Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8752602

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	If amend	led, prov	vide fi	ling da	te of	report	that is I	being ame	ended		(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYI	NG THE	Report									
Indicate the party certifying the re Instrument 81-106 Investment Fu		-	-		-	-			estment fund,	refer to secti	on 1.1 of National
Investment fund issuer											
✓ Issuer (other than a	an investr	nent fun	d)								
			- /								
Item 3 - Issuer Name and Other Identifiers											
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.											
Full legal name Freedom Cannabis Inc.											
Previous full legal name											
If the issuer's name changed in the last 12 months, provide most recent previous legal name.											
l v	Website (if applicable)										
If the issuer has a legal entity ide	entifier <u>,</u> prov	ide below.	Refer t	o Part B	of the l	Instructio	ons for th	ne definition o	of "legal entity	∕ identifier″.	
Legal entity id	dentifier										
If two or more issuers distributed	a single sec	urity, prov	ide the	full lega	al name	e(s) of the	e co-issue	er(s) other th	an the issuer r	named above	<u>'</u> .
Full legal name(s) of co-is	ssuer(s)							(if applicable	e)		
	L										
ITEM 4 - UNDERWRITER I	NFORMA	ATION									
If an underwriter is completing th	he report, pr	ovide the l	underw	riter's fu	ll legal	name al	nd firm N	NRD number.			1
Full legal name						T					
Firm NRD number							(if appl	licable)			
If the underwriter does not have a	a firm NRD	number, p	rovide	the head	l office	contact	informati	ion of the un	derwriter.		_
Street address]
Municipality							Provi	nce/State]
Country						Post	tal code	Zip code			
Telephone number								Website			(if applicable)

ITEM 5 - ISSUER INFORMATION									
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.									
a) Primary industry									
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.									
NAICS industry code 1 1 1 4 1 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 Cryptoassets Private companies Cryptoassets									
b) Number of employees									
Number of employees: Image: 0 - 49 50 - 99 100 - 499 500 or more									
c) SEDAR profile number									
Does the issuer have a SEDAR profile?									
No✓ YesIf yes, provide SEDAR profile number00045397									
If the issuer does not have SEDAR profile complete item 5(d) - (h).									
d) Head office address									
Street address Province/State									
Municipality Postal code/Zip code									
Country Telephone number									
e) Date of formation and financial year-end									
Date of formation Financial year-end YYYY MM DD									
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
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investing in the investment fund issuers Is a UCIT's Fund's) Understaining in other investment fund issuers Is a UCIT's Fund's) are investment fund issuers Is a UCIT's Fund's) are investment fund is regulated by the European Union Contractives that allow collective investment of tansfieable Securities funds (UCIT's Funds) are investment fund is regulated by the European Union Context in a manager in any indication of Canada? No
Full legal name
Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purci conn	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.												
a)	Cur	rency	/										
		<i>currei</i> dian	-			in which the distr US dollar	ibution was made. A	All dollar amounts prov		he report m	ust be in Canadi	an dollars.	
b)	b) 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 2019 03 11 YYYY MM DD YYYY MM DD													
C)	Det	ailed	nurc	hase	er info	rmation	22						
1			•				h purchaser and	attach the schedul	e to the	e comnlet	ed report		
	<u> </u>				-					- complet			
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		of security	Number of securities		Single or lowest price	Highest price	Total amount					
U	вs					1 Common Share and 1/2 6,366,678.00 0.6000 Warrant					3,820,006.80		
e) Details of rights and convertible/exchangeable securities													
were	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.												
excl	nvertib nangea urity c	able		iderlyi urity c		Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conve rat		Describe other items (if applicable)		
w	N	т	С	М	S	Lowest 0.8500	Highest	2020-03-10	1:1	e: ad th 30 pi ed tw	listed on a designated stock cchange, the Corporation may ccelerate the expiry date of e warrants from one year to 0 days if the average closing ice of the common shares is qual to or exceeds \$1.25 for venty consecutive trading ays.		
f)	Sum	imary	/ of tl	he di	stribut	tion by jurisdic	tion and exemption	n					
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.													
			ince o	r			Exemption relied	lon		per of unique	^a Total a	mount (Canadian \$)	
			untry erta			NI 45-106 2.			p	ourchasers	26	3,530,006.40	
						EE 000 20							

