Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9130462

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If amend	led, provide filing date	of report that is bei	ing ame	ended (YYYY-MM	-DD)
ITEM 2 - PARTY CERTIFYING THE F	REPORT				
Indicate the party certifying the report (select Instrument 81-106 Investment Fund Continu				estment fund, refer to section 1.1 of Natio	onal
Investment fund issuer	ous Disclosure and the comp	amon policy to twi or To	70 .		
✓ Issuer (other than an investn	nent fund)				
Underwriter	none rama)				
ITEM 3 - ISSUER NAME AND OTHER					
Provide the following information about the i		vestment fund, about the	ne fund.		\neg
_	nterrobang Ltd.				\dashv
Previous full legal name					
If the issuer's name changed in the lo	ast 12 months, provide most	recent previous legal nai	me.		
Website		(if a	applicable	9)	
If the issuer has a legal entity identifier, provi	ide below. Refer to Part B of t	he Instructions for the d	lefinition c	f "legal entity identifier".	
Legal entity identifier					
If two or more issuers distributed a single sec	urity, provide the full legal no	nme(s) of the co-issuer(s)) other the	an the issuer named above.	
Full legal name(s) of co-issuer(s)		(if a	applicable	2)	
ITEM 4 - UNDERWRITER INFORMA	TION				
If an underwriter is completing the report, pro		aal name and firm NRD	numbar		
Full legal name	ovide the underwriter's full le	gat name ana jimi NKD	riumber.		
Firm NRD number		(if applical	blo)		
If the underwriter does not have a firm NRD	number, provide the head off	ice contact information (of the und	derwriter.	
Street address			/O [
Municipality		Province	Ĺ		
Country		Postal code/Zip	p code		
Telephone number		W	Vebsite	(if applicable	<u>e</u>)

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 4 4 5 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.
Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies
☐ Cryptoassets
b) Number of employees
Number of employees: ✓ 0 - 49
c) SEDAR profile number
Does the issuer have a SEDAR profile?
✓ No ☐ Yes If yes, provide SEDAR profile number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Suite 2905, 77 King Street West Province/State Ontario
Municipality Toronto Postal code/Zip code M5K 1H1
Country Canada Telephone number 4159302424
e) Date of formation and financial year-end
Date of formation 2019 01 08 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	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	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	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 oot 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.

Jene	dute 1 of the report.									
a)	Currency									
Sele	ct the currency or currencies in v	which the dis	stribution	was mad	e. All dollar amounts provided	in the repor	t must be	in Canad	dian dollars.	
\checkmark	Canadian dollar US	S dollar] Euro	Other (describe)					
b)	Distribution date(s)									
as b	e the distribution start and end oth the start and end dates. If th ribution period covered by the re	ne report is b	•	J .	•	,				
	Start date	2020	05	14	End date	2020	05	22		
		YYYY	MM	DD	•	YYYY	MM	DD	-	

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

					Canadian \$	
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
S U B		Each Subscription Receipt entitles the holder to receive (subject to adjustment), one 12% senior secured convertible debenture.	2,500.00	1,000.0000		2,500,000.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

ex	onvert chang curity	geab	ole		derlyii urity c			se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
							Lowest	Highest			
С	V	/	D	O	N	Т	0.0500		2023-05-22		Each Unit will consist of one common share of the Resulting Issuer and one-half of one warrant at a price of \$0.05 for a period of 36 months from the date of issuance, on the date that is the earlier of the Maturity Date and the Redemption Date.

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 \$)
Ontario	NI 45-106 2.3 [Accredited investor]	36	1,916,000.00

British Columbia	NI 45-106 2.3 [Accredited investor]	7	163,000.00
Québec	NI 45-106 2.3 [Accredited investor]	4	51,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	4	80,000.00
Paraguay	NI 45-106 2.3 [Accredited investor]	1	15,000.00
Singapore	NI 45-106 2.3 [Accredited investor]	1	25,000.00
Cayman Islands	NI 45-106 2.3 [Accredited investor]	2	200,000.00
Panama	NI 45-106 2.3 [Accredited investor]	1	50,000.00
	Total dollar amount of se	curities distributed	2,500,000.00
	Total number of unique purchasers ^{2b}	56	

^{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.

