# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8658083

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 REPORT									
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.									
Investment fund issuer									
✓ Issuer (other than an inves	tment fund)								
Underwriter	,								
Item 3 - Issuer Name and Ot	LIED IDENTIFIEDS								
Provide the following information about th		vestment fund, ab	out the fund						
Full legal name	Trez Capital Yield Trus		out the junu.						
Previous full legal name	Trop Capital From Trac								
If the issuer's name changed in the	e last 12 months, provide most	recent nrevious lei	aal name						
Website		recent previous leg	1	٥١					
	www.trezcapital.com	(if applicable)							
If the issuer has a legal entity identifier, pro Legal entity identifier	oviae below. Refer to Part B of t	ne instructions for	tne aejinition ( 	of legal entity laentifier .					
If two or more issuers distributed a single s	ecurity, provide the full legal pe	ama(s) of the co-is	suar(s) other th	an the issuer named above	0				
Full legal name(s) of co-issuer(s)	ecunty, provide the fall legal hi	arrie(s) of the co-is	(if applicable)		<i>.</i> .				
3			(						
Item 4 - Underwriter Inform	IATION								
If an underwriter is completing the report, p	provide the underwriter's full le	gal name and firn	n NRD number.		_				
Full legal name									
Firm NRD number		(if a	oplicable)						
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.									
Street address									
Municipality		Pro	vince/State						
Country		Postal co	de/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 1 3							
If the issuer is in the <b>mining industry</b> , 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							
c) SEDAR profile number							
Does the issuer have a SEDAR profile?							
No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 3 8 7 8 8							
If the issuer does not have SEDAR profile complete item 5(d) - (h).							
d) Head office address							
Street address Province/State							
Municipality Postal code/Zip code							
Country Telephone number							
e) Date of formation and financial year-end							
Date of formation Financial year-end 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 ☐ NT							
NS							
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 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 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)								
	h of the following apply to the investment fund .								
	n other investment fund issuers								
☐ Is a UCITs Fund¹									
<sup>1</sup> Undertaking for the Collec (EU) directives that allow co	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union 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 format	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									
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 \$).									
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M								
\$100M to under \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:  YYYY MM DD								

## ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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

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2)		п	rr	_	n	C١	1

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 2018 10 30

YYYY MM DD

End date 2018 11 06

#### 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	I IOWAST I HIGHAST DRICA		
U N T		Trust Units	15,500.00	13.1000	13.2000	203,250.00

#### 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 <sup>2</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	3	118,100.00
Manitoba	NI 45-106 2.3 [Accredited investor]	1	52,400.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	19,650.00
Ontario	NI 45-106 2.3 [Accredited investor]	1	13,100.00
	203,250.00		

<sup>&</sup>lt;sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

<sup>&</sup>lt;sup>2b</sup> 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.<sup>3</sup> 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	

<sup>&</sup>lt;sup>3</sup>"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 - COMPENSATIO	N INFORMATION							
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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>								
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.								
No ✓ Yes If yes, indicate number of persons compensated.								
a) Name of person comp	ensated and registration	n status						
Indicate whether the person con	npensated is a registrant.		☐ No	✓ Yes				
If the person compensated is an	individual, provide the nan	ne of the individ	dual.					
Full legal name of indiv	idual Rajagopalan		Vikram					
	Family r	name	First giv	en name	Secondary given names			
If the person compensated is no	t an individual, provide the	following infor	mation.					
Full legal name	of non-individual							
Fi	rm NRD number			(if app	olicable)			
Indicate whether the person con	npensated facilitated the di	stribution throu	gh a funding portal o	or an internet-based	portal.  Ves			
b) Business contact infor	mation							
If a firm NRD number is not pro	vided in Item 8 (a), provide	the business co	ntact information of	the person being co	mpensated.			
Street address	1404-401 Bay St							
Municipality	Toronto			Province/State	Ontario			
Country	Canada		Pos	tal code/Zip code	M5H 2Y4			
Email address				elephone number				
c) Relationship to issuer	or investment fund man	ager						
			aer (select all that ar	inly) Refer to the me	eaning of "connected" in Part B(2) of			
the Instructions and the meaning								
Connect with the issu	er or investment fund mana	ager	Ins	ider of the issuer (o	ther than an investment fund)			
Director or officer of the	ne investment fund or inves	stment fund ma	ınager 🗸 Em	ployee of the issue	r or investment fund manager			
None of the above								
d) Compensation details								
Canadian dollars. Include cash c	ommissions, securities-base ch as clerical, printing, legal	ed compensation	n, gifts, discounts or o services. An issuer is	other compensation. not required to ask f	istribution. Provide all amounts in Do not report payments for services for details about, or report on, internal			
Cash commissions pa	id 317.88			Security code 1	Security code 2 Security code 3			
Value of all securitie distributed as compensation	-	5	Security codes					
Describe to	erms of warrants, options o	or other rights						
Other compensation	n <sup>5</sup>	Describe						
Total compensation pa	id 317.88							
Check box if the per Check box is per Check box if the per Check box is per Check box if the per Check box is per Check box if the per Check box is per Check box if the per Check box is per Check box if the per Check box is per Check box if the per Check box is per Check box is per Check box if the per Check box is per Check box is per Check box in the per Check box is per Check box in the per Check box is per Check box in the per Check box is per Check box in the per Check box is per Check box in the per Ch	rson will or may receive an				rights exercisable to acquire			
					uding options, warrants or other			