AlbertaNI 45-106 2.5 [Family, friends and business
associates]155,000.20British ColumbiaNI 45-106 2.3 [Accredited investor]3160,000.20

Nova Scotia	NI 45-106 2.3 [Accredited investor]	1	75,000.00
	Total dollar amount of se	curities distributed	3,820,006.80
	Total number of unique purchasers ^{2b}	31	

^{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.³ 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)

ITEM 8 - COMPENSATIO	N INFORMATION							
Provide information for each pe the distribution. Complete add						•	n in connection with	
Indicate whether any compens	ation was paid, or will be p	aid, in connecti	on with the distri	bution.				
🗌 No 🗹 Yes	If yes, indicate nur	nber of perso	ons compensate	ed.	7			
a) Name of person comp	ensated and registratior	n status						
Indicate whether the person con	npensated is a registrant.		✓ No		Yes			
If the person compensated is an	individual, provide the nan	ne of the individ	lual.					
Full legal name of indiv	idual							
	Family r	ame	Firs	t given na	me	Secondary	given names	
If the person compensated is no	t an individual, provide the	following infor	mation.					
Full legal name	of non-individual 1859	866 Alberta L	td.					
Fi	rm NRD number				(if app	licable)		
Indicate whether the person con	npensated facilitated the dis	stribution throu	gh a funding por	tal or an i	internet-based	portal.	🖊 No 🗌 Yes	
b) Business contact infor								
If a firm NRD number is not pro	-	the business co	ntact informatior	n of the pe	erson being cor	mpensated.		
Street address	9927 163 Street NW							
Municipality	Edmonton			Pro	ovince/State	Alberta		
Country	Canada		F	ostal co	de/Zip code	T5P 3N3		
Email address	glrobinsonmac@gmail.c	om		Teleph	one number	7802399925	5	
c) Relationship to issuer	or investment fund man	ager						
Indicate the person's relationshi the Instructions and the meanin							ted" in Part B(2) of	
Connect with the issu	er or investment fund mana	ager		Insider o	f the issuer (ot	her than an inve	stment fund)	
Director or officer of th	ne investment fund or inves	stment fund ma	inager	Employe	e of the issuer	or investment fu	nd manager	
\checkmark None of the above								
d) Compensation details								
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securities-base ch as clerical, printing, legal e directors, officers or emplo	d compensatio or accounting	n, gifts, discounts services. An issue	or other o r is not re	compensation. quired to ask fe	Do not report pay	yments for services	
Cash commissions pa				S	ecurity code 1	Security code 2	Security code 3	
Value of all securitie distributed as compensation	-	S	Security codes					
Describe to	erms of warrants, options o	r other rights						
Other compensation	15	Describe						
Total compensation pa	id 40,000.00							
Check box if the per	rson will or may receive an	y deferred com	pensation (desc	ribe the te	erms below)			
⁴ Provide the aggregate value of	of all securities distributed a	s compensatio	n, <u>exc</u> ludina opti	ons. warr	ants or other r	ights exercisable	to acquire	
additional securities of the issu rights exercisable to acquire ad	er. Indicate the security co	des for all secu						
⁵ Do not include deferred comp								

