Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8869330

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 information about the issuer, or if the issuer is									
Full legal name A-DID-15-Fund, a	series of AngelList-BaRs-Fun	ds, LLC							
Previous full legal name									
If the issuer's name changed in the last 12 months, provide	most recent previous legal name.								
Website	(if applicab	le)							
If the issuer has a legal entity identifier, provide below. Refer to Part	B of the Instructions for the definition	of "legal entity identifier".							
Legal entity identifier									
If two or more issuers distributed a single security, provide the full le	gal name(s) of the co-issuer(s) other th	nan the issuer named above.							
Full legal name(s) of co-issuer(s)	(if applicab	le)							
ITEM 4 - UNDERWRITER INFORMATION									
If an underwriter is completing the report, provide the underwriter's	full legal name and firm NRD number								
Full legal name									
Firm NRD number	Firm NRD number (if applicable)								
If the underwriter does not have a firm NRD number, provide the he	ad office contact information of the ur	nderwriter.							
Street address									
Municipality	Province/State								
Country	Postal 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 5 2 6 9 8 9							
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.							
Exploration Development Production							
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.							
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☑ Private companies							
☐ Cryptoassets							
b) Number of employees							
Number of employees: ✓ 0 - 49							
c) SEDAR profile number							
Does the issuer have a SEDAR profile?							
✓ No							
If the issuer does not have SEDAR profile complete item 5(d) - (h).							
d) Head office address							
Street address 2150 S. 1300 E, Suite 360 Province/State Utah							
Municipality Salt Lake City Postal code/Zip code 84106							
Country United States Telephone number							
e) Date of formation and financial year-end							
Date of formation 2017 07 17 Financial year-end 12 31 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.							
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
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION						
If the issuer is an inves	If the issuer is an investment fund, provide the following information.						
a) Investment fund manager information							
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
Municipality	Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investment	fund						
Type of investment fund tha	it most accurately identifies the issuer (select only one) .						
Money market	☐ Equity ☐ Fixed income ☐ Balanced						
Alternative strate	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							
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of 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 forma	tion Financial year-end MM DD						
d) Reporting issuer st	atus of the investment fund						
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.						
AII	AB BC MB NB NL NT						
☐ NS ☐	NU ON PE QC SK T						
e) Public listing status	e) Public listing status of the investment fund						
If the investment fund has a	CUSIP number, provide below (first 6 digits only)						
CUSIP number							
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.							
Exchange on							
-	AV) of the investment fund						
	investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:						
	YYYY MM DD						

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. 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 2017 80 24 2017 80 24 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 \$

e) Details of rights and convertible/exchangeable securities

LLC Membership Units

Description of security

CUSIP number

(if applicable)

Security

code

Ν

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.

Number of

securities

10.000.00

Single or

lowest

price

1.2529

Highest price

Total amount

12,529.00

exchange	onvertible / Changeable underlying security code			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 ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	1	12,529.00
	ecurities distributed	12,529.00	
	Total number of unique purchasers ² b	1	

^{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. 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)

TEM 8 - COMPENSATION I	NFORMATIO	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, indicate number of persons compensated.									
a) Name of person compens	sated and regis	tration status							
Indicate whether the person compe	nsated is a registi	rant.		✓ Yes	3				
If the person compensated is an inc	lividual, provide t	he name of the indiv	dual.						
Full legal name of individu	al								
	- 1	Family name	First give	en name		Seco	ndary giv	ven names	
If the person compensated is not ar	n individual, provi	ide the following info	mation.						
Full legal name of	non-individual	AngelList Advisor	s, LLC						
Firm	NRD number	5 7 1	1 0		(if ap	plicable)			
Indicate whether the person compe	nsated facilitated	the distribution thro	ugh a funding portal o	or an inter	 rnet-based	portal.		No 🗸	Yes
b) Business contact informa									
If a firm NRD number is not provide	ed in Item 8 (a), p	provide the business c	ontact information of t	the perso	n being co	mpensated.			
Street address			_						
Municipality				Provir	nce/State				
Country			Post	tal code/	Zip code				
Email address			Τe	elephone	e number				
c) Relationship to issuer or i	nvestment fund	d manager							
Indicate the person's relationship w the Instructions and the meaning o							nnectea	l" in Part E	3(2) of
✓ Connect with the issuer of	r investment fun	d manager	Insi	der of the	e issuer (o	ther than an	investm	nent fund)	
Director or officer of the i	nvestment fund o	or investment fund m	anager	ployee of	the issue	r or investme	ent 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 di	missions, securitie s clerical, printing	es-based compensations, legal or accounting	on, gifts, discounts or o services. An issuer is r	other com not requir	pensation. red to ask f	Do not repor	rt paym	ents for se	ervices
Cash commissions paid				Secui	rity code 1	Security co	de 2	Security co	ode 3
Value of all securities distributed as compensation ⁴			Security codes						
Describe term	s of warrants, op	tions or other rights							
Other compensation ⁵		Describe							
Total compensation paid									
 ✓ Check box if the person will or may receive any deferred compensation (describe the terms below) 									
Carried interest equa	I to 5% of any	return above the to	tal investment amo	ount.					
⁴ Provide the aggregate value of al additional securities of the issuer. rights exercisable to acquire additi	Indicate the secu	ırity codes for all sec							ər