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. 7

a) Name of person comp	pensated and regis	tration status										
Indicate whether the person co	mpensated is a regist	rant.		☐ No		√] Yes					
If the person compensated is a	n individual, provide i	he name of the ir	ndivid	dual.								
Full legal name of indi	vidual											
		Family name			Firs	t given	name	•	Second	lary give	n names	
If the person compensated is n	·		-									
Full legal name	of non-individual	Foundation Ma	arke	ts Inc.								
F	irm NRD number	2 2	8	3	0			(if app	licable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes												
b) Business contact information												
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the busine	ss co	ontact info	rmation	of the	person i	being cor	mpensated.			
Street address												
Municipality							Provinc	e/State	Ontario			
Country	Canada	nada Postal code/Zip code										
Email address						Tele	phone i	number				
c) Relationship to issuer	or investment fund	d manager		-								<u>.</u>
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)												
<u> </u>		-						,			ŕ	
Director or officer of	the investment fund o	or investment fun	d ma	anager	Ш	Emplo	yee of th	ne issuer	or investmen	t fund m	nanager	
✓ None of the above												
d) Compensation details	•											
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the	commissions, securiti Ich as clerical, printin	es-based compens g, legal or accoun	satio ting	n, gifts, dis services. A	scounts In issuei	or oth	er compe required	ensation. I to ask fo	Do not report	paymer	nts for se	ervices
Cash commissions p	aid					[Security	code 1	Security cod	e 2 Se	ecurity co	nde 3
Value of all securiti	es			Security co	ndec		C N		O P	T L	Τ	T
distributed as compensation	on ⁴		•	Security Co	Jues	l						
Describe	terms of warrants, op	tions or other rig	hts									
Other compensation	on ⁵	Descr	ibe	Units at	\$0.05 Even warra	expir t. Eac	ing May h Unit i	22, 202 s compr	000 options 22, held in e ised of one f the Result	scrow commo	pending on shar	g a re
Total compensation pa	aid											
Check box if the person will or may receive any deferred compensation (describe the terms below)												
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secundational securities of	ırity codes for all										er

a) Name of person comp	pensated and regi	stration status								
Indicate whether the person co	mpensated is a regis	trant.	☐ No	✓	Yes					
If the person compensated is a	n individual, provide	the name of the indivi	idual.							
Full legal name of indi	vidual									
		Family name		First given	name	Secondary	given names			
If the person compensated is n	ot an individual, prov	vide the following infor	rmation.							
Full legal name	of non-individual	Gravitas Securitie	s Inc.							
F	Firm NRD number	2 6 2	6 0)	(if app	licable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves										
b) Business contact information										
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business c	ontact informa	tion of th	e person being cor	mpensated.				
Street address										
Municipality		Province/State Ontario								
Country	Canada		Ī	Postal	code/Zip code					
Email address				Tele	ephone number					
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager										
✓ None of the above										
d) Compensation details Provide details of all compensa Canadian dollars. Include cash	tion paid, or to be pa									
incidental to the distribution, su allocation arrangements with the	ıch as clerical, printir	ng, legal or accounting	services. An is:	suer is no	t required to ask fo					
Cash commissions page				,	-	Coourity and 2	Coourity	de O		
Value of all securiti	P8				Security code 1 C M S	Security code 2 O P T	Security co	T		
distributed as compensation			Security codes	3	0 111 0					
Describe	terms of warrants, o	ptions or other rights								
Other compensation	Other compensation ⁵ Describe A80,000 common shares and 480,000 options exercisable into Units at \$0.05 expiring May 22, 2022, held in escrow pending a Liquidity Event. Each Unit is comprised of one common share and one warrant, issued at \$0.05 of the Resulting Issuer for a period of 3									
Total compensation pa	aid									
Check box if the pe	erson will or may rec	eive any deferred cor	mpensation (de	escribe th	e terms below)					
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities o	curity codes for all sec						er		

a) Name of person comp	pensated and regis	stration status										
Indicate whether the person co	mpensated is a regist	rant.		☐ No		\checkmark] Yes					
If the person compensated is a	n individual, provide	the name of the in	divid	dual.								
Full legal name of indi	vidual											
		Family name			First	t given	name	•	Secon	dary g	jiven name:	3
If the person compensated is n	•		-									
Full legal name	of non-individual	Hampton Secu	ıritie	s Limited	d							
F	irm NRD number	2 8	9	0				(if app	olicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes												
b) Business contact information												
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the busine	ss co	ntact info	rmation	of the	person	being cor	mpensated.			
Street address												
Municipality							Provinc	e/State				
Country	Canada	nada Postal code/Zip code										
Email address		Telephone number										
c) Relationship to issuer or investment fund manager												
Indicate the person's relationsh the Instructions and the meani										nnecte	ed" in Part	B(2) of
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)												
Director or officer of	Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager											
✓ None of the above												
d) Compensation details	;											
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with to	commissions, securiti Ich as clerical, printin	es-based compens g, legal or account	atio ting	n, gifts, dis services. A	scounts In issuer	or oth	er compe required	ensation. I to ask fo	Do not repor	t payn	ments for s	ervices
Cash commissions p	aid					[Security	code 1	Security cod	de 2	Security of	ode 3
Value of all securiti			5	Security co	odes			л S	O P	Т	U N	Т
distributed as compensation	terms of warrants, or	ntions or other righ	hts									
	-							1044				
Other compensation	nn°	Descri	be	Units at	\$0.05 Event warra	expir t. Eac	ing May h Unit i	22, 202 s compr	000 options 22, held in orised of one of the Resul	escro com	w pendir mon sha	ng a re
Total compensation pa	aid											
Check box if the person will or may receive any deferred compensation (describe the terms below)												
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secondditional securities o	urity codes for all										ner

