# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8923791

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	If ame	ended,	orovide f	iling dat	e of I	report	that is I	being ame	ended		) (YYYY-MM-DD)
ITEM 2 - PARTY CERTIFY	YING TH	E REPO	ORT								
Indicate the party certifying the Instrument 81-106 Investment									estment fund,	refer to secti	on 1.1 of National
Investment fund i					1	, ,					
✓ Issuer (other than	✓ Issuer (other than an investment fund)										
			/								
ITEM 3 - ISSUER NAME											
Provide the following informat					invest	tment fu	ınd, abou	t the fund.			
Full le	egal name	Leva	nte Livin	g Trust							
Previous full legal name											
If the issuer's name ch	anged in th	ne last 12	months, p	rovide mo	st rece	ent previ	ious legal	name.			
	Website	Website (if applicable)									
If the issuer has a legal entity i	dentifier <u>,</u> p	rovide be	low. Refer	to Part B c	of the l	Instructio	ons for th	ne definition o	of "legal entity	∕ identifier″.	
Legal entity	identifier										
If two or more issuers distribute	ed a single	security,	provide the	e full legal	name	e(s) of th	e co-issue	er(s) other th	an the issuer r	named above	2
Full legal name(s) of co	-issuer(s)	)						(if applicable	e)		
ITEM 4 - UNDERWRITER	INFOR	MATIO	N								
If an underwriter is completing	the report	provide	the underv	vriter's full	legal	name a	nd firm N	IRD number.			7
Full legal name											
Firm NRD number							(if appl	licable)			
If the underwriter does not hav	e a firm Ni	RD numb	er, provide	the head	office	contact	informati	ion of the un	derwriter.		
Street address											]
Municipality							Provi	nce/State			1
Country						Pos	tal code	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 6 2 3 3 1 0								
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 🗌 50 - 99 🗌 100 - 499 🗌 500 or more								
c) SEDAR profile number								
Does the issuer have a SEDAR profile?								
No Ves If yes, provide SEDAR profile number 0 0 0 4 4 8 0 2								
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 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.								
All 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

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
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 County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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Date of formation Financial year-end   YYYY MM   Financial year-end MM MM DD  MM DD MM Pes MB
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CUSIP number
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 \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad  to
\$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**

purchasers resident in that jurisdie	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 issu	ed as payment of c	ommissions or fi	inder's fees in				
a) Currency									
Select the currency or currencies i	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 (describ	e)						
b) Distribution date(s)									
as both the start and end dates. If distribution period covered by the		distributed on a contin	uous basis, include	the start and en					
Start da	2019 09 03	End da	2019	09 05					
	YYYY MM DD		YYYY I	MM DD					
c) Detailed purchaser infor									
• – –	s form for each purchaser and a	ttach the schedule	to the complet	ed report.					
d) Types of securities distr									
	n for all distributions reported on a per SIP number, indicate the full 9-digit CL				now to indicate the				
				Canadian \$	6				
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount				
UNT		168,246.1	7 10.0000		1,682,461.77				
e) Details of rights and convertible/exchangeable securities									
	(e.g. warrants, options) were distributed, provide the exercise price and expiry dat uted, provide the conversion ratio and describe any other terms for each convertil / Le Underlying Exercise price Expiry date				exchangeable securities items (if applicable)				
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 o	n	Number of unique <sup>2</sup> purchasers	Total a	mount (Canadian \$)				
Alberta	NI 45-106 2.3 [Accredited inv	estor]		2	56,000.00				
Alberta	NI 45-106 2.9(2.1) [Offering n (AB, SK, ON, QC, NB, NS)	nemorandum]	5		95,880.00				
British Columbia	NI 45-106 2.3 [Accredited inv	estor]		3	400,000.00				
British Columbia	NI 45-106 2.9(1) [Offering me NL)	emorandum] (BC,		3	54,491.77				
Ontario	NI 45-106 2.3 [Accredited inv	estor]		5	591,800.00				
Ontario	NI 45-106 2.9(2.1) [Offering n (AB, SK, ON, QC, NB, NS)	nemorandum]		1	11,910.00				
Québec	NI 45-106 2.3 [Accredited inv	estor]		9	313,070.00				

