# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8714906

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)											
ITEM 2 - PARTY CERTIFYING THE REPORT											
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.											
Investment fund issuer											
✓ Issuer (other than an investment fund)											
ITEM 3 - ISSUER NAME											
Provide the following informat	egal name				invest	ment fu	nd, abou	it the fund.			
	-	Green S	SKY La	ids inc.							
Previous full le											
If the issuer's name ch	anged in the	e last 12 ma	onths, pi	rovide mos	t rece	nt previ	ous lega	l name.			
	Website	www.gr	eensk	ylabs.cc	m			(if applicable	e)		
If the issuer has a legal entity i	identifier <u>,</u> pro	vide below	. Refer t	o Part B o	f the I	nstructio	ons for ti	he definition o	of "legal entity	∕ identifier″.	
Legal entity	identifier										
If two or more issuers distribut	ed a single s	ecurity, pro	vide the	full legal	name	(s) of th	e co-issu	ier(s) other th	an the issuer i	named above	•
Full legal name(s) of co	o-issuer(s)							(if applicable	e)		
Item 4 - Underwriter											
If an underwriter is completing	the report, p	provide the	underw	riter's full	legal	name ai	nd firm I	NRD number.			1
Full legal name						<b>I</b>	1				
Firm NRD number							(if app	olicable)			
If the underwriter does not hav	e a firm NRI	O number,	provide	the head c	office o	contact	informat	tion of the un	derwriter.		7
Street address											1
Municipality							Prov	ince/State			
Country						Pos	tal code	e/Zip code			
Telephone number								Website			(if applicable)

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 5 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 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 🗍 50 - 99 🗍 100 - 499 🗍 500 or more
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No       If yes, provide SEDAR profile number       0       0       3       8       8       7
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

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 mana	ger 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	t most accurately identifies the issuer (select only one) .
Money market	Equity Fixed income Balanced
Alternative strateg	ies Cryptoasset Other (describe)
Indicate whether one or bot	n of the following apply to the investment fund .
Invests primarily in	other investment fund issuers
Is a UCITs Fund <sup>1</sup>	
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union 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 format	ion Financial year-end
	YYYY MM DD MM DD
d) Reporting issuer st	atus of the investment fund
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes
	of Canada in which the investment fund is a reporting issuer.
	AB BC MB NB NL NT
	NU ON PE QC SK YT
e) Public listing status	of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	licly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the ot a trading facility such as, for example, an automated trading system.
Exchange n	
f) Net asset value (NA	V) 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	DM \$500M to under \$1B \$1B or over Date of NAV calculation:
	YYYY MM DD

TEM 7 - INFORMATION	ABOUT THE [	DISTRIBUTION								
If an issuer located outside of Ca purchasers resident in that jurisc connection with the distribution, Schedule 1 of the report.	liction of Canada	only. Do not include	in Item 7 securities iss	ued as payme	nt of c	ommiss	sions or fi	nder's fees in		
a) Currency										
Select the currency or currencies	in which the distr	ribution was made. A	All dollar amounts prov	ided in the re	port m	ust be i	in Canadio	an dollars.		
$\checkmark$ Canadian dollar $\checkmark$	US dollar	Euro	Other (descri	ibe)						
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 d	<sup>ate</sup> 2019	01 22	End	date 2019	) (	01	22			
	YYYY	MM DD		YYYY	1	мм	DD			
c) Detailed purchaser info	ormation									
Complete Schedule 1 of th	is form for eac	h purchaser and	attach the schedu	le to the cor	nplet	ed rep	ort.			
d) Types of securities dis	tributed									
Provide the following informatic security code. If providing the Cl								ow to indicate the		
						C	Canadian \$			
Security code CUSIP number (if applicable)	Description	n of security	Number of securities	Single lowes price	t	Highe	est price	Total amount		
CMS		C M S 1,020,167.0						1,382,295.45		
			1,020,1011		3340		1.3500	, ,		
e) Details of rights and co	onvertible/excha	angeable securitie					1.0000	, ,		
If any rights (e.g. warrants, optic were distributed, provide the co	ons) were distribut	ed, provide the exerc	s sise price and expiry do	ite for each rig	jht. If a	iny con	vertible/e			
If any rights (e.g. warrants, optic	nns) were distribut nversion ratio and Exerci	ted, provide the exerc d describe any other ise price adian \$)	s sise price and expiry do	ite for each rig	jht. If a	ny con ecurity.	vertible/e			
If any rights (e.g. warrants, optic were distributed, provide the co Convertible / exchangeable Underlying	ons) were distribut nversion ratio and Exerci (Cana	ted, provide the exerc d describe any other ise price	S cise price and expiry da terms for each convert Expiry date	ite for each rig ible/exchange Conversion	jht. If a	ny con ecurity.	vertible/e	xchangeable securities		
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If any rights (e.g. warrants, optic were distributed, provide the co Convertible / exchangeable security code Underlying security code f) Summary of the distribut State the total dollar amount of purchaser resides and for each e distribution in a jurisdiction of C This table requires a separate lir purchaser resides, if a purchaser jurisdiction. For jurisdictions within Canada, Province or country British Columbia Ontario Québec Alberta	nrs) were distribut nversion ratio and Exerci (Cana Lowest ution by jurisdic securities distribu xemption relied o anada, include di the item for: (i) eact resides in a jurisd state the province NI 45-106 2. NI 45-106 2. NI 45-106 2.	tion and exemption the discribe any other isse price adian \$) Highest tion and exemption tion and exemption tion and exemption the distributions to purcha h jurisdiction where diction of Canada, and the or territory, otherw Exemption reliece .3 [Accredited in .3 [A	s S S S S S S S S S S S S S	te for each rig ible/exchange Conversion ratio jurisdiction of i an issuer la risdiction of C each exempt relied on in C	f Canada anada anada, unique <sup>2</sup>	any con ecurity. Descr da and outside only. ied on i , if a pu e 4 6 2 1 1	ribe other in foreign ju e of Canad in the juris	xchangeable securities tems (if applicable) rrisdiction where a la completes a scidiction where a esides in a foreign nount (Canadian \$) 55,999.35 324,553.50 341,922.60 519,750.00		

