Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8923029

ITEM 1 - REPORT TYPE										
New report										
Amended report If amended, provide filing date of report that is being amended 2019 09 12 (YYYY-MM-DD)										
ITEM 2 - PARTY CERTIFY	TEM 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 is	Investment fund issuer									
✓ Issuer (other than a standard standard)	an inves	tment fui	nd)							
			,							
Item 3 - Issuer Name and Other Identifiers										
_	Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.									
Full leg	legal name Green Mountain Health Alliance Ltd.									
Previous full legal name										
If the issuer's name chai	nged in the	e last 12 ma	onths, pi	rovide mo	st rece	ent previ	ious lega	l name.		
	Website	https://g	gmtn.c	:a/				(if applicabl	e)	
If the issuer has a legal entity ide	entifier <u>,</u> pro	vide below	. Refer t	to Part B o	of the l	Instructi	ons for th	he definition	of "legal entity identifier".	
Legal entity i	dentifier									
If two or more issuers distributed	1 a single s	ecurity, pro	vide the	e full lega	l name	e(s) of th	e co-issu	er(s) other th	an the issuer named abov	е.
Full legal name(s) of co-	issuer(s)							(if applicabl	e)	
ITEM 4 - UNDERWRITER INFORMATION										
If an underwriter is completing t	he report, p	provide the	underw	riter's ful	l legal	name a	nd firm N	NRD number.		_
Full legal name										
Firm NRD number	(if applicable)									
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.										
Street address										7
Municipality							Provi	ince/State		1
Country					Ī	Pos	tal code	e/Zip code		Ĩ
Telephone number								Website	L	(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 1 1 1 4 1 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 0 0 4 5 0 3 5						
If the issuer does not have SEDAR profile complete item 5(d) - (h).						
d) Head office address						
Street address Province/State						
Municipality Postal code/Zip code						
Country Telephone number						
e) Date of formation and financial year-end						
Date of formation Financial year-end YYYY MM DD						
f) Reporting issuer status						
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
AII AB BC MB NB NI NT						
NS NU ON PE QC SK YT						
g) Public listing status						
If the issuer has a CUSIP number, provide below (first 6 digits only)						
CUSIP number						
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
Exchange name						
h) Size of issuer's assets						
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.						

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th
Full legal name
Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State
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CUSIP number
name of an exchanae and not a tradina facility such as, for example, an automated tradina system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M \qquad \\text{to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

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. Image: Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Image: Select the currencies in the cu								
b) Distribution date(s)								
as both the start and end dates. If	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 ua	2019 09 12	End da	2019 0	09 12				
c) Detailed purchaser infor	YYYY MM DD		YYYY	MM DD				
	s form for each purchaser and at	ttach the schedule	to the complete	ed report				
•								
	for all distributions reported on a per s SIP number, indicate the full 9-digit CU				ow to indicate the			
				Canadian \$				
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount			
C M S 393127 Com	nmon Shares	141,000.0	0 1.0000	1.0000	141,000.00			
If any rights (e.g. warrants, option	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 Underlying Exercise price (Canadian \$) Expiry date							
	Lowest Highest							
f) Summary of the distribut	tion 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 ²² purchasers Total amount (Canadian \$)							
Alberta	NI 45-106 2.9(2.1) [Offering m (AB, SK, ON, QC, NB, NS)		1	2,000.00				
British Columbia	NI 45-106 2.3 [Accredited inve	1		2,000.00				
British Columbia	NI 45-106 2.9(1) [Offering me NL)		5	28,000.00				
Manitoba	NI 45-106 2.3 [Accredited inve	estor]		1	100,000.00			
ManitobaNI 45-106 2.9(2) [Offering memorandum]17,000.00Manitoba(MB, PE, YT, NT, NU)17,000.00								

Nova Scotia		NI 45-106 2.9(2.1) [Offering memorandum] 1 (AB, SK, ON, QC, NB, NS) 1							
		Total dollar amo	unt of sec	curities distributed		141,000.00			
	Total number of unique purchasers ^{2b} 10								
^{2a} In calculating the numb	per of unique purchasers per row, co	ount each purchaser onl	y once. Joi	nt purchasers may be	e counted as one pu	rchaser.			
5	number of unique purchasers to wh ultiple types of securities to, and re				ser only once, regarc	lless of whether			
g) Net proceeds to the	he investment fund by jurisdict	ion							
purchaser resides. ³ If an is	If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. ³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.								
	Province or cou	intry		Net proceeds (Canadian \$)					
То	tal net proceeds to the investme	ent fund							
	ne gross proceeds realized in the ju d during the distribution period cov		ributions fe	or which the report is	s being filed, less the	e gross			
h) Offering materials	- This section applies only in	Saskatchewan, Onta	rio, Quél	oec, New Brunswi	ck and Nova Scot	ia.			
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)	Previou with or del regula (Y/	ator?	reviously filed or delivered (YY-MM-DD)				