a) Name of person comp	pensated and regis	stration stat	us							
Indicate whether the person co	mpensated is a regis	trant.		☐ No		\checkmark	Yes			
If the person compensated is a	n individual, provide	the name of	the indivi	idual.						
Full legal name of indiv	/idual									
		Family name		•	Firs	t given	name	•	Secondary	given names
If the person compensated is no	•	-								
Full legal name	of non-individual	Mackie Re	esearch	Capital C	Corpora	ation				
F	irm NRD number	3 0	7	0				(if app	licable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact info	b) Business contact information									
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the b	usiness c	ontact info	rmation	of the	person b	eing con	npensated.	
Street address										
Municipality						ı	Province	e/State		
Country	Canada	nada Postal code/Zip code								
Email address						Tele	phone n	umber		
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.										
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)										
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager										
✓ None of the above										
d) Compensation details										
Provide details of all compensar Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin	ies-based con g, legal or ac	npensatio counting	on, gifts, di services. A	scounts An issuer	or other is not	er compei required	nsation. to ask fo	Do not report pay	ments for services
Cash commissions pa	aid					Г	Security	code 1	Security code 2	Security code 3
Value of all securiti	es			Coourity	- do -		Jecurity	code i	Jecumy code 2	Security code 5
distributed as compensation	on⁴		,	Security co	oues	L				
Describe ·	terms of warrants, o	otions or othe	er rights	into Uni pending commo	its at \$0 g a Liqu n share	0.05 e uidity l e and	expiring I Event. E	May 22 Each Un rrant, is	49,600 options , 2022, held in it is comprised sued at \$0.05 o	escrow of one
Other compensation	n ⁵	С	escribe							
Total compensation pa	aid									
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities o	urity codes fo								

a) Name of person comp	pensated and regi	stration status								
Indicate whether the person co	mpensated is a regis	trant.	☐ No	✓	Yes					
If the person compensated is a	n individual, provide	the name of the indivi	idual.							
Full legal name of indiv	vidual									
		Family name		First given	name	Secondary	given names			
If the person compensated is no	ot an individual, pro	vide the following infor	rmation.							
Full legal name	of non-individual	RF Securities Cle	aring LP							
F	irm NRD number	2 1 9	8	0	(if app	olicable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes										
b) Business contact information										
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business c	ontact inforn	nation of th	e person being cor	mpensated.				
Street address										
Municipality					Province/State					
Country		Postal code/Zip code								
Email address		Telephone number								
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)										
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager										
✓ None of the above										
d) Compensation details	}									
Provide details of all compensations of all compensations and continued cash incidental to the distribution, sure allocation arrangements with the	commissions, securit Ich as clerical, printir	ies-based compensationg, legal or accounting	on, gifts, disco services. An	ounts or oth issuer is no	er compensation. t required to ask f	Do not report pay	ments for se	ervices		
Cash commissions pa	aid				Security code 1	Security code 2	Security co	ode 3		
Value of all securities			Security cod	es	C M S	O P T	UN	Т		
distributed as compensation		ptions or other rights	,							
	,									
Other compensation	on ^s	Describe	Units at \$	60.05 expi Event. Ea warrant, is	hares and 184, ring May 22, 20: ch Unit is compi sued at \$0.05 o	22, held in escro	ow pending nmon shar	g a e		
Total compensation pa	aid									
Check box if the pe	erson will or may rec	eive any deferred cor	npensation (describe th	e terms below)					
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec						er.		

