Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8749453

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 THI	REPORT							
Indicate the party certifying the report (sell Instrument 81-106 Investment Fund Conti				estment fund, refer to secti	on 1.1 of National			
☐ Investment fund issuer	naous Disclosure and the comp	amon policy to tvi c	77 700.					
✓ Issuer (other than an investment of the sum of th	stment fund)							
Underwriter	,							
	HED IDENTIFIEDS							
ITEM 3 - ISSUER NAME AND OT			ust the entire of					
Provide the following information about the Full legal name		vestment Juna, abo	ut tne funa.					
· ·	Green Sky Labs Inc.							
Previous full legal name								
If the issuer's name changed in the	e last 12 months, provide most i	recent previous leg	al name.					
Website	www.greenskylabs.con	n	(if applicable	e)				
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	he Instructions for	the definition (of "legal entity identifier".				
Legal entity identifier								
If two or more issuers distributed a single s	ecurity, provide the full legal no	ame(s) of the co-iss	uer(s) other th	an the issuer named above	<u>.</u>			
Full legal name(s) of co-issuer(s)			(if applicable	e)				
ITEM 4 - UNDERWRITER INFORM	MATION							
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm	NRD number.					
Full legal name]			
Firm NRD number	D number (if applicable)							
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address]			
Municipality		Prov	/ince/State		1			
Country		Postal cod	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 4 1 7 1 0					
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 0 0 0 3 8 8 8 7					
If the issuer does not have SEDAR profile complete item 5(d) - (h).					
d) Head office address					
Street address Province/State					
Municipality Postal code/Zip code					
Country Telephone number					
e) Date of formation and financial year-end					
Date of formation Financial year-end MM DD Financial year-end					
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	nt most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strateg	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						
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	and financial year-end of the investment fund					
Date of forma	tion Financial year-end MM DD MM DD					
d) Reporting issuer st	atus of the investment fund					
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes					
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 YT					
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.						
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	s5M to under \$25M s25M to under \$100M					
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD					

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

	_
a)	Currency

Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

✓ Canadian dollar US dollar □ Euro □ Other (describe)

b) Distribution date(s)

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 03 07

YYYYY MM DD

End date 2019 03 07

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 code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
C M S			386,719.00	1.3500	1.4110	525,047.51

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.

exc	Convertible / exchangeable Underlying security code		' I (Canadian S) I		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 \$)
Ontario	NI 45-106 2.3 [Accredited investor]	3	190,499.85
Alberta	NI 45-106 2.3 [Accredited investor]	2	4,024.35
British Columbia	NI 45-106 2.3 [Accredited investor]	7	146,904.30
United States	NI 45-106 2.3 [Accredited investor]	4	183,619.01
	525,047.51		

^{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)

Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No Yes If yes, indicate number of persons compensated.	TEM 8 - COMPENSATION INFORMATION							
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
	No ✓ Yes If yes, indicate number of persons compensated. 6							

a) Name of person comp	pensated and regis	stration status				
Indicate whether the person co	mpensated is a regist	rant.	✓ No		Yes	
If the person compensated is a	n individual, provide	the name of the indivi	dual.			
Full legal name of indi	vidual Emary		Kelly			
		Family name	•	First given n	ame	Secondary given names
If the person compensated is n	ot an individual, prov	ide the following info	rmation.			
Full legal name	of non-individual					
F	irm NRD number				(if app	licable)
Indicate whether the person co	mpensated facilitated	the distribution thro	ugh a fundir	ng portal or an	internet-based	portal. Ves
b) Business contact info	rmation					
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the business c	ontact infori	mation of the p	person being con	npensated.
Street address	6110 Pinnacle Pla	ace				
Municipality	Duncan			Р	rovince/State	British Columbia
Country	Canada		1	Postal c	ode/Zip code	V9L 5K7
Email address	derweed@shaw.d	га		Telep	hone number	2507156429
c) Relationship to issuer	or investment fun	d manager				
Indicate the person's relationsh the Instructions and the meani	ng of "control" in sec	tion 1.4 of NI 45-106 ;		oses of comple	eting this section.	aning of "connected" in Part B(2) of mer than an investment fund)
<u> </u>		-		_	·	,
Director or officer of	the investment fund (or investment rand m	anagei	Епіріоу	ee of the issuer	or investment fund manager
✓ None of the above						
d) Compensation details						
Canadian dollars. Include cash	commissions, securiti Ich as clerical, printin	es-based compensation g, legal or accounting	on, gifts, disc services. An	counts or other issuer is not r	r compensation. I required to ask fo	stribution. Provide all amounts in Do not report payments for services or details about, or report on, internal
Cash commissions pa	aid 3	99.92			Security code 1	Security code 2 Security code 3
Value of all securition distributed as compensation			Security cod	des	W N T	
Describe	terms of warrants, op	otions or other rights	purchase of \$1.35	e one commo	on share of the n share until th	s the holder thereof to e issuer at an exercise price e date that is one year from
Other compensation	on ⁵	Describe				
Total compensation pa	aid 3	99.92				
Check box if the pe	erson will or may rec	eive any deferred cor	npensation	(describe the	terms below)	
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secondditional securities o	urity codes for all sec				ights exercisable to acquire ding options, warrants or other

