Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8969052

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)											
TEM 2 - PARTY CERTIFYING THE REPORT											
Indicate the party certifying the report (select only o			vestment fund, refer to section	on 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 f	fund)										
Underwriter											
-											
ITEM 3 - ISSUER NAME AND OTHER ID											
Provide the following information about the issuer,		bout the fund.									
	nte Living Trust										
Previous full legal name											
If the issuer's name changed in the last 12 i	months, provide most recent previous	egal name.									
Website		(if applicabl	le)								
If the issuer has a legal entity identifier, provide belo	ow. Refer to Part B of the Instructions f	or the definition	of "legal entity identifier".								
Legal entity identifier											
If two or more issuers distributed a single security, p	provide the full legal name(s) of the co-	 issuer(s) other th	nan the issuer named above.								
Full legal name(s) of co-issuer(s)		(if applicabl	e)								
ITEM 4 - UNDERWRITER INFORMATION											
If an underwriter is completing the report, provide the	he underwriter's full legal name and fi	rm NRD number.	:	1							
Full legal name											
Firm NRD number	(if	applicable)									
If the underwriter does not have a firm NRD numbe	er, provide the head office contact infor	mation of the un	derwriter.	-							
Street address											
Municipality	Р	rovince/State									
Country	Postal c	ode/Zip code									
Telephone number		Website		(if applicable)							

If the issuer is an investment fund, do not complete item 5. Proceed to Item 6. a) Primary industry	Item 5 - Issuer Information
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	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
AlaCS industry code 6 2 3 3 1 0 If the issuer is in the mining industry, indicate 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	a) Primary industry
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	
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	NAICS industry code 6 2 3 3 1 0
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	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages	
Cryptoassets b) Number of employees Number of employees:	
Number of employees:	
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes 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 Municipality Country Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end Is the issuer a 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 NB NL NT NS NU ON PE QC SK YT	b) Number of employees
Does the issuer have a SEDAR profile? No Yes 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 Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation and financial year-end 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 NB NL NT NS NU ON PE QC SK YT	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No Yes 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 Postal code/Zip code Postal	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Municipality Country Telephone number e) Date of formation and financial year-end Date of formation Tyyyy MM DD Financial year-end 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	Does the issuer have a SEDAR profile?
Street address	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 4 4 8 0 2
Street address	
Municipality	d) Head office address
Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end 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	Street address Province/State
e) Date of formation and financial year-end Date of formation	Municipality Postal code/Zip code
Date of formation	Country Telephone number
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	e) Date of formation and financial year-end
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	
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	f) Reporting issuer status
AII AB BC MB NB NL NT NS NU ON PE QC SK YT	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	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	Exchange name
h) Size of issuer's assets	h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION
If the issuer is an inves	tment fund, provide the following information.
a) Investment fund ma	anager information
Full legal name	
Firm NRD number	(if applicable)
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.
Street address	
Municipality	Province/State
Country	Postal code/Zip code
Telephone number	Website (if applicable)
b) Type of investment	fund
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .
Money market	☐ Equity ☐ Fixed income ☐ Balanced
Alternative strateg	gies Cryptoasset Other (describe)
Indicate whether one or bot	h of the following apply to the investment fund .
Invests primarily in	n other investment fund issuers
☐ Is a UCITs Fund¹	
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	and financial year-end of the investment fund
Date of forma	tion Financial year-end MM DD MM DD
d) Reporting issuer st	atus of the investment fund
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.
☐ AII ☐	AB BC MB NB NL NT
□ NS □	NU ON PE QC SK YT
e) Public listing status	s of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.
Exchange on an exchange and h	
-	AV) of the investment fund
	investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. US dollar ✓ Canadian dollar Euro Other (describe) 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 End date 2019 11 05 2019 11 05 YYYY MM DD YYYY MM DD Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

				Canadian \$		
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
UNT			94,643.79	10.0000		946,437.94

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		changeable		geable Underl		•		ise price adian \$)	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 ² purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	3	115,000.00
Alberta	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	4	70,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	3	160,000.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	3	120,207.94
Ontario	NI 45-106 2.3 [Accredited investor]	7	185,110.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	3	69,600.00
Québec	NI 45-106 2.3 [Accredited investor]	6	93,710.00

Québec	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	2	30,500.00					
Saskatchewan	NI 45-106 2.3 [Accredited investor]	2	45,750.00					
Saskatchewan	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	3	46,560.00					
Qatar	NI 45-106 2.3 [Accredited investor]	1	10,000.00					
	Total dollar amount of securities distributed							
	Total number of unique purchasers ^{2b}	37						

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

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

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

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

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

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

^{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.

