# Form 45-106F1 Report of Exempt Distribution

## IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE									
New report									
Amended report If amended, provide filing date of report that is being amended 2016 09 19 (YYYY-MM-DD)									
ITEM 2 - PARTY CERTIFYING THE	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 inves	stment fund)								
☐ Underwriter									
Terri 2 Teerre Name and Ori	The state of the s								
ITEM 3 - ISSUER NAME AND OTH									
Provide the following information about the									
Full legal name	Marapharm Ventures I	nc.							
Previous full legal name									
If the issuer's name changed in	the last 12 months, provide mo	ost recent previous legal name.							
Website	www.marapharm.com		(if applicable)						
If the issuer has a legal entity identifier. pro	vide below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".						
Legal entity identifier									
ITEM 4 - UNDERWRITER INFORM	ATION								
If an underwriter is completing the report, p	provide the underwriter's full le	gal name and firm National Reg	istration Database (NRD) number.						
Full legal name									
Firm NRD number	(if applicable)								
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.									
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 corresponds to the issuer's primary business activity.  For more information on finding the NAICS industry code go to <b>Statistics Canada's NAICS industry search tool</b> .								
NAICS industry code 5 4 1 7 1 0								
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.								
Is the issuer's primary business is to invest all or substantially all of its assets in any of the following? If yes, select all that apply.  Mortgages Real estate Commerial/business debt Consumer debt Private companies								
b) Number of employees								
Number of employees: 🗸 0 - 49 🔲 50 - 99 🔲 100 - 499 🔲 500 or more								
c) SEDAR profile number								
Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 3 5 3 9 4  If the issuer does not have SEDAR profile complete item 5(d) - (h).								
d) Head office address								
Street address 200 - 537 Leon Avenue Province/State British Columbia								
Municipality Kelowna Postal code/Zip code V1Y 2A9								
Country Canada Telephone number 7785834476								
e) Date of formation and financial year-end								
Date of formation 2007 04 24 Financial year-end 03 31  YYYYY MM DD MM DD								
f) Reporting issuer status								
Is the issuer a reporting issuer in any jurisdication of Canada? No Ves								
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.								
L  AII L  AB								
□ 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 1 3 9 7 4 G								
If the issuer is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.								
Exchange name(s): Canada - CSE								
h) Size of issuer's assets								
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size of the issuer's assets at the distribution end date.								
▼ \$0 to under \$5M								
☐ \$100M to under \$500M ☐ \$500M to under \$1B ☐ \$1B or over								

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION						
If the issuer is an investment fund, provide the following information.						
a) Investment fund m	anager informaiton					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund ma	nager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
	Dravings/Ctate					
Municipality	Province/State Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investmen	t fund					
Type of investment fund the	at most accurately identifies the issuer (select only one) .					
Money market	Equity Fixed income					
Balanced	Alternative strategies 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						
	ive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) ve investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
	and financial year-end of the investment fund					
Date of forma						
Date of forma	YYYY MM DD MM DD					
d) Reporting issuer st	tatus of the investment fund					
	porting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions  All	of Canada in which the investment fund is a reporting issuer.  AB					
e) Public listing status	NU ON PE QC SK YT s 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 names of all exchanges on which its securities are listed. Include only the names of exchanges for						
which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.						
Exchage name	is					
f) Net asset value (NAV) of the investment fund						
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M					
\$100M to under \$500						
	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, which should 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. ✓ Canadian dollar US 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 2016 09 2016 06 09 06 חח MM DD YYYYDetailed 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 that take place in a jurisdiction of Canada on a per security basis. Refer to Part A 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 \$

					Cariadian	
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
WNT		UNITS, EACH UNIT CONSISTING OF ONE COMMON SHARE AND ONE COMMON SHARE PURCHASE WARRANT	10,866,250.00	0.4000	0.4000	2,173,250.00

### 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.

	Security Underlying security code		(Canadian %)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)			
						Lowest	Highest			
W	Ν	Т	С	М	S	0.2000	0.2000	2017-09-06		HOLD UNTIL JAN 7, 2017

### 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 purchasers	Total amount (Canadian \$)			
Alberta	NI 45-106 2.3 [Accredited investor]	32	1,132,750.00			
Saskatchewan	NI 45-106 2.3 [Accredited investor]	39	474,000.00			
Manitoba	NI 45-106 2.3 [Accredited investor]	2	125,000.00			
British Columbia	6	441,500.00				
	2,173,250.00					
	Total number of unique purchasers <sup>2</sup>					