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.<sup>3</sup> 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>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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>							
Indicate wheth	her any compen	sation was paid, or will be paid, in connection with the distribution.						
🗌 No	✓ Yes	If yes, indicate number of persons compensated. 5						

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 t	he name of the indiv	idual.						
Full legal name of individual									
		Family name	Fir	st given name	I	Secondary given names			
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual Patrick J. Cronin Insurance & Financial Services									
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	rmation								
If a firm NRD number is not pro	ovided in Item 8 (a), p	rovide the business c	ontact informatio	n of the person l	being com	pensated.			
Street address	46 Mill Street								
Municipality	Dublin			Province	e/State	Ontario			
Country	Canada		]	Postal code/Zi	ip code	N0K 1E0			
Email address	pat@patrickjcroni	n.ca		Telephone r	number	5196718627			
c) Relationship to issuer	or investment fund	d manager							
Indicate the person's relationsh the Instructions and the meaning						ning of "connected" in Part B(2) of			
Connect with the issu	uer or investment fun	d manager		Insider of the is	ssuer (oth	er than an investment fund)			
Director or officer of t	the investment fund o	or investment fund m	anager	Employee of th	ne issuer c	or investment fund manager			
✓ None of the above			_						
d) Compensation details									
Provide details of all compensation Canadian dollars. Include cash	tion paid, or to be pai commissions, securiti ich as clerical, printing	es-based compensation g, legal or accounting	on, gifts, discounts services. An issue	s or other compe er is not required	ensation. D I to ask for	ribution. Provide all amounts in To not report payments for services details about, or report on, internal			
Cash commissions pa	aid 11,9	99.99		Security	code 1	Security code 2 Security code 3			
Value of all securitie distributed as compensatio			Security codes	WN					
Describe	Describe terms of warrants, options or other rights 8,889 warrants. Each warrant entitles the holder thereof to purchase one common share of the issuer at an exercise price of \$1.35 per common share until the date that is one year from the date of the distribution.								
Other compensatio	n <sup>5</sup>	Describe							
Total compensation pa	aid 11,99	99.99							
Check box if the pe	erson will or may rece	eive any deferred cor	mpensation (desc	cribe the terms b	oelow)				
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the secu additional securities o	irity codes for all sec							