ITEM 8 - COMPENSATION	I INFORMATIO	N											
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.													
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.													
No ✓ Yes	If yes, indica	te number of p	ersor	ns compen	sated.		4						
a) Name of person compe	nsated and regis	tration status											
Indicate whether the person comp	pensated is a registi	rant.		No	\checkmark	Yes	3						
If the person compensated is an i	ndividual, provide t	he name of the in	dividu	ual.									
Full legal name of individ	lual												
Family name First given name Secondary given names													
If the person compensated is not	an individual, provi	de the following i	nform	nation.									
Full legal name o	f non-individual	RETHINK AND	DIV	ERSIFY S	ECURIT	IES IN	١C						
Fir	m NRD number	4 7	2	5 ((if	applic	able)				
Indicate whether the person comp	pensated facilitated	the distribution t	hroug	ıh a funding	portal or a	an inte	rnet-bas	ed po	rtal.	√] No		Yes
b) Business contact inform	nation												
If a firm NRD number is not prov	ided in Item 8 (a), p	rovide the busine	ss con	ntact informa	ition of the	e perso	n being	comp	ensated.				
Street address													
Municipality						Provi	nce/Sta	ıte					
Country					Postal	code	/Zip co	de					一
Email address					Tele	phone	e numb	er					
c) Relationship to issuer o	r investment fund	d manager											
Indicate the person's relationship the Instructions and the meaning									ing of "c	onnecte	d" in P	art B(2	?) of
Connect with the issue	r or investment fund	d manager			Inside	er of the	e issuer	(othe	r than ar	n invest	ment fu	ınd)	
Director or officer of the	e investment fund o	or investment fund	d man	nager	Emplo	oyee o	f the iss	uer or	investm	ent fun	d mana	iger	
None of the above													
d) Compensation details													
Provide details of all compensation Canadian dollars. Include cash continuidental to the distribution, such allocation arrangements with the	mmissions, securitie as clerical, printing	es-based compens g, legal or accoun	ation, ting se	, gifts, discou ervices. An is	ints or oth suer is not	er con t requi	npensation red to as	on. Do	not repo	ort payr	nents f	or serv	vices
Cash commissions paid	10,21	16.32				Secu	rity code	1 9	Security of	code 2	Securi	ty code	e 3
Value of all securities distributed as compensation	1		Se	ecurity code	s								
Describe ter	ms of warrants, op	tions or other rigl	hts										
Other compensation ⁵	i	Descri	be [\dashv
Total compensation paid	10,21	6.32	L										
✓ Check box if the pers	on will or may rece	eive any deferred	comp	ensation (de	escribe the	e term	s below)					
1/4LY TRAILER FE	ES												
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add	r. Indicate the secu	rity codes for all											

⁵Do not include deferred compensation.

