Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8657232

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 investment fund) 											
Underwriter			,								
	Item 3 - Issuer Name and Other Identifiers										
Provide the following informat											
Full le	egal name	AP Cap	ital M	ortgage	Inve	stmen	t Corp	oration			
Previous full le	egal name										
If the issuer's name ch	anged in the	e last 12 ma	onths, pi	rovide mos	t rece	ent previ	ious lega	ıl name.			
	Website	http://ap	ocapita	al.ca/				(if applicable	e)		
If the issuer has a legal entity i	dentifier, pro	ovide below	. Refer t	o Part B o	f the I	nstructio	ons for t	he definition o	of "legal entity	identifier".	
Legal entity	identifier										
If two or more issuers distribute	ed a single s	ecurity, pro	vide the	full legal	name	(s) of th	e co-issu	ier(s) other th	an the issuer n	amed above	
Full legal name(s) of co	o-issuer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITER	R INFORM	1ATION									
If an underwriter is completing	the report,	provide the	underw	riter's full	legal	name al	nd firm I	NRD number.			1
Full legal name											
Firm NRD number							(if app	olicable)			
If the underwriter does not hav	re a firm NR	D number,	provide	the head c	office	contact	informat	tion of the un	derwriter.		
Street address											
Municipality							Prov	ince/State			
Country						Pos	tal code	e/Zip code			
Telephone number								Website			(if applicable)

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 5 2 2 2 9 9
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
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 9 1 7 4
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 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
S100M to under \$500M	S500M to under \$1B	S1B 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 mana	ger 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	t most accurately identifies the issuer (select only one) .
Money market	Equity Fixed income Balanced
Alternative strateg	ies Cryptoasset Other (describe)
Indicate whether one or bot	n of the following apply to the investment fund .
Invests primarily in	other investment fund issuers
Is a UCITs Fund ¹	
	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	ion Financial year-end
	YYYY 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
	of Canada in which the investment fund is a reporting issuer.
	AB BC MB NB NL NT
	NU ON PE QC SK YT
e) Public listing status	of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	licly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the ot a trading facility such as, for example, an automated trading system.
Exchange n	
f) Net asset value (NA	V) 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 \$500M to under \$1B \$1B or over Date of NAV calculation:
	YYYY MM DD

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purchasers resident in that jurisdi	nada completes a distribution in a juris ction of Canada only. Do not include ir which must be disclosed in Item 8. The	n Item 7 securities issue	d as payment of co	ommissions or fi	nder's fees in					
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 2018 11 05 End date 2018 11 15 YYYY MM DD YYYY MM DD										
c) Detailed purchaser infor										
	s form for each purchaser and a	ttach the schedule	to the complete	ed report.						
d) Types of securities distr	· · ·		•	•						
Provide the following information	n for all distributions reported on a per SIP number, indicate the full 9-digit CL				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 Clas	ss B Common Shares	22,858.50	100.0000		2,285,850.00					
e) Details of rights and cor	nvertible/exchangeable securities									
	ns) were distributed, provide the exercis version ratio and describe any other te				exchangeable securities					
Convertible /	Exercise price			curity.						
exchangeable Underlying security code security code	(Canadian \$) Lowest Highest	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other i	tems (if applicable)					
f) Summary of the distribut	tion by jurisdiction and exemption									
purchaser resides and for each ex distribution in a jurisdiction of Ca This table requires a separate line purchaser resides, if a purchaser r jurisdiction.	ecurities distributed and the number of remption relied on in Canada for that a inada, include distributions to purchase item for: (i) each jurisdiction where a resides in a jurisdiction of Canada, and tate the province or territory, otherwise	istribution. However, if ers resident in that jurisc purchaser resides, (ii) ec (iii) each exemption rel	an issuer located o diction of Canada ach exemption reli	outside of Canac only. ed on in the juri:	la completes a sdiction where a					
Province or country	Exemption relied o	n	Number of unique ²⁸ purchasers	Total ar	mount (Canadian \$)					
Alberta	NI 45-106 2.9(2.1) [Offering n (AB, SK, ON, QC, NB, NS)	nemorandum]		3	81,000.00					
Alberta	NI 45-106 2.3 [Accredited inv	estor]		2	200,000.00					
Alberta	NI 45-106 2.5 [Family, friends associates]	and business		1	100,000.00					
British Columbia	NI 45-106 2.10 [Minimum am	ount investment]		1	150,000.00					
British Columbia	NI 45-106 2.9(1) [Offering me NL)	emorandum] (BC,	1	1	450,850.00					
British Columbia	NI 45-106 2.3 [Accredited inv	estor]		3	284,000.00					
Saskatchewan	NI 45-106 2.9(2.1) [Offering n (AB, SK, ON, QC, NB, NS)	nemorandum]		2	1,010,000.00					

Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	10,000.00			
	Total dollar amount of securities distributed					
	Total number of unique purchasers ^{2b}	24				

^{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.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 country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

ITEM 8 - COMPENSATION I	INFORMATION					
Provide information for each person the distribution. Complete addition					• •	tion in connection with
Indicate whether any compensation	on was paid, or will be	paid, in connecti	ion with the distribut	tion.		
🗌 No 🖌 Yes	If yes, indicate nu	umber of perso	ons compensated	. 3		
a) Name of person compens	sated and registration	on status				
Indicate whether the person compe	ensated is a registrant.		No No	✓ Yes		
If the person compensated is an inc	lividual, provide the na	me of the indivi	dual.			
Full legal name of individu	al					
	Family	name	First gi	iven name	Secon	dary given names
If the person compensated is not a	n individual, provide the	e following infor	mation.			
Full legal name of	non-individual Dive	ersifi Alternativ	e Investments			
Firm	NRD number 4	1 1	8 0	(if a	pplicable)	
Indicate whether the person compe	ensated facilitated the a	listribution throu	I I I I I I I I I I I I I I I I I I I	or an internet-base	ed portal.	✓ No 🗌 Yes
b) Business contact informa						
If a firm NRD number is not provid	ed in Item 8 (a), provid	e the business co	ontact information o	f the person being	compensated.	
Street address			-			
Municipality				Province/Stat	te	
Country			Pos	stal code/Zip coc	le	
Email address			T	elephone numbe	er	
c) Relationship to issuer or i	investment fund mai	nager				
Indicate the person's relationship w the Instructions and the meaning o						nected" in Part B(2) of
Connect with the issuer of	or investment fund mar	nager		sider of the issuer	(other than an ir	nvestment fund)
Director or officer of the i	nvestment fund or inve	estment fund ma	anager 🗌 Er	nployee of the issu	ier or investmer	nt fund manager
✓ None of the above						
d) Compensation details						
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such a allocation arrangements with the d	missions, securities-bas as clerical, printing, lego	sed compensational or accounting	n, gifts, discounts or services. An issuer is	other compensation not required to as	n. Do not report	payments for services
Cash commissions paid	21,504.00)		Security code	1 Security cod	e 2 Security code 3
Value of all securities distributed as compensation ⁴			Security codes	C M S	3	
Describe term	s of warrants, options	or other rights				
Other compensation ⁵		Describe				
Total compensation paid	21,504.00					
Check box if the person	n will or may receive a	」 ny deferred con	npensation (describe	e the terms below)		
Trailing fees of up to	1% annually, after 3	365 days, as p	er Agency Agree	ment.		
⁴ Provide the aggregate value of al additional securities of the issuer. rights exercisable to acquire addit	Indicate the security c	odes for all secu				

⁵Do not include deferred compensation.

a) Name of person comper	nsated and regist	tration status							
Indicate whether the person comp	ensated is a registr	ant.	No No	\checkmark] Yes				
If the person compensated is an in	ndividual, provide th	ne name of the indiv	idual.						
Full legal name of individ	ual								
	F	amily name	I	First given	name	I	Secondar	y given names	3
If the person compensated is not an individual, provide the following information.									
Full legal name of	non-individual	Triview Capital Lt	d.						
Firm NRD number 4 0 8 3 0 (if applicable)									
Indicate whether the person comp	ensated facilitated	the distribution thro	ugh a funding	portal or a	n internet	-based	portal.	✓ No 🗌	Yes
b) Business contact inform	ation								
If a firm NRD number is not provi	ded in Item 8 (a), pi	rovide the business c	ontact informa	ation of the	e person be	eing cor	npensated.		
Street address									
Municipality					Province	/State			
Country			1	Postal	code/Zip	code			
Email address			Ī	Tele	phone nu	umber			
c) Relationship to issuer or	investment fund	manager	_						
Indicate the person's relationship								ted" in Part	B(2) of
the Instructions and the meaning			for the purpose		-			otro o o tifu o d	\
Connect with the issuer			L				her than an inve		
Director or officer of the	investment fund o	r investment fund m	anager	Emplo	yee of the	e issuer	or investment f	and manage	r
✓ None of the above									
d) Compensation details									
Provide details of all compensation									
Canadian dollars. Include cash con incidental to the distribution, such	as clerical, printing	, legal or accounting	services. An is	ssuer is not	required t	to ask fo			
allocation arrangements with the o			-individual cor	mpensated	by the issi	uer.			
Cash commissions paid	16,05	0.00		[Security of	code 1	Security code 2	Security of	ode 3
Value of all securities distributed as compensation ⁴			Security code	s	C M	S			
		tions or other rights							
Other compensation ⁵		Describe							
Total compensation paid	16,05	0.00							
Check box if the perso	on will or may rece	ive any deferred cor	npensation (d	lescribe the	e terms be	elow)			
Trailing fees of up to	o 1% annually, at	íter 365 days, as p	per Agency A	Agreemer	nt.				
⁴ Provide the aggregate value of a				-		other n	inhts exercised	to acquire	I
additional securities of the issuer rights exercisable to acquire add ⁵ Do not include deferred compen	. Indicate the secu itional securities of	rity codes for all sec							per