ITEM 8 - COMPENSATION	INFORMATION				
Provide information for each person the distribution. Complete additi				-	ny compensation in connection with ed.
Indicate whether any compensati	on was paid, or will be pa	aid, in connecti	on with the distribu	ition.	
✓ No 🗌 Yes	If yes, indicate num	nber of perso	ns compensated	1.	
a) Name of person compen	sated and registration	status			
Indicate whether the person comp	ensated is a registrant.		🗌 No	Yes	
If the person compensated is an in	dividual, provide the nam	ne of the individ	lual.		
Full legal name of individu	lal				
	Family n	ame	First g	given name	Secondary given names
If the person compensated is not a	n individual, provide the †	following infor	nation.		
Full legal name of	non-individual				
Firm	NRD number			(if appli	cable)
Indicate whether the person comp		tribution throu	gh a funding porta	l or an internet-based p	ortal. 🗌 No 🗌 Yes
b) Business contact informa					
If a firm NRD number is not provid	led in Item 8 (a), provide t	the business co	ntact information o	of the person being com	pensated.
Street address					
Municipality				Province/State	
Country			Po	stal code/Zip code	
Email address			-	Telephone number	
c) Relationship to issuer or	investment fund mana	ager			
Indicate the person's relationship w the Instructions and the meaning o					ning of "connected" in Part B(2) of
	or investment fund mana		· · ·		er than an investment fund)
Director or officer of the	investment fund or inves	tment fund ma	nager 🗌 E	mployee of the issuer of	or investment fund manager
None of the above					
d) Compensation details					
allocation arrangements with the a	nmissions, securities-based as clerical, printing, legal	d compensation or accounting	n, gifts, discounts o services. An issuer i	r other compensation. D 's not required to ask for	
Cash commissions paid				Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴		S	ecurity codes		
Describe tern	ns of warrants, options of	r other rights			
Other compensation ⁵		Describe			
Total compensation paid					
Check box if the perso	on will or may receive any	y deferred com	pensation (describ	be the terms below)	
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addi ⁵ Do not include deferred compen-	Indicate the security cod tional securities of the iss	des for all secu			

TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER								
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any c	of the following (seled	t the one that applie	es - if more than one	applies, select onl	y one).			
Reporting issuer in any juri	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary o	f a reporting issuer i	n any jurisdiction of	Canada ⁶					
Provide nar	me of reporting issue	er						7
Wholly owned subsidiary o	f a foreign public iss	uer ⁶						
Provide name o	f foreign public issue	ər						7
Issuer distributing only elig	ible foreign securitie	s and the distributio	n is to permitted clie	ents only ⁷				
If the issuer is at least one of the	-			-				
securities that are required by law to respectively. ⁷ Check this box if it applies to the c clients. Refer to the definitions of "e	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.							
a) Directors, executive office	rs and promotors	of the issuer						
Provide the following information fo territory; otherwise state the country	or each director, exect	utive officer and pror				state the	province	or
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individ resident jurisdictic individu	ual or ail n of		onship to ct all that	
				Province or	country	D	0	Р
	Attwood	Wade		British Columb	ia	~	✓	\checkmark
	Dhaumya	Salil		British Columb	ia	✓	✓	✓
	Chartrand	David		Manitoba		✓		
	Tares	Dhara		British Columb	ia			✓
	Coolidge	Dave		British Columb	ia			\checkmark
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			o to promo oth if app	
				Province or country	D		C)
c) Residential address of eac	ch individual				I			

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 MOUNTAIN HEALTH	REEN MOUNTAIN HEALTH ALLIANCE LTD.							
Full legal name	Dhaumya	haumya Salil							
	Family name	dary given names							
Title	Chief Financial Officer								
Telephone number	6046576674	Email address	sdhaumy liance.co		nmounta	inhealthal			
Signature	"Salil Dhauma"	Date	2019	09	13				
			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		E	mail 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.