⁵Do not include deferred compensation.

a) Name of person com	pensated and regis	tration status								
Indicate whether the person co	Indicate whether the person compensated is a registrant.									
If the person compensated is a	If the person compensated is an individual, provide the name of the individual.									
Full legal name of indi	vidual Nadel		Philip							
		Family name	Fii	rst given n	name		Seco	ndary g	iven names	,
If the person compensated is n	ot an individual, prov	ide the following info	ormation.							
Full legal name	e of non-individual									
F	Firm NRD number					(if app	licable)			
Indicate whether the person co	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.] Yes
b) Business contact info	rmation									
If a firm NRD number is not pr	rovided in Item 8 (a), p	provide the business	contact informatio	on of the	person be	eing con	npensated.			
Street address	c/o AngelList, 90	Gold Street, Floor	3							
Municipality	San Francisco			P	Province	/State	Californ	ia		
Country	United States			Postal o	code/Zip	code	94133			
Email address	pnadel@gmail.co	m		Telep	hone nu	umber	4158002	2052		
c) Relationship to issue	or investment fund	d manager								
Indicate the person's relationsh								nnecte	d" in Part	B(2) of
the Instructions and the means	•		for the purposes	-	-				+ 61)	
	uer or investment fun					,	ner than an		,	
Director or officer of	the investment fund o	or investment fund n	nanager	Employ	ee of the	issuer	or investme	ent fund	d managei	Ī
✓ None of the above										
d) Compensation details	3									
Provide details of all compensa		•								
Canadian dollars. Include cash incidental to the distribution, su										
allocation arrangements with t		r employees of a nor	n-individual comp	ensated l	by the issi	uer.				
Cash commissions p	aid				Security of	code 1	Security co	ode 2	Security c	ode 3
Value of all securiti distributed as compensation	I		Security codes							
·	terms of warrants, op	tions or other rights								
Other compensation	on ⁵	Describe								
Total compensation p	aid									
✓ Check box if the p										
Carried interest e	equal to 5% of any	return above the t	otal investment	amoun	t.					
⁴ Provide the aggregate value										
additional securities of the iss rights exercisable to acquire a	additional securities o		curities distributed	d as com	pensatio	n, <u>includ</u>	<u>ding</u> options	s, warra	ants or oth	er
² Do not include deferred com	⁵ Do not include deferred compensation.									

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER					
If the issuer is an investment fund	d, do not complete	Item 9. Procced to	Item 10.						
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).									
Reporting issuer in any jurisdiction of Canada									
Foreign public issuer									
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶									
Provide name of reporting issuer									
Wholly owned subsidiary of a foreign public issuer ⁶									
Provide name of	foreign public issue	er]	
Issuer distributing only eligi	ble foreign securities	s and the distribution	on is to permitted clie	nts only ⁷				_	
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item 1	10.					
securities that are required by law to respectively. ⁷ Check this box if it applies to the collents. Refer to the definitions of "e	⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.								
a) Directors, executive officer	s and promoters of	of the issuer							
Provide the following information for territory; otherwise state the country.						tate the p	orovince	or	
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individu resident jurisdictio individu	ual or ail n of		onship to et all that		
				Province or	country	D	0	Р	
	Neilson	Jeremy		United States			✓		
	Johnson	Mateo		United States			✓		
	Assure Fund	Management LLC		United States		✓		ı	
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	Organization or company name Family name First given name Secondary given names Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)								
	Province or country D O								
c) Residential address of eac	h individual								
Complete Schedule 2 of this form	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	A-DID-15-Fund, a series of AngelList-BaRs-Funds, LLC									
Full legal name	Alex									
	Family name	First given name	Secondary given names							
Title	Officer of the Issuer's Manager									
Telephone number	4156085632	085632 Email address alexno								
Signature	"Alex Norman"	Date	2019 07 18							
			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				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		En	nail address		

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.