a) Name of person comp	ensated and regis	tration s	status						
Indicate whether the person con	npensated is a regist	rant.		☐ No		\checkmark	Yes		
If the person compensated is an	individual, provide	he name	of the indi	ividual.					
Full legal name of indiv	idual								
		Family nar	me		Firs	t given n	ame	· · · · · · · · · · · · · · · · · · ·	Secondary given names
If the person compensated is no	•	-							
Full legal name of non-individual Robson Capital Partners Corp.									
Fi	Firm NRD number 3 8 4 4 0 (if applicable)								
Indicate whether the person con	mpensated facilitated	the distr	ibution thr	ough a fund	ling port	tal or an	interne	t-based p	ortal. ✓ No ☐ Yes
b) Business contact infor	mation								
If a firm NRD number is not pro	vided in Item 8 (a), p	provide th	e business	contact info	rmation	of the p	person b	eing com	pensated.
Street address									
Municipality						Р	rovince	e/State	
Country					P	ostal c	ode/Zip	o code	
Email address						Telep	hone n	umber	
c) Relationship to issuer	or investment fun	d manag	ger						
									ning of "connected" in Part B(2) of
the Instructions and the meaning	•			ь for tne pur		-	-		or than an investment fund)
Connect with the issu	er or investment tur	u manag	eı			insidei	or the is	suer (oth	er than an investment fund)
Director or officer of the	ne investment fund o	or investn	nent fund	manager		Employ	ee of the	e issuer d	or investment fund manager
✓ None of the above									
d) Compensation details									
	ommissions, securiti ch as clerical, printin	es-based g, legal o	compensa r accountir	tion, gifts, di. ng services. A	scounts An issuei	or other r is not r	comper equired	nsation. E to ask foi	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	id 5,2	00.09					Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation	-			Security co	odes		W N		
Describe terms of warrants, options or other rights 3,852 warrants. Each warrant entitles the holder thereof to purchase one common share of the issuer at an exercise price of \$1.35 per common share until the date that is one year from the date of the distribution.									
Other compensation	n ⁵		Describe	е					
Total compensation pa	id 5,20	00.09							
Check box if the person will or may receive any deferred compensation (describe the terms below)									
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire ac ⁵ Do not include deferred comp	ier. Indicate the secu Iditional securities o	ırity code	es for all se						

a) Name of person comp	pensated and regis	stration status					
Indicate whether the person co	mpensated is a regis	trant.	✓ No	Y	'es		
If the person compensated is a	n individual, provide	the name of the indivi	dual.				
Full legal name of indiv	vidual						
		Family name	Fi	rst given nam	ne	Secondary given names	
If the person compensated is n	ot an individual, prov	ide the following infor	mation.				
Full legal name of non-individual Patrick J. Cronin Insurance & Financial Services							
Firm NRD number (if applicable)							
Indicate whether the person co	mpensated facilitated	d the distribution thro	ıgh a funding po	rtal or an in	nternet-based po	ortal. No Yes	
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business co	ontact informatio	on of the per	rson being com	pensated.	
Street address	46 Mill Street						
Municipality	Dublin			Pro	vince/State	Ontario	
Country	Canada			Postal cod	de/Zip code	N0K 1E0	
Email address				Telepho	one number		
c) Relationship to issuer	or investment fun	d manager	-				
	Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)						
<u> </u>		-			·	, and the second se	
Director or officer of	the investment fund	or investment fund ma	anager	Employee	e of the issuer o	or investment fund manager	
✓ None of the above							
d) Compensation details							
Canadian dollars. Include cash	commissions, securiti Ich as clerical, printin	es-based compensation g, legal or accounting	n, gifts, discount services. An issu	s or other co er is not req	ompensation. D Juired to ask for	ribution. Provide all amounts in to not report payments for services adetails about, or report on, internal	
Cash commissions pa	aid 6,0	00.00		Se	ecurity code 1	Security code 2 Security code 3	
Value of all securition distributed as compensation			Security codes	W	N T		
Describe terms of warrants, options or other rights 4,445 warrants. Each warrant entitles the holder thereof to purchase one common share of the issuer at an exercise price of \$1.35 per common share until the date that is one year from the date of the distribution.							
Other compensation	on⁵	Describe					
Total compensation pa	6,0	00.00					
Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities o	urity codes for all sec					