a) Name of person compensated a	nd registration status								
Indicate whether the person compensated is	a registrant.	✓ No	Yes						
If the person compensated is an individual,	provide the name of the indivi	dual.							
Full legal name of individual Ria	ıka	Zac							
	Family name First given name Secondary given names								
If the person compensated is not an individu	al, provide the following infor	mation.							
Full legal name of non-ind	vidual								
Firm NRD n	umber		(if appl	icable)					
Indicate whether the person compensated for	acilitated the distribution throu	ugh a funding portal or o	an internet-based p	oortal.	No 🗌 Yes				
b) Business contact information									
If a firm NRD number is not provided in Iter		ontact information of th	e person being com	pensated.					
Street address 5613 144	Street NW								
Municipality Edmonton			Province/State	Alberta					
Country Canada		Postal	code/Zip code	T6H 4H4					
Email address riauka@ua	lberta.ca	Tele	phone number	7809521556					
c) Relationship to issuer or investm	ent fund manager								
Indicate the person's relationship with the is the Instructions and the meaning of "contro				ning of "connecte	ed" in Part B(2) of				
Connect with the issuer or investi		· · · _ ·	er of the issuer (oth	er than an invest	ment fund)				
Director or officer of the investme		_							
			oyee of the issuer of		u manager				
\checkmark None of the above									
d) Compensation details									
Provide details of all compensation paid, or Canadian dollars. Include cash commissions									
incidental to the distribution, such as clerica	, printing, legal or accounting	services. An issuer is no	t required to ask fo						
allocation arrangements with the directors, o		individual compensated	by the issuer.						
Cash commissions paid	16,000.00		Security code 1	Security code 2	Security code 3				
Value of all securities distributed as compensation ⁴		Security codes							
	rants, options or other rights								
Other compensation ⁵	Describe								
Total compensation paid	16,000.00								
Check box if the person will or	may receive any deferred cor	npensation (describe th	e terms below)						
⁴ Provide the aggregate value of all securiti additional securities of the issuer. Indicate									
rights exercisable to acquire additional sec ⁵ Do not include deferred compensation.			npensation, <u>incluu</u>	<u></u>					

a) Name of person comp	pensated and regis	tration sta	atus												
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 indiv	vidual Ross			Valeri	е										
	Family name First given name Secondary given names														
If the person compensated is n	If the person compensated is not an individual, provide the following information.														
Full legal name	of non-individual														
F	irm NRD number								(if app	plical	ole)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves															
b) Business contact info	rmation														
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the	business c	ontact info	rmatior	n of the	e perso	on bei	ing co	mpei	nsated.				
Street address	16412 - 73 Street	NW													
Municipality	Edmonton						Provi	nce/	State	A	lberta				
Country	Canada				F	Postal	code	e/Zip	code	Т	5Z 3Y	3			
Email address	valerie@bossmed	lical.ca				Tele	phon	e nui	mber	7	80863	37537			
c) Relationship to issuer															
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.															
Director or officer of				anager							nvestm				
 ✓ None of the above 				anager		Emple	,yee e		1000001	1 01 11	westin	ontran	aman	ugoi	
d) Compensation details							<u> </u>								
Provide details of all compensation Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securitie Ich as clerical, printing	es-based co g, legal or a	mpensatic ccounting	on, gifts, di: services. A	scounts In issue	or oth r is not	er con requ	npens ired to	ation. 5 ask f	Do r	not repo	ort payı	nents	for se	rvices
Cash commissions pa	aid					[Secu	urity co	ode 1	Se	ecurity c	ode 2	Secu	rity co	de 3
Value of all securition distributed as compensation	1 28.21	50.07	:	Security co	odes		С	М	S						
	terms of warrants, op	utions or oth	ner rights												
Other compensation	on ⁵		Describe												
Total compensation pa	aid 28,25	50.07													
Check box if the pe	erson will or may rece	eive any de	ferred cor	npensatior	n (desci	ribe the	e term	ns bel	ow)						
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secu additional securities o	irity codes	for all sec												r

