w	ill be paid, in connect	ion with the distributio	on.					
No ✓ Yes	If yes, indica	ite number of pers	ons compensated.		2				
a) Name of person compens	sated and regis	tration status							
Indicate whether the person compe	nsated is a registi	rant.	☐ No [✓ Yes	3				
If the person compensated is an inc	lividual, provide t	he name of the indiv	dual.						
Full legal name of individu	al								
	- 1	Family name	First give	en name		Seco	ndary giv	ven names	
If the person compensated is not ar	n individual, provi	ide the following info	mation.						
Full legal name of	non-individual	AngelList Advisor	s, LLC						
Firm	NRD number	5 7 1	1 0		(if ap	plicable)			
Indicate whether the person compe	nsated facilitated	the distribution thro	ugh a funding portal o	or an inter	 rnet-based	portal.		No 🗸	Yes
b) Business contact informa									
If a firm NRD number is not provide	ed in Item 8 (a), p	provide the business c	ontact information of t	the perso	n being co	mpensated.			
Street address			_						
Municipality				Provir	nce/State				
Country			Post	tal code/	Zip code				
Email address			Τe	elephone	e number				
c) Relationship to issuer or i	nvestment fund	d manager							
Indicate the person's relationship w the Instructions and the meaning o							nnectea	l" in Part E	3(2) of
✓ Connect with the issuer of	r investment fun	d manager	Insi	der of the	e issuer (o	ther than an	investm	nent fund)	
Director or officer of the i	nvestment fund o	or investment fund m	anager	ployee of	the issue	r or investme	ent fund	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 di	missions, securitie s clerical, printing	es-based compensations, legal or accounting	on, gifts, discounts or o services. An issuer is r	other com not requir	pensation. red to ask f	Do not repor	rt paym	ents for se	ervices
Cash commissions paid				Secui	rity code 1	Security co	de 2	Security co	ode 3
Value of all securities distributed as compensation ⁴			Security codes						
Describe term	s of warrants, op	tions or other rights							
Other compensation ⁵		Describe							
Total compensation paid									
Check box if the person	n will or may rece	eive any deferred cor	npensation (describe	the terms	s below)				
Carried interest equa	I to 5% of any	return above the to	tal investment amo	ount.					
⁴ Provide the aggregate value of al additional securities of the issuer. rights exercisable to acquire additi	Indicate the secu	ırity codes for all sec							ər

⁵Do not include deferred compensation.

a) Name of person comp	pensated 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 Williams	Tom						
	Family name	First given r	name	Secondary (given names			
If the person compensated is n	ot an individual, provide the following info	rmation.						
Full legal name	e of non-individual							
F	Firm NRD number		(if app	olicable)				
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 pr	rovided in Item 8 (a), provide the business c	ontact information of the	person being cor	mpensated.				
Street address	c/o AngelList, 90 Gold Street, Floor	3						
Municipality	San Francisco	F	Province/State	California				
Country	United States	Postal	code/Zip code	94133				
Email address	tjlw@williamsoffice.co	Telep	phone number	4158002052				
c) Relationship to issuer	or investment fund manager	-			_			
	nip with the issuer or investment fund manding of "control" in section 1.4 of NI 45-106				ed" in Part B(2) of			
	uer or investment fund manager		•	her than an invest	ment fund)			
<u></u>	-		,		,			
Director or officer of	the investment fund or investment fund m	anager Employ	ee of the issuer	or investment fun	d manager			
None of the above								
d) Compensation details	3							
	tion paid, or to be paid, to the person ident							
incidental to the distribution, su	commissions, securities-based compensation ch as clerical, printing, legal or accounting	services. An issuer is not	required to ask fo					
-	he directors, officers or employees of a non	-individual compensated	by the issuer.					
Cash commissions p	aid	I	Security code 1	Security code 2	Security code 3			
Value of all securiti distributed as compensation		Security codes						
·	terms of warrants, options or other rights							
Other compensation	on ⁵ Describe							
Total compensation p								
✓ Check box if the pe	erson will or may receive any deferred cor	npensation (describe the	terms below)					
Carried interest e	equal to 15% of any return above the	total investment amou	nt.					
⁴ Provide the aggregate value	of all securities distributed as compensati	on, <u>excluding</u> options, wa	arrants or other ri	ights exercisable t	o acquire			
	uer. Indicate the security codes for all sec additional securities of the issuer. pensation.	urities distributed as com	pensation, <u>includ</u>	<u>ding</u> options, warr	ants or other			

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER					
If the issuer is an investment fund	If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.								
Indicate whether the issuer is any o	f the following (selec	t the one that appli	es - if more than one	applies, select onl	y one).				
Reporting issuer in any jurisdiction 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 issue	er]	
Issuer distributing only eligi	ble foreign securities	s and the distribution	on is to permitted clie	nts only ⁷				_	
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). 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. [V] If the issuer is none of the above, check this box and complete Item 9(a) - (c).									
a) Directors, executive officer	s and promoters of	of the issuer							
Provide the following information for territory; otherwise state the country.						tate the p	orovince	or	
Organization or company name	Family name	First given name	Secondary given names	Business location non-individual of residentail jurisdiction of			onship to et all that		
				Province or	country	D	0	Р	
	Neilson	Jeremy		United States			✓		
	Johnson	Mateo		United States			✓		
	Assure Fund	Management LLC		United States		✓		ı	
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	liction of (select one or both if applicab				
				Province or country	D		C	,	
c) Residential address of eac	h individual								
Complete Schedule 2 of this form	providing the full r	esidential address	for each individua	l listed in Item 9((a) and (b)	and att	ach to ti	he	

 $completed\ report.\ Schedule\ 2\ also\ requires\ information\ to\ be\ provided\ about\ control\ persons.$

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	A-ASA-13-Fund, a series of Survival Economics Companies Investments, LLC							
Full legal name	Norman	Alex						
	Family name	First given name		Secondary given names				
Title	Officer of the Issuer's Manager							
Telephone number	4156085632	Email address	alexnorman@angel.co					
Signature	"Alex Norman"	Date	2019	07	19			
			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 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.