a) Name of person comp	pensated and regi	stration status					
Indicate whether the person co	mpensated is a regis	trant.	✓ No	Yes			
If the person compensated is a	n individual, provide	the name of the indivi	dual.				
Full legal name of indi	vidual						
		Family name	Firs	t given name	Secondary given names		
If the person compensated is n	If the person compensated is not an individual, provide the following information.						
Full legal name	of non-individual	Windmark Financi	al Ltd.				
Firm NRD number (if applicable)							
Indicate whether the person co	mpensated facilitate	d the distribution throu	igh a funding por	tal or an internet-base	d portal. ✓ No ☐ Yes		
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business co	ontact information	n of the person being c	ompensated.		
Street address	1 Woodbury Roa	d					
Municipality	Toronto			Province/State	e Ontario		
Country	Canada		F	Postal code/Zip code	M8W 1X5		
Email address				Telephone numbe	r		
c) Relationship to issuer	or investment fun	d manager					
the Instructions and the meani	Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.						
Connect with the issu	uer or investment fur	nd manager	Ш	Insider of the issuer (other than an investment fund)		
Director or officer of	the investment fund	or investment fund ma	anager	Employee of the issue	er or investment fund manager		
None of the above							
d) Compensation details							
Canadian dollars. Include cash	commissions, securit och as clerical, printir	es-based compensatio g, legal or accounting	n, gifts, discounts services. An issue	or other compensatior r is not required to ask	distribution. Provide all amounts in n. Do not report payments for services for details about, or report on, internal		
Cash commissions p	aid 6,0	00.00		Security code 1	Security code 2 Security code 3		
Value of all securiti			Security codes	W N T			
Describe terms of warrants, options or other rights 4,445 warrants. Each warrant entitles the holder thereof to purchase one common share of the issuer at an exercise price of \$1.35 per common share until the date that is one year from the date of the distribution.							
Other compensation	on ⁵	Describe					
Total compensation pa	aid 6,0	00.00					
Check box if the pe	Check box if the person will or may receive any deferred compensation (describe the terms below)						
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the sec additional securities o	urity codes for all secu			rights exercisable to acquire luding options, warrants or other		

a) Name of person comp	pensated and regis	stration status					
Indicate whether the person co	mpensated is a regist	trant.	✓ No	Y	′es		
If the person compensated is a	n individual, provide	the name of the indivi	dual.				
Full legal name of indiv	vidual						
		Family name	Fire	st given nam	ne	Secondary given names	
•	If the person compensated is not an individual, provide the following information.						
Full legal name of non-individual Eruditio Consulting LLC							
Firm NRD number (if applicable)							
Indicate whether the person co	mpensated facilitated	d the distribution throu	ıgh a funding por	tal or an in	nternet-based po	ortal. No Yes	
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a), _I	provide the business co	ontact informatio	n of the pe	rson being com	pensated.	
Street address	7150 Hamilton Bl	vd Unit 323					
Municipality	Trexlertown			Pro	ovince/State	Pennsylvania	
Country	United States		ŀ	Postal cod	de/Zip code	18087	
Email address				Telepho	one number		
c) Relationship to issuer	or investment fun	d manager	_				
	Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.						
Connect with the issu	uer or investment fur	nd manager		Insider of	the issuer (other	er than an investment fund)	
Director or officer of	the investment fund	or investment fund ma	anager	Employee	e of the issuer o	r investment fund manager	
✓ None of the above							
d) Compensation details							
	commissions, securiti Ich as clerical, printin	es-based compensation g, legal or accounting	n, gifts, discounts services. An issue	or other co	ompensation. D quired to ask for	ribution. Provide all amounts in o not report payments for services details about, or report on, internal	
Cash commissions pa	aid 2,6	87.55		Se	ecurity code 1	Security code 2 Security code 3	
Value of all securition distributed as compensation		:	Security codes	W	T 1		
Describe terms of warrants, options or other rights 1905 warrants. Each warrant entitles the holder thereof to purchase one common share of the issuer at an exercise price of \$1.35 per common share until the date that is one year from the date of the distribution.							
Other compensation	on ⁵	Describe					
Total compensation pa	2,6	87.55					
Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities o	urity codes for all sect					

