Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8870069

ITEM 1 - REPORT TYPE	TEM 1 - REPORT TYPE								
✓ New report									
☐ Amended report If amen	ded, provide filing date	of report that is being	amended	(YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYING THE	REPORT								
Indicate the party certifying the report (selection in the important in the indicate the party certifying the report (selection in the indicate the party certifying the report (selection in the indicate the party certifying the report (selection in the indicate the party certifying the report (selection in the indicate the party certifying the report (selection in the indicate the party certifying the report (selection in the indicate the party certifying the report (selection in the indicate the party certifying the report (selection in the indicate t		_	an investment fund, refer to sec	tion 1.1 of National					
☐ Investment fund issuer									
✓ Issuer (other than an invest	ment fund)								
Underwriter	,								
ITEM 2 ISSUED NAME AND OTH	ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS								
Provide the following information about the		vestment fund, about the fi	nd						
_	BC Green Pharmaceut		nu.						
Previous full legal name									
If the issuer's name changed in the	last 12 months provide most	recent nrevious legal name							
Website	tust 12 months, provide most		l: I-I-)						
		(if applicable)							
If the issuer has a legal entity identifier, pro Legal entity identifier	vide below. Refer to Part B of t	he Instructions for the defir	ition of "legal entity identifier".						
If two or more issuers distributed a single se	curity, provide the full legal no			<i>'</i> e.					
Full legal name(s) of co-issuer(s)		(if app	licable)						
ITEM 4 - UNDERWRITER INFORM	ATION								
If an underwriter is completing the report, p	rovide the underwriter's full le	gal name and firm NRD nu	mber.						
Full legal name									
Firm NRD number		(if applicable)							
If the underwriter does not have a firm NRD	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address									
Municipality		Province/S	ate						
Country		Postal code/Zip c	ode	<u> </u>					
Telephone number		Web	site	(if applicable)					

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 (INAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity. NAICS industry code 1 1 1 9 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. 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: Q 0 - 49 50 - 99 100 - 499 500 or more c) SEDAR profile number Does the issuer have a SEDAR profile? Q 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 2590 Adanac Street Province/State British Columbia Municipality Vancouver
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 1
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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
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
Cryptoassets b) Number of employees Number of employees:
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 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address 2590 Adanac Street Province/State British Columbia
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d) Head office address Street address 2590 Adanac Street Province/State British Columbia
Street address 2590 Adanac Street Province/State British Columbia
Municipality Vancouver
Wallicipality Valicouvel 1 Ostal Code/Zip Code VSK ZiviS
Country Canada Telephone number
e) Date of formation and financial year-end
Date of formation 2012 03 01 Financial year-end 02 28 YYYY MM DD MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? V 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	TEM 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							
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 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 2019 05 31 2019 05 31 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 \$

С	MS		84,270.00	1.7800

Description of security

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.

Number of

securities

Single or

lowest

price

Highest price

Total amount

150,000.16

Converti exchange security	able Underlying			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

Details of rights and convertible/exchangeable securities

CUSIP number

(if applicable)

Security

code

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 2.10 [Minimum amount investment]	1	150,000.16
	150,000.16		
	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)	

ITEM 8 - COMPENSATION	INFORMATION	I						
Provide information for each pers the distribution. Complete addit					•		sation in cor	nection with
Indicate whether any compensat	tion was paid, or wil	be paid, in connect	on with the distri	bution.				
✓ No Yes	If yes, indicate	e number of perso	ons compensat	ed.				
a) Name of person compe	nsated and regist	ration status						
Indicate whether the person comp	pensated is a registro	ınt.	☐ No	Ye	s			
If the person compensated is an i	ndividual, provide th	e name of the indivi	dual.					
Full legal name of individ	ual							
	Fa	amily name	Firs	st given name		Seco	ndary given r	iames
If the person compensated is not	an individual, provid	e the following infor	mation.					
Full legal name of	f non-individual							
Firr	n NRD number				(if appl	icable)		
Indicate whether the person comp	∟ pensated facilitated t	he distribution throu	ıah a fundina por	tal or an inte	 ernet-based p	ortal.	□ No	Yes
b) Business contact inform			3 , 3,		,			
If a firm NRD number is not provi		ovide the business co	ontact information	n of the perso	on being com	pensated.		
Street address			<u> </u>			•		
Municipality				Provi	ince/State			
]]					
Country Postal code/Zip code								
Email address				Telephor	ne number			
c) Relationship to issuer or	investment fund	manager						
Indicate the person's relationship the Instructions and the meaning						ning of "co	nnected" in	Part B(2) of
Connect with the issuer					ne issuer (oth	er than an	investment	fund)
Director or officer of the	investment fund or	investment fund ma	anager 🔲	Employee o	of the issuer of	or investme	ent fund mai	nager
None of the above								
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the	mmissions, securities as clerical, printing,	-based compensation legal or accounting	n, gifts, discounts services. An issue	or other con r is not requ	npensation. D ired to ask for	o not repo	rt payments	for services
Cash commissions paid				Sec	urity code 1	Security co	de 2 Secu	urity code 3
Value of all securities distributed as compensation ⁴			Security codes					
Describe ter	ms of warrants, opti	ons or other rights						
Other compensation ⁵		Describe						
Total compensation paid								
Check box if the pers	Check box if the person will or may receive any deferred compensation (describe the terms below)							
additional securities of the issue	⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.							

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER				
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (selec	t the one that applie	es - if more than one	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 name of reporting issuer								
Wholly owned subsidiary of	f a foreign public issu	uer ⁶						_
Provide name o	f foreign public issue	r]
Issuer distributing only eligi	ble foreign securities	and the distributio	n 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.								
\checkmark If the issuer is none of the	above, check this b	oox and complete I	ltem 9(a) - (c).					
a) Directors, executive officer	rs and promoters o	of the issuer						
Provide the following information fo territory; otherwise state the country						tate the p	province	or
territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter. Business location of non-individual or residentail jurisdiction of individual Family name First given name Secondary given names Secondary given names First given name Secondary given names First given name Secondary given name Secondary given name Secondary given name Relationship to issue (select all that apply)								
				Province or	country	D	0	Р
	Safarik	Edward		British Columb	ia	✓	✓	
	Safarik	Bryan		British Columb	ia	✓	✓	
b) Promoter information								
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.								
Organization or company name	Residential jurisdiction of ganization or company name Family name First given name Residential Secondary given names Residential purisdiction of individual Relationship to promote select one or both if applications of the company name of the com							
				Province or country	D		C)
c) Residential address of each	th 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	BC Green Pharmaceuticals Inc.							
Full legal name	Safarik							
	Family name	•	Secondary given names					
Title	Director and Officer of the Issuer							
Telephone number	6047259308 Email address edward@				d@thebcgreen.com			
Signature	/s/ "Edward Safarik"	Date	2019	07	08			
			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	Lal	Rosina		Title	Paralegal
	Family name	First given name	Secondary given names	_	
Name of company	Norton Rose Fulbright Canada LLP				
Telephone number	6046414942	Em	ail address Rosina.lal@	nortonro	sefulbright.com

Notice - Collection and use of personal information

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

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

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

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

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.