a) Name of person comp	ensated and regis	stration statu	ıs									
Indicate whether the person cor	mpensated is a regist	trant.		☐ No		\checkmark	Yes					
If the person compensated is an	n individual, provide	the name of ti	he indivi	dual.								
Full legal name of indiv	vidual											
		Family name			First	given r	name		Se	condary	given name	S
If the person compensated is no	ot an individual, prov	ride the follow	ing infor	mation.								
Full legal name	of non-individual	LIAHONA	CAPITA	AL INC.								
F	irm NRD number	4 7	6	2	0			(if app	olicable)			
Indicate whether the person cor	mpensated facilitated	d the distributi	ion throu	ıgh a fundii	ng port	al or ar	n interne	- et-based	portal.	✓	No [Yes
b) Business contact infor	mation											
If a firm NRD number is not pro	ovided in Item 8 (a), _I	provide the bu	ısiness co	ontact infor	mation	of the	person l	being co	mpensated	<i>1</i> .		
Street address												
Municipality						F	Province	e/State				
Country					Р	ostal o	code/Zi	p code				
Email address						Telep	hone r	number				
c) Relationship to issuer	or investment fun	d manager										
Indicate the person's relationshi the Instructions and the meanir										connect	ed" in Part	B(2) of
Connect with the issu	•		,	-: <i>p p</i>			-		ther than a	an inves	tment fund	i)
Director or officer of the	he investment fund	or investment	fund ma	anager		Employ	ee of th	ne issuer	r or investr	ment fur	nd manage	er
✓ None of the above												
d) Compensation details												
Provide details of all compensat	ion paid, or to be pa	id, to the perso	on identi	fied in Item	8(a) ir	n conne	ection wi	ith the di	istribution.	Provide	all amour	nts in
Canadian dollars. Include cash of incidental to the distribution, sur	commissions, securiti	es-based com	pensatio	n, gifts, disc	counts	or othe	r compe	nsation.	Do not rep	oort pay	ments for .	services
allocation arrangements with th									or details t	ibout, oi	report on	, unternat
Cash commissions pa	aid 3,6	89.70					Security	code 1	Security	code 2	Security	code 3
Value of all securities	es		ç	Security co	des					Т		
distributed as compensatio								 				
Describe t	erms of warrants, o	otions or othe	r rights									
Other compensation	n ⁵	De	escribe									
Total compensation pa	3,6	89.70										
Check box if the pe	erson will or may rec	eive any defe	rred con	npensation	(descr	ibe the	terms b	elow)				
⁴ Provide the aggregate value of	of all securities distri	buted as com	pensatio	on, <u>excludir</u>	ng optic	ons, wa	arrants d	or other i	rights exer	cisable	to acquire	
additional securities of the issurights exercisable to acquire a	uer. Indicate the sec dditional securities o	urity codes fo										
⁵ Do not include deferred comp	ensation.											

a) Name of person compensat	ed and registration	on status									
Indicate whether the person compensor	nted is a registrant.		☐ No)	\checkmark	Yes					
If the person compensated is an individ	dual, provide the no	nme of the inc	dividual.								
Full legal name of individual											
	Family	name		Firs	t given n	name		Sec	condary (jiven nar	nes
If the person compensated is not an individual, provide the following information.											
Full legal name of nor	n-individual AXC	CESS CAPI	TAL ADVIS	SORS II	NC.						
Firm NRD number 3 4 0 4 0 (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	n										
If a firm NRD number is not provided	in Item 8 (a), provid	e the busines	s contact inf	ormation	of the	person l	being coi	mpensated.			
Street address											
Municipality					F	Provinc	e/State				
Country				F	Postal o	code/Zi	p code				
Email address					Telep	hone r	number				
c) Relationship to issuer or inve	estment fund ma	nager									
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 ir			, ,	·	-	-		ther than a	n invest	ment fu	nd)
Director or officer of the inve	estment fund or inv	estment fund	manager		Employ	ee of th	ne issuer	or investm	nent fun	d mana	ger
✓ None of the above											
d) Compensation details											
Provide details of all compensation pair Canadian dollars. Include cash commis incidental to the distribution, such as ca allocation arrangements with the direct	ssions, securities-ba lerical, printing, leg	sed compenso al or account	ation, gifts, a ing services.	iscounts An issuei	or othe r is not	r compe required	nsation. I to ask f	Do not rep	ort payı	nents fo	r services
Cash commissions paid	5,200.00	¬ ·	orr-triatividad	it compe	risuteu t	by the is	suer.				
						Security	code 1	Security of	code 2	Securit	y code 3
Value of all securities distributed as compensation ⁴			Security of	codes							
Describe terms of	of warrants, options	or other righ	ts								
Other compensation ⁵		Describ	ре								
Total compensation paid	5,200.00)									
✓ Check box if the person w	rill or may receive a	ny deferred	compensatio	n (descr	ribe the	terms b	elow)				
1/4LY TRAILER FEES											
⁴ Provide the aggregate value of all se additional securities of the issuer. Ind rights exercisable to acquire addition. ⁵ Do not include deferred compensation	licate the security of all securities of the l	odes for all s									