a) Name of person comp	pensated and regis	stration status								
Indicate whether the person compensated is a registrant. No Yes										
If the person compensated is ar	n individual, provide	the name of the ind	lividual.							
Full legal name of individual										
		Family name		First g	iven nam	ne		Secondar	given name	 9S
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual Rethink & Diversify Securities Inc.										
Firm NRD number 4 7 2 5 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves										
b) Business contact infor	rmation									
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the busines	s contact inf	ormation o	of the pe	erson bei	ing con	npensated.		
Street address										
Municipality					Pro	ovince/	State			
Country				Po	stal coo	de/Zip	code			
Email address				r	Felepho	one nui	mber			
c) Relationship to issuer	or investment fun	d manager								
Indicate the person's relationsh the Instructions and the meani								aning of "connec	ted" in Par	t B(2) of
Connect with the issu	-		io for the pu		-	-		ner than an inve	stment fun	d)
		-	managor	_						
Director or officer of t	ne investment fund		manager		npioyee		ISSUEI	or investment fu	inu manay	ei
✓ None of the above										
d) Compensation details										
Provide details of all compensat Canadian dollars. Include cash o incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin	es-based compensi g, legal or account	ation, gifts, c ing services.	liscounts or An issuer is	[.] other co s not req	ompens quired to	sation. I o ask fo	Do not report pa	yments for	services
Cash commissions pa	aid 2,3	00.00			Se	ecurity co	ode 1	Security code 2	Security	code 3
Value of all securitie			Security	codes	С	м	s			
distributed as compensatio	erms of warrants, or		te					· ·	· ·	
	· ·	Descril								
Other compensatio										
Total compensation pa		00.00								
Check box if the pe	erson will or may rec	eive any deferred	compensatio	on (describ	e the te	rms bel	ow)			
Trailing fees of up	to 1% annually, a	after 365 days, a	s per Ager	icy Agree	ment.					
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity codes for all s								

ITEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER						
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	ltem 10.							
Indicate whether the issuer is any o	f the following (sele	ct the one that applie	es - if more than one	applies, select onl	ly one).					
Reporting issuer in any juri	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	f a reporting issuer i	in any jurisdiction of	Canada ⁶							
Provide name of reporting issuer										
Wholly owned subsidiary of a foreign public issuer ⁶										
Provide name o	f foreign public issu	er]		
Issuer distributing only eligi	ble foreign securitie	es and the distributio	n is to permitted clie	nts only ⁷						
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (a	:). Proceed to Item 1	10.						
⁶ An issuer is a wholly owned subsic securities that are required by law t respectively. ⁷ Check this box if it applies to the c clients. Refer to the definitions of "e	o be owned by its d urrent distribution e	irectors, are benefic ven if the issuer mad	ially owned by the re de previous distribution	porting issuer or i ons of other types	the foreign	public is	suer,			
✓ If the issuer is none of the	above, check this	box and complete	ltem 9(a) - (c).							
a) Directors, executive officer	rs and promoters	of the issuer								
Provide the following information fo territory; otherwise state the country						state the	province	or		
Organization or company name	Family name First given name		Secondary given	Business loc non-individ residen jurisdictic individu	ation of ual or tail on of	Relationship to iss (select all that ap				
				Province or	country	D	0	Р		
	Hagen	Ches	Orlando	British Columb	ia	✓				
	van der Vorm	Sander		British Columb	ia	~				
	Unrau	Bradly	Daniel	British Columb	ia	~				
	Froese	Steven	Alexander	British Columb	ia	✓				
	Wiebe	Roy	Phil	Alberta		✓				
	Weiss	Daniel	Harold	Alberta		✓				
b) Promoter information										
If the promoter listed above is not ar within Canada, state the province or	•					•				
Organization or company name	Family name	First given name	Secondary given	Residential jurisdiction of individual		Relationship to pron (select one or both if ap				
				Province or country	D		C)		

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	AP Capital Mortgage Investment Coporation								
Full legal name	Hagen	Ches							
	Family name	First given name		Secondary given names					
Title	Director								
Telephone number	7783287401	Email address	ches@apcapital.ca						
Signature	Ches Hagen	Date	2018	11	15				
			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	Sexsmith	Robyn			Title	Operations Manager
	Family name	First given name	Secondary g	given names		
Name of company	AP Capital					
Telephone number	7783287401	Er	nail address	info@apcapi	tal.ca	

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.