<sup>&</sup>lt;sup>2</sup>In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

### g) Net proceeds to the 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	

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

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

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

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

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

Item 8 - Compensation Information								
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. 9								
a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.    No Yes								
If the person compensated is an individual, provide the name of the individual.								
Full legal name of individual Chillog Lorrie Lee								
Family name First given name Secondary given names								
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual								
Firm NRD number (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.	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 207 Wilkinson Crescent								
Municipality Saskatoon Province/State Saskatchewan								
Country Canada Postal code/Zip code S7N3L8								
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 compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amount Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or non, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.								
Cash commissions paid 26,450.00 Security codes Security code 1 Security code 2 Security code 2 Security code 2 Security code 3 Security code 3 Security code 5 Security code 5 Security code 6 Security code 7 Security code 8 Security code 7 Security code 7 Security code 7 Security code 8 Security code 8 Security code 9	de 3							
Value of all securities distributed as compensation <sup>4</sup>								
Describe terms of warrants, options or other rights  NON TRANSFERABLE FINDERS WARRANTS @\$0.40c								
Other compensation <sup>5</sup> Describe	=							
Total compensation paid 26,450.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. <sup>5</sup> Do not include deferred compensation.								

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.  Ves  Yes								
If the person compensated is an individual, provide the name of the individual.								
Full legal name of individual	Yuck	Richard						
	Family name	First given name	Secondary given names					
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual								
Firm NRD number (if applicable)								
Indicate whether the person comp	ensated facilitated the distribution t	hrough a funding portal or an int	ernet-based portal.  No Yes					
b) Business contact information		3 , 3,						
If a firm NRD number is not provid	ed in Item 8 (a), provide the busines	s contact information of the perso	on being compensated.					
Street address 8327	Redroofs Road							
Municipality Halfn	noon Bay	Provinc	ce/State British Columbia					
Country Cana	nda	Postal code/Z	ip code V9N1Y1					
Email address		Telephone r	number					
c) Relationship to issuer or in	vestment 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  Find that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "connected" in Part B(2) of the Instructions and the meaning of "connected" in Part B(2) of the Instructions and the meaning of "connected" in Part B(2) of the Instructions and 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.  Employee of the issuer or investment fund manager  None of the above								
d) Compensation details								
Canadian dollars. Include cash com services incidental to the distribution	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.							
Cash commissions paid	27,500.00	Security codes Security	y code 1 Security code 2 Security code 3					
Value of all securities distributed as compensation <sup>4</sup>		1 W	N T					
Describe terms	of warrants, options or other rights	NON TRANSFERABLE FI	NDERS WARRANTS @\$0.40c EA					
Other compensation <sup>5</sup>	Describe							
Total compensation paid 27,500.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
			's or other rights exercisable to acquire					
additional securities of the issuer. rights exercisable to acquire addit. <sup>5</sup> Do not include deferred compens	ional securities of the issuer.	ecurities distributed as compens	ation, <u>including</u> options, warrants or other					

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.  Ves No								
If the person compensated is an individual, provide the name of the individual.								
Full legal name of individual Lovig		Brian						
Family name	•	First given name	Seco	ondary given names				
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual								
Firm NRD number (if applicable)								
Indicate whether the person compensated facilitated the	distribution through	n a funding portal c	or an internet-bas	ed portal.  ✓ No				
b) Business contact information		, 3,		<u>,                                     </u>				
If a firm NRD number is not provided in Item 8 (a), provid	e the business conto	ct information of th	he person being c	ompensated.				
Street address 20059 TCM								
Municipality Kelowna		F	Province/State	British Columbia				
Country Canada		Postal	code/Zip code	V1Y9H2				
Email address		Telep	ohone number					
c) Relationship to issuer or investment fund mana	ager							
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  Find that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and Instructions a								
d) Compensation details								
Provide details of all compensation paid, or to be paid, to t Canadian dollars. Include cash commissions, securities-bas services incidental to the distribution, such as clerical, prin on, internal allocation arrangements with the directors, off	ed compensation, g ing, legal or accour	ifts, discounts or ot iting services. An iss	her compensation suer is not require	n. Do not report payments for ed to ask for details about, or report				
Cash commissions paid 8,600.00	Secur	ity codes	Security code 1	Security code 2 Security code 3				
Value of all securities distributed as compensation⁴	Value of all securities distributed as							
Describe terms of warrants, options of	other rights NO	N TRANSFERAE	BLE FINDERS	WARRANTS @\$0.40c EA				
Other compensation <sup>5</sup>	Describe							
Total compensation paid 8,600.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of all securities distributed								
additional securities of the issuer. Indicate the security c rights exercisable to acquire additional securities of the i <sup>5</sup> Do not include deferred compensation.		es distributed as co	ompensation, <u>inc</u>	luding options, warrants or other				