inciuae aererrea compensatio

a) Name of person compen	sated and regis	tration status								
Indicate whether the person compensated is a registrant. No Ves										
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individu	Cooper		David							
		Family name		First given	name	I	Secondary	given names		
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual										
Firm NRD number (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes										
b) Business contact informa	ation									
If a firm NRD number is not provid	ded in Item 8 (a), p	provide the business c	ontact inforr	mation of th	e person b	peing com	pensated.			
Street address 14	04-401 Bay St									
Municipality To	ronto		1		Province	e/State	Ontario			
Country Ca	ınada			Postal	l code/Zi <sub>l</sub>	p code	M5H 2Y4			
Email address			1	Tele	ephone n	umber				
c) Relationship to issuer or	investment fund	d manager	_							
Indicate the person's relationship v							ning of "connect	ed" in Part B(2) of		
the Instructions and the meaning of			or the purpo		_			tone a set form all		
Connect with the issuer	or investment iun	u manager			er or the is	ssuer (oth	er than an inves	tment fund)		
Director or officer of the	investment fund o	or investment fund m	anager	<b>✓</b> Emplo	oyee of th	e issuer o	or investment fur	nd manager		
None of the above										
d) Compensation details										
Provide details of all compensation										
Canadian dollars. Include cash com incidental to the distribution, such		•	•							
allocation arrangements with the a								•		
Cash commissions paid	59	96.75			Security	code 1	Security code 2	Security code 3		
Value of all securities			Security cod	des						
distributed as compensation <sup>4</sup>	ns of warrants or	otions or other rights								
Other compensation <sup>5</sup>	no or warrants, op	Describe								
Total compensation paid										
		96.75								
Check box if the person	on will or may rece	eive any deferred cor	npensation	(describe th	e terms b	elow)				
<sup>4</sup> Provide the aggregate value of a										
additional securities of the issuer. rights exercisable to acquire addi	itional securities o		urities distril	buted as co	mpensatio	on, <u>includ</u>	l <u>ing</u> options, wan	rants or other		
<sup>5</sup> Do not include deferred compen-	sation.									

a) Name of person compensa	ated and regis	tration status										
Indicate whether the person compensated is a registrant. No Ves												
If the person compensated is an indi	vidual, provide ti	he name of the	individ	ual.								
Full legal name of individua	Lanteri			Isabe	lle							
	F	amily name			Firs	t given ı	name		Secon	dary giv	en names	S
If the person compensated is not an individual, provide the following information.												
Full legal name of non-individual												
Firm NRD number (if applicable)												
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  Ves												
b) Business contact information												
If a firm NRD number is not provided	d in Item 8 (a), p	rovide the busir	iess coi	ntact info	rmation	of the	person	being com	npensated.			
Street address 1404												
Municipality Torc	onto					F	Provinc	e/State	Ontario			
Country	ada				F	Postal	code/Z	ip code	M5H 2Y4			
Email address		Telephone number										
c) Relationship to issuer or investment fund 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)												
Director or officer of the in	vestment fund o	r investment fu	nd mai	nager	$\checkmark$	Emplo	yee of th	ne issuer	or investmer	t fund	manage	r
None of the above												
d) Compensation details												
Provide details of all compensation p												
Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal												
allocation arrangements with the dire										,		
Cash commissions paid	203.25 Security code					code 1	1 Security code 2 Security code 3					
Value of all securities					Security codes							
distributed as compensation <sup>4</sup>												
Describe terms of warrants, options or other rights												
Other compensation <sup>5</sup>		Desc	cribe									
Total compensation paid 203.25												
Check box if the person will or may receive any deferred compensation (describe the terms below)												
<sup>4</sup> Provide the aggregate value of all	securities distrib	outed as compe	nsatioi	n, <u>ex</u> clua	ling optic	ons. wa	arrants d	or other ric	ghts exercisa	ble to	acquire	
additional securities of the issuer. In rights exercisable to acquire addition	ndicate the secu	rity codes for a										ner
<sup>5</sup> Do not include deferred compensa												