Québec	;	NI 45-106 2.9(2.1) [O (AB, SK, ON, QC, NE		um]		10		134,910.00
Saskatchev	wan	NI 45-106 2.9(2.1) [O (AB, SK, ON, QC, NE		um]		2		24,400.00
			Total dollar amo	unt of sec	curities di	stributed		1,682,461.77
		Total nu	mber of unique purc	nasers <sup>2b</sup>		40		
<sup>2</sup> <sup>a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.								
<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 inv	estment fund by jurisdicti	on					
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 no	• • • • • • • • • • • • • • • • • • •	and from al					
	i otal ne	t proceeds to the investme	ent fund					
		s proceeds realized in the ju g the distribution period cov		ributions f	for which th	he report is	being filed, less the	e gross
h) Offering mate	erials - Thi	s section applies only in S	Saskatchewan, Onta	rio, Quél	bec, New	Brunswic	k and Nova Scot	tia.
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)	with or de regula		. d	eviously filed or lelivered YY-MM-DD)	

ITEM 8 - COMPENSATION	INFORMATIO	N										
Provide information for each perso the distribution. <b>Complete additi</b>									pensation	in cor	nnectio	n with
Indicate whether any compensation	on was paid, or wil	l be pa	id, in connecti	on with th	e distributio	n.						
🗌 No 🖌 Yes	If yes, indicat	e num	nber of perso	ns comp	ensated.	Γ	4					
a) Name of person compen	sated and regist	ration	status									
Indicate whether the person compe	ensated is a registro	ant.		No No		🖊 Yes	6					
If the person compensated is an inc	dividual, provide th	ne nam	e of the individ	lual.								
Full legal name of individu	ıal											
	F	amily na	ame	•	First give	n name		S	Secondary	given n	ames	
If the person compensated is not a	n individual, provic	le the f	following inform	mation.								
Full legal name of	non-individual	RETH	INK AND DI	VERSIF	SECURI	TIES IN	١C					
Firm	NRD number	4	7 2	5	0		(if ap	oplicable)				
Indicate whether the person compe	ensated facilitated	the dist	tribution throu	gh a fundi	ng portal or	an inte	rnet-base	d portal.	V	No		Yes
b) Business contact information												
If a firm NRD number is not provia	led in Item 8 (a), pr	ovide t	the business co	ntact infor	mation of th	he perso	on being c	ompensate	ed.			
Street address												
Municipality						Provi	nce/State	e				
Country					Posta	al code	Zip code	e 🗌				
Email address					Tel	ephone	e numbe	r				
c) Relationship to issuer or investment fund manager												
Indicate the person's relationship w the Instructions and the meaning c									"connect	ed" in	Part B	(2) of
Connect with the issuer of	or investment fund	l mana	ger		🔲 Insid	ler of th	e issuer (	other than	an inves	tment	fund)	
Director or officer of the	investment fund or	r invest	tment fund ma	nager	Emp	loyee o	f the issue	er or inves	tment fur	nd mar	nager	
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 as clerical, printing,	s-based , legal (	d compensation or accounting :	n, gifts, dis services. A	counts or ot n issuer is ne	her com ot requi	npensatior red to ask	n. Do not r	eport pay	ments	for ser	rvices
Cash commissions paid	37,16	9.67				Secu	rity code 1	Securit	ty code 2	Secu	urity coo	de 3
Value of all securities distributed as compensation <sup>4</sup>			S	ecurity co	des							
Describe term	ns of warrants, opt	ions or	r other rights									
Other compensation <sup>5</sup>			Describe									
Total compensation paid	37,16	9.67										
Check box if the perso	n will or may recei	ive any	deferred com	pensation	(describe t	he term	s below)					
QUARTERLY TRAIL	ER FEES											
<sup>4</sup> Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addit	Indicate the secui	rity coa	les for all secu									, r