a) Name of person compens	ated and registration status							
Indicate whether the person cor	Indicate whether the person compensated is a registrant.  Vo Yes							
If the person compensated is an individual, provide the name of the individual.								
Full legal name of individual Parenteau Desmond								
	Family name	First given name	Seco	ondary given names				
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual								
Firm NRD number (if applicable)								
Indicate whether the person com	pensated facilitated the distribution t	through a funding portal or a	 ın internet-base	ed portal. 🔽 No 🗀 Yes				
b) Business contact informat	•							
If a firm NRD number is not provid	ded in Item 8 (a), provide the busines	s contact information of the p	person being co	ompensated.				
Street address 523	55 Range Road, 212							
Municipality She	rwood Park	Pro	ovince/State	Alberta				
Country Can	ada	Postal cod	de/Zip code	T8G 1A8				
Email address		_ Telepho	one number					
c) Relationship to issuer or ir	nvestment fund manager							
B(2) of the Instructions and the me  Connect with the issuer or	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							
d) Compensation details								
Canadian dollars. Include cash con services incidental to the distribution	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.							
Cash commissions paid	3,300.00	Security codes Se	ecurity code 1	Security code 2 Security code 3				
Value of all securities distributed as compensation <sup>4</sup>	Value of all securities distributed as							
Describe terms	of warrants, options or other rights	NON TRANSFERABLE	E FINDERS \	WARRANTS @\$0.40c EA				
Other compensation <sup>5</sup> Describe								
Total compensation paid 3,300.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
	all securities distributed as compens							
additional securities of the issuer rights exercisable to acquire addi <sup>5</sup> Do not include deferred compen		ecurities distributed as comp	pensation, <u>incl</u>	luding options, warrants or other				

a) Name of person compensati	ted and registration status						
Indicate whether the person comp	pensated is a registrant.	✓ No  Yes					
If the person compensated is an ind	ividual, provide the name of the ind	ividual.					
Full legal name of individual Tsaprailis Ingrid							
	Family name	First given name	Seco	ondary given names			
If the person compensated is not an individual, provide the following information.							
Full legal name of no	n-individual						
Firm NI	RD number		(if app	licable)			
Indicate whether the person compe	ensated facilitated the distribution the	nrouah a fundina portal or an ir	_	<b>— —</b>			
b) Business contact information							
If a firm NRD number is not provide	d in Item 8 (a), provide the business	contact information of the pers	on being c	ompensated.			
Street address 93 Ev	ergreen Bluffs Crescent, SW						
Municipality Calga	ıry	Provin	ce/State	Alberta			
Country Canad	da	Postal code/	Zip code	T3H 2X8			
Email address		Telephone	number				
c) Relationship to issuer or inv	estment 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  None of the above							
d) Compensation details							
Canadian dollars. Include cash common services incidental to the distribution	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.						
Cash commissions paid		Security codes Secur	ity code 1	Security code 2 Security code 3			
Value of all securities distributed as compensation <sup>4</sup>	25,250.00	U	B S				
Describe terms of	of warrants, options or other rights	NON TRANSFERABLE F	INDERS	WARRANTS @\$0.40c EA			
Other compensation <sup>5</sup>	Describe						
Total compensation paid	25,250.00						
Check box if the person w	rill or may receive any deferred cor	npensation (describe the terms	below)				
<sup>4</sup> Provide the aggregate value of all							
additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. <sup>5</sup> Do not include deferred compensation.							