a) Name of person compensati	ted and registrat	ion status											
Indicate whether the person compensated is a registrant.													
If the person compensated is an individual, provide the name of the individual.													
Full legal name of individual Yau Winnie													
Family name			First given name					Seco	ndary g	iven n	ames		
If the person compensated is not an individual, provide the following information.													
Full legal name of non-individual													
Firm NRD number (if applicable)													
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes													
b) Business contact information													
If a firm NRD number is not provided	in Item 8 (a), provi	de the busin	ess coi	ntact info	rmation	of the	person	being con	npensated.				
Street address 1404	-401 Bay St												
Municipality Toror	nto					F	Provinc	e/State	Ontario				
Country	da				F	Postal	code/Z	ip code	M5H 2Y	<b>′</b> 4			
Email address						Telep	hone i	number					
c) Relationship to issuer or investment fund 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)													
Director or officer of the inve	estment fund or inv	vestment fu	nd mai	nager	$\checkmark$	Emplo	yee of t	he issuer	or investme	ent fun	d man	ager	
None of the above													
d) Compensation details													
Provide details of all compensation pa													
Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal													
allocation arrangements with the direc											•		
Cash commissions paid	paid 20.33				Security code 1					Security code 2 Security code 3			
Value of all securities				Security codes									
distributed as compensation <sup>4</sup>													
Describe terms of warrants, options or other rights													
Other compensation <sup>5</sup>		Desc	ribe										
Total compensation paid 20.33													
Check box if the person will or may receive any deferred compensation (describe the terms below)													
<sup>4</sup> Provide the aggregate value of all so	ecurities distribute	d as compe	nsatio	n, <u>e</u> xclua	ling opti	ons. wa	arrants (	or other ri	ghts exercis	sable to	o acai	uire	
additional securities of the issuer. Incrights exercisable to acquire addition	dicate the security	codes for a											
<sup>5</sup> Do not include deferred compensati		- •											

#### ITEM 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 of the following (select the one that applies - if more than one applies, select only one). Reporting issuer in any jurisdiction of Canada Foreign public issuer Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada<sup>6</sup> Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer<sup>6</sup> Provide name of foreign public issuer Issuer distributing only eligible foreign securities and the distribution is to permitted clients only states of the distribution is to permitted clients only states of the distribution is to permitted clients only states of the distribution is to permitted clients only states of the distribution is to permitted clients only states of the distribution is to permitted clients only states only states of the distribution is to permitted clients only states only If the issuer is at least one of the above, do not complete Item 9(a) - (c). Proceed to Item 10. <sup>6</sup>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. <sup>7</sup>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 a) 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. Business location of non-individual or Relationship to issuer residentail Secondary given (select all that apply) jurisdiction of Organization or company name Family name First given name names individual D 0 Ρ Province or country ✓ / **√** Greene Morley British Columbia Derek ✓ ✓ Perkins Robert British Columbia Maxwell ✓ ✓ Alexander British Columbia ✓ Manson Hin-Fai I ai Ken British Columbia Scott British Columbia Vorwaller Gregory 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 Relationship to promoter jurisdiction of Secondary given (select one or both if applicable) individual Family name First given name Organization or company name names Province or D 0 country

#### 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	Trez Capital Fund Management Limited Partnership as Manager of Trez Capital Yield Trust US								
Full legal name	LaFontaine								
	Family name	First given name	Secondary given names						
Title	Director of Compliance								
Telephone number	6044841461	Email address sa	ndral@trezcapital.com						
Signature	"Sandra LaFontaine"	Date 2	2018 11 09						
			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	Paton	Ron		Title	Solicitor				
	Family name	First given name	Secondary given names	_					
Name of company	Owen Bird Law Corpora	ition							
Telephone number	6046917504	En	nail address rpaton@ov	wenbird.co	m				

#### 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.