a) Name of person comp	pensated and regis	stration status					
Indicate whether the person co	mpensated is a regist	rant.	✓ No		Yes		
If the person compensated is a	n individual, provide i	the name of the indiv	ridual.				
Full legal name of indi	vidual McLean		Teresa				
		Family name		First given na	ame	Secondary given names	
If the person compensated is n	If the person compensated is not an individual, provide the following information.						
Full legal name	Full legal name of non-individual						
Firm NRD number (if applicable)							
Indicate whether the person co	mpensated facilitated	the distribution thro	ough a fundin	g portal or an	internet-based	portal. Ves	
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the business	contact inforn	nation of the p	person being cor	mpensated.	
Street address	202 2930 Cook S	treet					
Municipality	Victoria			Р	rovince/State	British Columbia	
Country	Canada		=	Postal c	ode/Zip code	V8T 3S7	
Email address				Telep	hone number		
c) Relationship to issuer	or investment fund	d manager					
Indicate the person's relationsh the Instructions and the meani	ng of "control" in sect	tion 1.4 of NI 45-106		ses of comple	ting this section.	aning of "connected" in Part B(2) of her than an investment fund)	
Director or officer of	the investment fund	or investment fund m	anagor	☐ Employ	oo of the issuer	or investment fund manager	
_	ine invesiment fana (or investment rand n	iaiiayei	Lilipioy	ee of the issuer	or investment fund manager	
✓ None of the above							
d) Compensation details							
Canadian dollars. Include cash	commissions, securiti Ich as clerical, printin	es-based compensati g, legal or accounting	on, gifts, disco g services. An	ounts or other issuer is not r	compensation. equired to ask fo	stribution. Provide all amounts in Do not report payments for services or details about, or report on, internal	
Cash commissions p	aid 21,3	50.72			Security code 1	Security code 2 Security code 3	
Value of all securiti distributed as compensation			Security cod	es	WNT		
Describe terms of warrants, options or other rights 13,358 warrants. Each warrant entitles the holder thereof to purchase one common share of the issuer at an exercise price of \$1.35 per common share until the date that is one year from the date of the distribution.							
Other compensation	on ⁵	Describe					
Total compensation pa	aid 21,35	50.72					
Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secundational securities of	urity codes for all sec				ights exercisable to acquire ding options, warrants or other	

тем 9 - Directors, Execu	FEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER								
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.									
Indicate whether the issuer is any o	Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).								
Reporting issuer in any juris	sdiction of Canada								
Foreign public issuer									
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶									
Provide nar	me of reporting issue	r					7		
Wholly owned subsidiary of	f a foreign public issu	Jer ⁶					_		
	f foreign public issue						7		
Issuer distributing only eligi	ble foreign securities	and the distribution	n is to permitted clien	ts only ⁷					
If the issuer is at least one of the				•					
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. The check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. If the issuer is none of the above, check this box and complete Item 9(a) - (c). Directors, executive officers and promoters of the issuer Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.									
Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or residentail jurisdiction of individual	Relationship to issuer (select all that apply)				
	Huda	Rehan		Province or country Ontario	D	0	Р		
	Anwer	Sarwat		Ontario	'	,			
	Baron	Gregory		British Columbia		√			
	Graw	Richard		Alberta	✓				
b) Promoter information									
If the promoter listed above is not ar	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. Residential								

Organization or company name	Family name	First given name	Secondary given names			ship to promoter or both if applicable)	
				Province or country	D	0	

c) Residential address of each individual

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

ITEM 10 - CERTIFICATION

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	Green Sky Labs Inc.								
Full legal name	Anwer Sarwat								
	Family name	First given name		Seconda	ary given names				
Title	Chief Financial Officer								
Telephone number	9054916905	Email address	sarwat.ar	nwer@gr	eenskylabs.d	com			
Signature	"Sarwat Anwer"	Date	2019	03	18				
			YYYY	MM	DD				

TEM 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	Degas	Boris		Title	Student at Law				
	Family name	First given name	Secondary given names	•					
Name of company	Burstall LLP								
Telephone number	4035132645	Em	ail address degas@bur	stall.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.