a) Name of person compensate	ed and registration status							
Indicate whether the person comp	Indicate whether the person compensated is a registrant.  Ves  Yes							
If the person compensated is an indi	vidual, provide the name of the ind	ividual.						
Full legal name of individual Ewasuik Jason								
	Family name	First given nam	e Seco	ondary given names				
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual								
Firm NF	RD number	TIT	(if app	licable)				
Indicate whether the person compe	nsated facilitated the distribution th	hrough a funding porta	l or an internet-base	ed portal. 🔽 No 🦳 Yes				
b) Business contact information		3 , 3,		, <u> </u>				
If a firm NRD number is not provided	d in Item 8 (a), provide the business	contact information of	the person being co	ompensated.				
Street address 1309-	135 13 Avenue SW							
Municipality Calgar	у	]	Province/State	Alberta				
Country	la	Posta	al code/Zip code	T2R0W8				
Email address		ı Tel	ephone number					
c) Relationship to issuer or inve	estment fund manager							
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 compensation p Canadian dollars. Include cash comm services incidental to the distribution,	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.							
Cash commissions paid		Security codes	Security code 1	Security code 2 Security code 3				
Value of all securities distributed as compensation <sup>4</sup>	5,250.00	<b>,</b>	U B S					
Describe terms of	f warrants, options or other rights	NON TRANSFERA	ABLE FINDERS	WARRANTS @\$0.40c EA				
Other compensation <sup>5</sup>	Describe							
Total compensation paid	5,250.00							
Check box if the person wi	II or may receive any deferred cor	npensation (describe the	he terms below)					
<sup>4</sup> Provide the aggregate value of all								
additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. <sup>5</sup> Do not include deferred compensation.								

a) Name of person comp	pensated and reg	gistration status							
Indicate whether the person	n compensated is a	registrant.	✓ No	Yes					
If the person compensated is	If the person compensated is an individual, provide the name of the individual.								
Full legal name of individual Norquay Veryl									
Family name First given name Secondary given names									
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual									
Firm NRD number (if applicable)									
Indicate whether the person	compensated facil	itated the distribution t	hrough a funding	portal or an inter	net-base	ed portal. ✓	No Yes		
b) Business contact infor	rmation								
If a firm NRD number is not բ	orovided in Item 8 (	a), provide the busines	s contact informat	ion of the person	being co	ompensated.			
Street address	213 Shannon Es	states Terrace SW							
Municipality	Calgary		]	Province	/State	Alberta			
Country	Canada		] F	Postal code/Zip	code	T2Y 4C5			
Email address				Telephone nu	ımber				
c) Relationship to issuer	or investment fu	nd manager							
Indicate the person's relations B(2) of the Instructions and th	ship with the issuer	or investment fund me	-			-	ted" in Part		
Connect with the issu	-				-	er than an invest	ment fund)		
☐ Director or officer of the	he investment fund	d or investment fund m	anager $\square$	Employee of the	e issuer o	or investment fun	d manager		
✓ None of the above			, Ц				•		
d) Compensation details									
Provide details of all compens Canadian dollars. Include casl services incidental to the distri	h commissions, sec ibution, such as cle	ırities-based compenso rical, printing, legal or	ntion, gifts, discour accounting service	ts or other comp s. An issuer is not	ensation t require	. Do not report po d to ask for detail.	yments for		
on, internal allocation arrange			oyees of a non-ind	wauai compensi	atea by t	rie issuer.			
Cash commissions pa		800.00	Security codes	Security of	code 1	Security code 2	Security code 3		
Value of all securitie distributed a compensatio	as								
•		l options or other rights							
Other compensation	n <sup>5</sup>	Describe							
Total compensation pa		800.00							
Check box if the pe	rson will or may re	ceive any deferred co	mpensation (desc	ribe the terms be	elow)				
<sup>4</sup> Provide the aggregate value additional securities of the is rights exercisable to acquire <sup>5</sup> Do not include deferred con	suer. Indicate the additional securiti	security codes for all s							

a) Name of person com	pensated and re	gistration status						
Indicate whether the perso	on compensated is c	a registrant.	✓ No	☐ Yes	3			
If the person compensated is	an individual, prov	ride the name of the in	dividual.					
Full legal name of indi	Full legal name of individual Lovig Landon							
Family name First given name Secondary given names								
If the person compensated	If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual								
Firm NRD number (if applicable)								
Indicate whether the persor	n compensated facil	litated the distribution	through a funding p	portal or an i	<del></del> internet-bas	ed portal.	No Yes	
b) Business contact info	ormation							
If a firm NRD number is not	provided in Item 8	(a), provide the busines	s contact informati	ion of the per	rson being c	ompensated.		
Street address	7915 85 Avenue	Э						
Municipality	Edmonton			Provi	nce/State	Alberta		
Country	Canada		F	Postal code	/Zip code	T6C 0W8		
Email address				Telephone	e number			
c) Relationship to issue	r or investment fu	und manager						
Indicate the person's relation B(2) of the Instructions and t	nship with the issue	r or investment fund m	-			-	cted" in Part	
Connect with the issu	-			•		her than an invest	ment fund)	
		d or investment fund n			•	or investment fun	,	
✓ None of the above			• Ш	. ,			Ü	
d) Compensation details	S							
Provide details of all compen		e paid, to the person id	entified in Item 8(a,	) in connection	on with the	distribution. Provid	de all amounts in	
Canadian dollars. Include cas services incidental to the dist								
on, internal allocation arrang							s about, or report	
Cash commissions p	aid		•	Conv	with a code 1	Conveity and 2	Coought and 2	
Value of all securiti			Security codes	Secu	rity code 1  M S	Security code 2	Security code 3	
distributed compensation	as 10	,000.00			IVI 3			
•		options or other rights						
Other compensation	on <sup>5</sup>	Describe						
Total compensation pa	Total compensation paid 10,000.00							
Check box if the pe	erson will or may re	eceive any deferred co	mpensation (desci	ribe the term	s below)			
<sup>⁴</sup> Provide the aggregate valu								
	additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer.							
<sup>5</sup> Do not include deferred co.								