a) Name of person comp	pensated and regis	tration status								
Indicate whether the person co	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										
		Family name	Firs	t given name	Secondary given names					
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual Clarity Eye Institute										
Firm NRD number (if applicable)										
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 co	ontact informatior	n of the person being com	npensated.					
Street address	240 Alton Towers	Cir #300								
Municipality	Scarborough			Province/State	Ontario					
Country	Canada		F	Postal code/Zip code	M1V 3Z3					
Email address	gpsanghera@gma	ail.com		Telephone number	4166633937					
c) Relationship to issuer	or investment fund	d manager	-							
Indicate the person's relationsh the Instructions and the meani					nning of "connected" in Part B(2) of					
Connect with the issu	-		· · ·		er than an investment fund)					
		-		·						
Director or officer of t	the investment lund t	n investment rund ma		Employee of the issuer of	or investment fund manager					
✓ None of the above										
d) Compensation details	;									
Canadian dollars. Include cash	commissions, securitie Ich as clerical, printing	es-based compensatio g, legal or accounting	n, gifts, discounts services. An issue	or other compensation. L r is not required to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal					
Cash commissions pa	aid 3,90	66.19		Security code 1	Security code 2 Security code 3					
Value of all securition distributed as compensation			Security codes	W N T						
	terms of warrants, op	tions or other rights	2 029 warrant	e Each warrant ontitle	as the holder thereof to					
Describe	ternis of warrants, op		purchase one	common share of the ommon share until the	es the holder thereof to issuer at an exercise price e date that is one year from					
Other compensation	on <sup>5</sup>	Describe								
Total compensation pa	aid 3,96	6.19								
Check box if the pe	erson will or may rece	eive any deferred con	npensation (desci	ribe the terms below)						
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the secu additional securities o	irity codes for all sect	on, <u>excluding</u> opti urities distributed	ons, warrants or other rig as compensation, <u>inclua</u>	ghts exercisable to acquire l <u>ing</u> options, warrants or other					

a) Name of person comp	ensated and regis	tration	status							
Indicate whether the person cor	npensated is a regist	rant.			🗌 No		$\checkmark$	Yes		
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
Family name     First given name     Secondary given names										
If the person compensated is no	If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual Quantus Investment Corp.										
Firm NRD number32820(if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves										
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), p	orovide i	the busines	s co	ntact info	rmation	of the	person b	peing con	npensated.
Street address										
Municipality							Р	rovince	e/State	
Country						Ρ	ostal c	code/Zi	p code	
Email address							Telep	hone n	umber	
c) Relationship to issuer	or investment fun	d mana	ager							
Indicate the person's relationshi the Instructions and the meanin										nning of "connected" in Part B(2) of
Connect with the issu	-			- 1-			-	-		ner than an investment fund)
Director or officer of the	ne investment fund o	or inves	tment fund	ma	nager		Employ	vee of th	e issuer	or investment fund manager
✓ None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash c	ommissions, securiti ch as clerical, printin	es-based g, legal	d compensa or accounti	ntior ng s	n, gifts, dis services. A	counts n issuer	or othei r is not i	r compe required	nsation. L ' to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	[	80.08					Г	Security		Security code 2 Security code 3
Value of all securitie distributed as compensatio				S	ecurity co	des		W N		
Describe to	erms of warrants, op	otions o	r other right		purchas	e one per co	comm ommor	on sha n share	re of the	es the holder thereof to e issuer at an exercise price e date that is one year from
Other compensation	n <sup>5</sup>		Describ	e						
Total compensation pa	id 2,08	30.08								
Check box if the pe	rson will or may reco	eive any	/ deferred c	com	pensatior	(descr	ibe the	terms b	elow)	
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	er. Indicate the secu dditional securities o	irity cod	les for all s							

a) Name of person com	pensated and regist	tration status								
Indicate whether the person co	Indicate whether the person compensated is a registrant. V No Yes									
If the person compensated is an individual, provide the name of the individual.										
Full legal name of indi	vidual									
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 Hinge Markets Inc.										
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	rovided in Item 8 (a), pr	rovide the business co	ontact informatio	n of the per	rson being cor	npensated.				
Street address	562 Huron Street									
Municipality	Toronto			Prov	vince/State	Ontario				
Country	Canada			Postal cod	le/Zip code	M5R 2R7				
Email address	rjwhite@hingemarl	kets.com		Telepho	ne number	4162747762				
c) Relationship to issue	r or investment fund	manager								
Indicate the person's relations the Instructions and the mean							ed" in Part B(2) of			
	uer or investment fund				-	her than an inves	tment fund)			
	the investment fund o	-				or investment fur				
				Employee			iu 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 t	commissions, securitie uch as clerical, printing	s-based compensatio , legal or accounting	n, gifts, discounts services. An issue	s or other co er is not requ	ompensation. uired to ask fo	Do not report pay	ments for services			
Cash commissions p	aid			Se	curity code 1	Security code 2	Security code 3			
Value of all securiti	es 4 00		Security codes	С	M S					
distributed as compensation										
Describe	terms of warrants, opt	tions or other rights								
Other compensation	on⁵	Describe								
Total compensation p	aid									
Check box if the p	erson will or may rece	ive any deferred con	pensation (desc	ribe the ter	ms below)					
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred com,	uer. Indicate the secu additional securities of	rity codes for all secu								