a) Name of person compensa	ated and registration status								
Indicate whether the person compens	sated is a registrant.	□ No ✓	✓ Yes						
If the person compensated is an individual, provide the name of the individual.									
Full legal name of individual	ıl 💮								
	Family name	First giver	n name	Secondary (given names				
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual PINNACLE WEALTH BROKERS INC.									
Firm NRD number 3 1 7 4 0 (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	on								
If a firm NRD number is not provided	d in Item 8 (a), provide the business c	ontact information of th	ne person being cor	npensated.					
Street address									
Municipality			Province/State						
Country		Posta	I code/Zip code						
Email address		Tele	ephone number						
c) Relationship to issuer or in	vestment fund manager								
Indicate the person's relationship with					ed" in Part B(2) of				
the Instructions and the meaning of			-		tmont fund)				
Connect with the issuer or		<u> </u>	er of the issuer (ot						
Director or officer of the inv	vestment fund or investment fund m	anager Empl	oyee of the issuer	or investment fun	d manager				
✓ None of the above									
d) Compensation details									
Provide details of all compensation por Canadian dollars. Include cash commincidental to the distribution, such as allocation arrangements with the direction of the compensation of the c	nissions, securities-based compensati clerical, printing, legal or accounting ectors, officers or employees of a non	on, gifts, discounts or oth services. An issuer is no	her compensation. ot required to ask fo	Do not report pay	ments for services				
Cash commissions paid	24,681.80		Security code 1	Security code 2	Security code 3				
Value of all securities distributed as compensation ⁴		Security codes							
Describe terms	of warrants, options or other rights								
Other compensation ⁵	Describe								
Total compensation paid	24,681.80								
✓ Check box if the person	will or may receive any deferred cor	mpensation (describe th	ne terms below)						
1/4LY TRAILER FEES	3								
⁴ Provide the aggregate value of all s additional securities of the issuer. In rights exercisable to acquire addition ⁵ Do not include deferred compensation	ndicate the security codes for all seconal securities of the issuer.								

TEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (selec	ct the one that appli	es - if more than one	e applies, select onl	y one).			
Reporting issuer in any juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	f a reporting issuer i	n any jurisdiction of	Canada ⁶					
Provide nar	me of reporting issue	er						
Wholly owned subsidiary of	f a foreign public iss	uer ⁶						_
Provide name o	f foreign public issue	er						7
Issuer distributing only eligi	ble foreign securitie	s and the distribution	n is to permitted clie	ents only ⁷				_
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (c). Proceed to Item	10.				
securities that are required by law to respectively. 7 Check this box if it applies to the conclients. Refer to the definitions of "e" If the issuer is none of the an order of the conclients. Provide the following information for territory; otherwise state the country.	urrent distribution en eligible foreign secur above, check this as and promoters reach director, execu	ven if the issuer mad ity" and "permitted of box and complete of the issuer utive officer and pro	de previous distribut client" in Part B(1) o litem 9(a) - (c).	tions of other types f the Instructions. For locations within	s of securit	ies to noi	n-permiti	
Organization or company name	Family name	First given name	Secondary given	Business loc non-individi resident jurisdictio individu	ation of ual or ail n of ual	(selec	onship to	apply)
	D /			Province or	country	D	0	Р
	Peterson	Michael		Ontario		✓	✓ ✓	
	MacDonald Bryan	James		Ontario United States		✓	_	
	Maxwell	Mark		Alberta		✓		
b) Promoter information	IVIAAWCII	IWAIK		Alberta				
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 names	Residential jurisdiction of individual		ationship one or bo		

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.

Province or

country

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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	MACDONALD JAMES					
	Family name	First given name		Seconda	ary given n	ames	
Title	TRUSTEE						
Telephone number	4165607491	Email address	JIM@LE\	/ANTELI	IVING.C	ОМ	
Signature	JAMES MACDONALD Date 20			11	15		
			YYYY	MM	DD		

TEM 11- CONTACT PERSON									
Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.									
Same as individua	al certifying the report								
Full legal name	MACDONALD	KATHLEEN				Title	MANAGER, CLIENT SERVICES		
	Family name	First given	name	Secondary	given names				
Name of company	LEVANTE LIVING TRU	ST							
Telephone number	9053370259		Ema	ail address	kathy@leva	nteliving.	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.