a) Name of person com	pensated and registration	status									
Indicate whether the person co	ompensated is a registrant.		✓ No		Yes						
If the person compensated is a	n individual, provide the nam	e of the individ	lual.								
Full legal name of indi	vidual										
Family name First given name Secondary given names											
If the person compensated is n	If the person compensated is not an individual, provide the following information.										
Full legal name	e of non-individual Hydro	-Lite Comme	ercial Consultin	ng Ltd.							
F	Firm NRD number					(if ap	plicable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves											
b) Business contact info	rmation										
If a firm NRD number is not pr	rovided in Item 8 (a), provide t	the business co	ntact information	n of the	person	being c	ompensated	1.			
Street address	12249 Fort Rd NW										
Municipality	Edmonton			Р	Provin	ce/State	e Albert	а			
Country	Canada		F	Postal c	code/z	Zip code	e T5B 4	H2			\exists
Email address	mag69@telus.net			Telep	hone	numbe	r 78047	77860			\exists
c) Relationship to issue	r or investment fund mana	iger									
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.											
	uer or investment fund mana		or the purposes o		•		n. other than a	n invest	ment fi	und)	
		-									
	the investment fund or invest	iment fund ma	nager	Employ	/ee of	ine issue	er or investi	nent fun	a mana	iger	
✓ 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	commissions, securities-based uch as clerical, printing, legal (d compensation or accounting :	n, gifts, discounts services. An issue	or othei er is not i	r comp require	ensatior d to ask	. Do not rej	port payr	ments fo	or servio	ces
Cash commissions p	· ·	,,									
Value of all securiti				- 1		ty code 1 M S	Security	code 2	Securi	ty code	3
distributed as compensation	12 200 02	S	Security codes	es C M S							
Describe	terms of warrants, options or	other rights									
Other compensation	on ⁵	Describe									
Total compensation p	aid 13,200.02										
Check box if the p	erson will or may receive any	deferred com	pensation (desc	ribe the	terms	below)					
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the security coo additional securities of the iss	les for all secu									

a) Name of person com	pensated and regis	tration status													
Indicate whether the person co	ompensated is a regist	rant.		✓ No] Ye	S							
	If the person compensated is an individual, provide the name of the individual.														
Full legal name of indi	vidual Potestio			Steph	ano										
		Family name		•	Firs	st given	name				Seco	ondary g	iven na	ames	
If the person compensated is not an individual, provide the following information.															
Full legal name	e of non-individual														
F	Firm NRD number (if applicable)														
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.															
b) Business contact info	ormation														
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the busin	ness co	ntact info	rmatior	n of the	perso	on bei	ing cor	mpen	sated.				
Street address	11818 95 St NW														
Municipality	Edmonton					I	Provi	nce/	State	A	lberta				
Country	Canada				F	Postal	code	/Zip	code	Т	7X 6J4	4			
Email address	stephanopotestio	@hotmail.com	1			Tele	phon	e nui	mber	78	80991	8000			
c) Relationship to issuer or investment fund manager															
the Instructions and the means	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.														
Director or officer of	the investment fund c	or investment fu	nd ma	nager	\checkmark	Emplo	yee o	t the	issuer	r or in	vestme	ent fun	d man	ager	
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	commissions, securitie uch as clerical, printing he directors, officers o	es-based compe g, legal or accou	nsatioi Inting :	n, gifts, di services. A	scounts An issue	or othe r is not	er con requi	npens red to	ation. 5 ask fe	Do n	ot repo	ort payr	nents	for ser	vices
Cash commissions p	aid						Secu	rity co	ode 1	Se	curity co	ode 2	Secu	rity coo	de 3
Value of all securiti distributed as compensation		00.01	S	Security c	odes		С	Μ	S						
	terms of warrants, op	utions or other ri	ights												
Other compensation	on⁵	Dese	cribe												
Total compensation p	aid 4,00	00.01													
Check box if the p	erson will or may rece	eive any deferre	ed com	pensatio	n (desci	ribe the	e term	s bel	ow)						
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the secu additional securities o	irity codes for a													r