a) Name of person com	nsated and registration status							
Indicate whether the perso	compensated is a registrant.    No	Yes						
If the person compensated is	n individual, provide the name of the individual.							
Full legal name of indi	lual							
	Family name First given n	same Secondary given names						
If the person compensated	not an individual, provide the following information.							
Full legal name	Full legal name of non-individual ONCENTER HOLDINGS INC.							
Firm NRD number (if applicable)								
Indicate whether the person	ompensated facilitated the distribution through a funding po	rtal or an internet-based portal.  No Yes						
b) Business contact info								
If a firm NRD number is not	ovided in Item 8 (a), provide the business contact information	n of the person being compensated.						
Street address	5 BANTING PLACE							
Municipality	T. ALBERT	Province/State Alberta						
Country	anada Pos	stal code/Zip code T8N 2K1						
Email address	ckpurdy@shaw.ca	Telephone number 7809660599						
c) Relationship to issue	r 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  Find the purposes of completing this section.  Employee of the issuer or investment fund manager  None of the above								
d) Compensation details								
Canadian dollars. Include cas services incidental to the dist	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.							
Cash commissions p	52,800.00 Security codes	Security code 1 Security code 2 Security code 3						
Value of all securiti distributed compensati	30,000.00	C M S W N T						
Describe	ms of warrants, options or other rights NON TRANSFE	RABLE FINDERS WARRANTS @\$0.40c EA						
Other compensation	Describe							
Total compensation p	Total compensation paid 82,800.00							
Check box if the p	on will or may receive any deferred compensation (describe	e the terms below)						
additional securities of the I	of all securities distributed as compensation, <u>excluding</u> optic uer. Indicate the security codes for all securities distributed a dditional securities of the issuer.	ons, warrants or other rights exercisable to acquire as compensation, <u>including</u> options, warrants or other						

ΤΕΜ	9 - Directors, Executi	VE OFFICERS A	AND PROMO	TERS OF THE IS	SSUER					
If t	he issuer is an investment fund, o	do not complete I	tem 9. Procced to	o Item 10.						
Indicate whether the issuer is any of the following (select all that apply).										
	Reporting issuer in any jurisdic	tion of Canada								
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>										
	Provide name of reporting issuer									
	Wholly owned subsidiary of a f	oreign public issue	er <sup>6</sup>							
	Provide name of for	eign public issuer								
	Issuer distributing eligible forei	gn securities only	to permitted clien	ts <sup>7</sup>						
<sup>6</sup> An sect	If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.  6An 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 Checck 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 officers a	and promoters of	f the issuer							
	rovide the following information for rritory; otherwise state the country.						da, stat	te the p	province (	or
	Organization or company name	Family name	First given name	Secondary given	Business location of non-individual or residentail jurisdiction of individual Relationship to issuer (select all that apply)				that	
					Province o	r country	D	0	Р	
b)	Promoter information									
	If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.									
	Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual Relationship to promotion (select one or both if app		oter olicable)			
					Province or country	D		C	)	
c)	Residential address of each i	ndividual								

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 or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

### IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Sampson	Linda			
	Family name	First given name		Secondary give	en names
Title	Chief Executive Officer				
Name of issuer/underwriter/ investment fund manager	Marapharm Ventures Inc				
Telephone number	7785834476	Email address	linda@ma		
Signature	Linda Sampson	Date	2016	09	29
		_	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 Family name First given name Secondary given names Name of company Telephone number Email 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:

- 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.