a) Name of person comp	pensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	✓ No	Yes					
If the person compensated is a	n individual, provide	the name of the indivi	dual.						
Full legal name of indi	vidual								
		Family name	Fire	st given name	Secondary	given names			
If the person compensated is n	•	-							
Full legal name	e of non-individual	2601326 Ontario I	nc.						
F	Firm NRD number			(if a	pplicable)				
Indicate whether the person co	mpensated facilitate	d the distribution throu	ıgh a funding por	tal or an internet-base	d portal.	No Yes			
b) Business contact information									
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.									
Street address	252 Worth Blvd								
Municipality	Thornhill			Province/Stat	e Ontario				
Country	Canada	anada Postal code/Zip code L4J							
Email address	neseconsulting@	eseconsulting@gmail.com Telephone number 9057719388							
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager None of the above									
d) Compensation details	<u> </u>								
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the	tion paid, or to be po commissions, securit uch as clerical, printi	ies-based compensationg, legal or accounting	n, gifts, discounts services. An issue	or other compensation is not required to ask	n. Do not report pay	ments for services			
Cash commissions p	aid			Security code 1	Security code 2	Security code 3			
Value of all securiti distributed as compensation			Security codes	C M S	O P T	UNT			
·		 ptions or other rights							
Other compensation	Other compensation ⁵ Describe Describe Describe Describe 160,000 common shares and 160,000 options exercisable into Units at \$0.05 expiring May 22, 2022, held in escrow pending a Liquidity Event. Each Unit is comprised of one common share and one warrant, issued at \$0.05 of the Resulting Issuer for a period of 3								
Total compensation pa	aid								
Check box if the person will or may receive any deferred compensation (describe the terms below)									
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all secu							

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No	✓ Yes					
If the person compensated is a	n individual, provide	the name of the indiv	idual.						
Full legal name of indi	ridual								
		Family name	First	given name	Secondary given names				
If the person compensated is n	•								
Full legal name	of non-individual	Canaccord Genui	ity Corp.						
F	irm NRD number	9 0 0		(if ap	plicable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes									
b) Business contact information									
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business o	ontact information	of the person being co	ompensated.				
Street address									
Municipality				Province/State					
Country			Po	ostal code/Zip code					
Email address				Telephone number	,				
c) Relationship to issuer or investment fund manager									
the Instructions and the meani	ng of "control" in sec	tion 1.4 of NI 45-106	for the purposes of	completing this section					
Connect with the issu	ier or investment für	nd manager	' Ш	nsider of the issuer (d	ther than an investment fund)				
Director or officer of	he investment fund	or investment fund m	anager	Employee of the issue	r or investment fund manager				
✓ None of the above									
d) Compensation details									
Canadian dollars. Include cash	commissions, securit ch as clerical, printir	ies-based compensationg, legal or accounting	on, gifts, discounts o services. An issuer	or other compensation is not required to ask	listribution. Provide all amounts in . Do not report payments for services for details about, or report on, internal				
Cash commissions pa	aid			Security code 1	Security code 2 Security code 3				
Value of all securiti	es		Security codes	C M S	O P T U N T				
distributed as compensation	n⁴		Security codes						
Describe	erms of warrants, o	ptions or other rights							
Other compensation	n ⁵	Describe	Units at \$0.05 Liquidity Event	expiring May 22, 20 . Each Unit is comp	,800 options exercisable into 022, held in escrow pending a orised of one common share of the Resulting Issuer for a				
Total compensation pa	nid		_						
Check box if the pe	erson will or may rec	eive any deferred co	mpensation (descri	be the terms below)					
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	rurity codes for all sec			rights exercisable to acquire <u>uding</u> options, warrants or other				

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	TERS OF THE ISS	UER						
If the issuer is an investment fun	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 ir	n any jurisdiction of	Canada ⁶							
Provide nar	ne of reporting issue	er								
Wholly owned subsidiary of a foreign public issuer ⁶										
Provide name of	f foreign public issue	er								
Issuer distributing only eligi	ble foreign securities	s and the distribution	on is to permitted clie	ents only ⁷						
If the issuer is at least one of the	_			-						
⁶ 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. 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.										
If the issuer is none of the above, check this box and complete Item 9(a) - (c).										
a) Directors, executive officers and promoters of the issuer										
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.										
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individe	ual or ail n of		issuer apply)			
				Province or	country	D	0	Р		
	Kasakevich	Joshua		Ontario		✓	✓			
	Fiederer	Jeremy		United States		✓	✓			
b) Promoter information										
If the promoter listed above is not an within Canada, state the province or										
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual		itionship one or bo				
				Province or country	D	0)		
c) Residential address of eac	h individual									
Complete Schedule 2 of this form	providing the full r	residential address	s for each individua	ıl listed in Item 9	(a) and (b)	and att	ach to t	he		

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	nterrobang Ltd.									
Full legal name	Fiederer									
	Family name	First given name	'	Seconda	ary given n	ames				
Title	President									
Telephone number	14159302424	Email address	harryresin	resin@gmail.com						
Signature	/s/ Jeremy Fiederer	2020	05	25						
			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	Matanovic	Anna		Title	Law Clerk				
	Family name	First given name	Secondary given names	_					
Name of company	Fogler, Rubinoff LLP								
Telephone number	4163653701	Em	ail address amatanovic	@foglers	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.