a) Name of person com	pensated and regis	tration status											
Indicate whether the person co	mpensated is a regist	rant.	\checkmark	No		Yes	;						
If the person compensated is a	n individual, provide t	he name of the in	dividual.										
Full legal name of indi	vidual Garneau		Na	athaniel									
		Family name	•	Fir	st given r	name			Se	econdary	given n	ames	
If the person compensated is not an individual, provide the following information.													
Full legal name	e of non-individual												
F	Firm NRD number (if applicable)												
Indicate whether the person co	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.												
b) Business contact info	rmation												
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the busines	s contact	informatio	n of the	perso	n beir	ng con	npensate	d.			
Street address	54032 Rge Rd 26	2											
Municipality	Sturgeon County				F	Provin	nce/S	State	Albert	a			
Country	Canada			I	Postal	code/	Zip c	code	T8T 0	Z3			
Email address	nathanielgarneau	@gmail.com			Telep	ohone	e nun	nber	78091	51471			
c) Relationship to issuer or investment fund manager													
the Instructions and the means	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 Imployee of the issuer or investment fund manager None of the above None of the above												
d) Compensation details	8												
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t Cash commissions p	tion paid, or to be pai commissions, securitie ich as clerical, printing he directors, officers o	es-based compens g, legal or account	ation, gift ing servic	s, discounts es. An issue	s or othe er is not	er com requir	penso ed to	ation. I ask fo	Do not re	port pay	ments	for ser	vices
-					-	Secur			Security	code 2	Secu	rity coo	de 3
Value of all securiti distributed as compensation	7 20	00.05	Secur	ty codes		С	М	S					
Describe	terms of warrants, op	tions or other right	its										
Other compensation	on ⁵	Descri	pe										
Total compensation p	aid 7,20	00.05											
Check box if the p	erson will or may rece	eive any deferred	compens	ation (desc	ribe the	e terms	s belc	ow)					
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the secu additional securities o	irity codes for all s											r

a) Name of person com	pensated and registrat	ion status								
Indicate whether the person co	mpensated is a registrant		✓ No		Yes					
If the person compensated is a	n individual, provide the r	name of the indivi	dual.							
Full legal name of indi	vidual									
	Fam	ily name	Fir	st given nar	me		Seco	ndary given	names	
If the person compensated is not an individual, provide the following information.										
Full legal name	e of non-individual Ry	al & Co. Inc.								
F	Firm NRD number				(if	fappli	cable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a), prov	ide the business co	ontact informatio	n of the pe	erson being	g com	pensated.			
Street address	9028 Valleyview Dr N	W								
Municipality	Edmonton]	Pro	ovince/St	ate	Alberta			
Country	Canada			Postal co	ode/Zip co	ode	T5R 5T6	6		
Email address	ryalco2@gmail.com			Teleph	one num	ber	7802220	0409		
c) Relationship to issuer	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 iss	uer or investment fund m	anager		Insider of	f the issue	r (oth	er than an	investmen	t fund)	
Director or officer of	the investment fund or in	vestment fund ma	anager	Employe	e of the is	suer c	or investme	ent fund ma	anager	
✓ 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	commissions, securities-b ıch as clerical, printing, le	ased compensatic gal or accounting	n, gifts, discounts services. An issue	s or other o er is not ree	compensat quired to c	tion. D ask for	o not repoi	rt payment	s for se	ervices
Cash commissions p	aid			S	ecurity cod	e 1	Security co	de 2 Se	curity co	de 3
Value of all securiti distributed as compensation	1 000 0	01	Security codes	S						
	terms of warrants, option	s or other rights								
Other compensation	on⁵	Describe								
Total compensation pa	aid 4,000.0)1								
Check box if the pe	erson will or may receive	 any deferred con	npensation (desc	ribe the te	erms belov	v)				
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the security additional securities of the	codes for all sect								er

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.									
Indicate whether the issuer is any c	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 o	f foreign public issue	er]	
Issuer distributing only eligi	ble foreign securitie	s and the distributio	on is to permitted clie	ents only ⁷				-	
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item	10.					
securities that are required by law t respectively. ⁷ Check this box if it applies to the c	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,								
✓ If the issuer is none of the									
a) Directors, executive office	rs 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	Family name First given name		Business loc non-individe resident jurisdictio individu		issuer apply)			
				Province or	Province or country		0	Р	
	Potestio	Julie		Alberta		✓	 ✓ 	✓	
	Potestio	Gianfranco		Alberta		~	 ✓ 	\checkmark	
	Dezwart	Troy		Alberta		~	 ✓ 	\checkmark	
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 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								
		residential address	for each individua	l listed in Item 9	(a) and (h) and att	ach to t	he	
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	Freedom Cannabis Inc.								
Full legal name	Potestio Julie			Cecile					
	Family name	First given name		ames					
Title	President								
Telephone number	7809081572	Email address	juliepo	nabis.ca					
Signature	(signed) "Julie Potestio" Da		2019	9 03	18				
			YYYY	Y 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		Er	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.