<sup>5</sup>Do not include deferred compensation.

a) Name of person comp	ensated and registr	ation status					
Indicate whether the person con	npensated is a registra	int.	No No	✓ Ye	S		
If the person compensated is an	individual, provide the	e name of the indivi	dual.				
Full legal name of indiv	idual						
	Fa	amily name	Firs	t given name	!	Secondary	given names
If the person compensated is no	t an individual, provid	e the following infor	mation.				
Full legal name	of non-individual	IAHONA CAPITA	AL INC				
Fi	rm NRD number	4 7 6	2 0		(if appl	icable)	
Indicate whether the person con	npensated facilitated t	he distribution throu	ıgh a funding port	tal or an inte	ernet-based p	ortal.	🖊 No 🗌 Yes
b) Business contact infor	mation						
If a firm NRD number is not pro	vided in Item 8 (a), pro	ovide the business co	ontact information	n of the pers	on being com	pensated.	
Street address							
Municipality				Provi	ince/State		
Country			F	Postal code	e/Zip code		
Email address				Telephon	ne number		
c) Relationship to issuer	or investment fund	manager	- -				
Indicate the person's relationshi the Instructions and the meanin						ning of "connec	ted" in Part B(2) of
Connect with the issu	-		· · ·			er than an inves	stment fund)
Director or officer of th	ne investment fund or	investment fund ma	anager 🗌	Employee o	of the issuer of	or investment fu	nd manager
✓ None of the above							-
d) Compensation details							
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securities h as clerical, printing,	-based compensatio legal or accounting	n, gifts, discounts services. An issuer	or other con r is not requ	mpensation. L ired to ask fo	Do not report pay	ments for services
Cash commissions pa	id 17,500	0.00		Sec	urity code 1	Security code 2	Security code 3
Value of all securitie distributed as compensatio			Security codes				
	erms of warrants, opti	ons or other rights					
Other compensation	1 <sup>5</sup>	Describe					
Total compensation pa	id 17,500	).00					]
Check box if the pe	son will or may receiv	/e any deferred con	pensation (descr	ribe the term	ns below)		
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ad <sup>5</sup> Do not include deferred comp	er. Indicate the securi Iditional securities of t	ity codes for all sect					

a) Name of person compe	ensated and registration state	us								
Indicate whether the person com	npensated is a registrant.	🗌 No	✓ Yes							
If the person compensated is an	individual, provide the name of t	he individual.								
Full legal name of indivi	dual									
	Family name     First given name     Secondary given names									
If the person compensated is not	If the person compensated is not an individual, provide the following information.									
Full legal name	Full legal name of non-individual AXCESS CAPITAL ADVISORS INC.									
Fi	rm NRD number 3 4	0 4 0	(if a	pplicable)						
Indicate whether the person con	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes									
b) Business contact inform	nation									
If a firm NRD number is not pro	vided in Item 8 (a), provide the bu	usiness contact informa	tion of the person being o	compensated.						
Street address										
Municipality			Province/Stat	e						
Country			Postal code/Zip cod	e						
Email address			Telephone numbe	er						
c) Relationship to issuer of	or investment fund manager									
	o with the issuer or investment fu g of "control" in section 1.4 of NI			neaning of "connected" in Part B(2) of on.						
Connect with the issue	er or investment fund manager		Insider of the issuer (	other than an investment fund)						
Director or officer of th	Director or officer of the investment fund or investment fund manager									
✓ None of the above				-						
d) Compensation details										
				distribution. Provide all amounts in						
				n. Do not report payments for services ( for details about, or report on, internal						
allocation arrangements with the										
Cash commissions pai	d 2,700.00		Security code 1	Security code 2 Security code 3						
Value of all securities distributed as compensation		Security codes								
	erms of warrants, options or othe	er rights								
Other compensation	<sup>5</sup> □ D	escribe								
Total compensation pai										
✓ Check box if the per	son will or may receive any defe	erred compensation (de	scribe the terms below)							
QUARTERLY TRA										
<sup>4</sup> Provide the anareaste value o	f all securities distributed as corr	nensation excluding a	ntions warrants or othe	r rights exercisable to acquire						
	er. Indicate the security codes fo Iditional securities of the issuer.			Suding options, warrants or other						

a) Name of person compe	ensated and registration status									
Indicate whether the person com	npensated is a registrant.	No 🗸	Yes							
If the person compensated is an	individual, provide the name of the ind	ividual.								
Full legal name of indivi	idual									
	Family name	First given	name	Secondary given names						
	If the person compensated is not an individual, provide the following information.									
Full legal name of	of non-individual PINNACLE WE	ALTH BROKERS INC.								
Fi	rm NRD number 3 1	7 4 0	(if app	plicable)						
Indicate whether the person com	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes									
b) Business contact inforr	mation									
If a firm NRD number is not pro	vided in Item 8 (a), provide the busines	s contact information of the	e person being co	mpensated.						
Street address										
Municipality			Province/State							
Country		Postal	l code/Zip code							
Email address		Tele	ephone number							
c) Relationship to issuer of	or investment fund manager									
	p with the issuer or investment fund mo g of "control" in section 1.4 of NI 45-10									
	er or investment fund manager	· · · _ ·	-	ther than an investment fund)						
Director or officer of th	ne investment fund or investment fund	manager 🦳 Emplo	oyee of the issue	r or investment fund manager						
None of the above		_								
d) Compensation details										
Canadian dollars. Include cash co incidental to the distribution, suc	on paid, or to be paid, to the person ide ommissions, securities-based compensa ch as clerical, printing, legal or accounti e directors, officers or employees of a no	tion, gifts, discounts or oth ng services. An issuer is not	ner compensation. t required to ask f	Do not report payments for services						
Cash commissions pai	id 30,964.80		Security code 1	Security code 2 Security code 3						
Value of all securities distributed as compensatior		Security codes								
Describe te	erms of warrants, options or other right	s								
Other compensation	n <sup>5</sup> Describ	e								
Total compensation pai	id 30,964.80									
✓ Check box if the per	rson will or may receive any deferred c	compensation (describe the	e terms below)							
QUARTERLY TRA	AILER FEES									

ITEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER					
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	n any jurisdiction of	Canada <sup>6</sup>						
Provide name of reporting issuer								]	
Wholly owned subsidiary of	a foreign public iss	uer <sup>6</sup>						_	
Provide name o	f foreign public issue	er							
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	nts only7					
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item 1	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.									
a) Directors, executive officer	s and promoters	of the issuer							
Provide the following information fo territory; otherwise state the country						tate the	province	or	
Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or residentail					
				Province or	country	D	0	Р	
	Peterson	Michael		Ontario		✓	<ul> <li>✓</li> </ul>		
	MacDonald	James		Ontario		✓	~		
	Bryan	Glenn		United States		✓			
	Maxwell	Mark		Alberta		✓			
b) Promoter information									
	If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.								
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo oth if app		
				Province or country	D		С	)	
c) Residential address of eac									

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	LEVANTE LIVING TRUST					
Full legal name	MACDONALD					
	Family name First given name			Seconda	iry given na	mes
Title	TRUSTEE					
Telephone number	4165607491	Email address	JIM@LE	VANTELI	VING.CO	MC
Signature	JAMES MACDONALD	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 individual certifying the report

Full legal name	MacDonald	KATHLEEN			Title	MANAGER, CLIENT SERVICES	
	Family name	First given name	Secondary	Secondary given names			
Name of company	LEVANTE LIVING TRUS	ST					
Telephone number	9053301856		Email address	kathy@levar	athy@levanteliving.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.