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 an individual, provide the name of the individual.							
Full legal name of indiv	vidual Emary		Kelly				
		Family name	Firs	st given name	Secondary given names		
If the person compensated is n	ot an individual, provi	de the following info	rmation.				
Full legal name	of non-individual						
Firm NRD number (if applicable)							
Indicate whether the person co	mpensated facilitatea	the distribution throu	ugh a funding por	tal or an internet-based	portal. 🗸 No 🗌 Yes		
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a), p	rovide the business c	ontact information	n of the person being con	npensated.		
Street address	6100 Pinnacle Pla	ce					
Municipality	Duncan			Province/State	British Columbia		
Country	Canada		F	Postal code/Zip code	V9L 5K7		
Email address	derweed@shaw.c	а		Telephone number	2507156429		
c) Relationship to issuer	or investment fund	d manager					
Indicate the person's relationsh the Instructions and the meani					aning of "connected" in Part B(2) of		
Connect with the issu	uer or investment fun	d manager		Insider of the issuer (ot	ner than an investment fund)		
Director or officer of	the investment fund o	or investment fund ma	anager	Employee of the issuer	or investment fund manager		
✓ None of the above							
d) Compensation details							
Provide details of all compensation Canadian dollars. Include cash	tion paid, or to be pai commissions, securitie ich as clerical, printing	es-based compensatic g, legal or accounting	on, gifts, discounts services. An issue	or other compensation. r is not required to ask fo	tribution. Provide all amounts in Do not report payments for services or details about, or report on, internal		
Cash commissions pa	aid 2,39	99.87		Security code 1	Security code 2 Security code 3		
Value of all securition distributed as compensation			Security codes				
Describe terms of warrants, options or other rights 1,778 warrants. Each warrant entitles the holder thereof to purchase one common share of the issuer at an exercise price of \$1.35 per common share until the date that is one year from the date of the distribution.							
Other compensatic	n <sup>5</sup>	Describe					
Total compensation pa	aid 2,39	99.87					
Check box if the pe	erson will or may rece	eive any deferred cor	npensation (desc	ribe the terms below)			
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the secu additional securities o	irity codes for all sec	on, <u>excluding</u> opti urities distributed	ions, warrants or other n as compensation, <u>inclu</u>	ghts exercisable to acquire <u>ding</u> options, warrants or other		

ITEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	TERS OF THE ISS	UER				
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	ltem 10.					
Indicate whether the issuer is any o	f the following (selec	t the one that appli	es - if more than one	applies, select onl	y one).			
Reporting issuer in any juri	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer ir	n any jurisdiction of	Canada <sup>6</sup>					
Provide name of reporting issuer								]
Wholly owned subsidiary of	a foreign public iss	uer <sup>6</sup>						_
Provide name of foreign public issuer								]
Issuer distributing only eligi	ble foreign securities	s and the distributio	on is to permitted clier	nts only <sup>7</sup>				
If the issuer is at least one of the	above, do not com	olete Item 9(a) – (d	c). Proceed to Item 1	.0.				
<sup>6</sup> An issuer is a wholly owned subsid securities that are required by law t respectively. <sup>7</sup> Check this box if it applies to the c clients. Refer to the definitions of "e ✓ If the issuer is none of the	o be owned by its di urrent distribution ev ligible foreign securi	rectors, are benefic ren if the issuer mad ity" and "permitted o	ially owned by the re, de previous distributio client" in Part B(1) of	porting issuer or i ons of other types	the foreign	public is	ssuer,	
a) Directors, executive officer	s and promoters of	of the issuer						
Provide the following information fo territory; otherwise state the country						state the	province	or
Organization or company name	Family name	First given name	Secondary given				lationship to issuer elect all that apply)	
				Province or	country	D	0	Р
	Huda	Rehan		Ontario 🗸		✓	~	
	Anwer	Sarwat		Ontario			✓	
	Baron	Gregory		British Columb	ia		<ul> <li>✓</li> </ul>	
	Graw	Richard		Alberta		✓		
b) Promoter information				· · ·				
If the promoter listed above is not ar within Canada, state the province or								
Organization or company name	Family name	First given name	Secondary given	Residential jurisdiction of individual Relationship to (select one or both				
				Province or country	D		С	)
c) Residential address of eac								

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	Green Sky Labs Inc.						
Full legal name	Anwer Sarwat						
	Family name	First given name		Secondary given names			
Title	Chief Financial Officer						
Telephone number	9054916905	Email address	sarwat.anwer@greenskylabs.com			abs.com	
Signature	"Sarwat Anwer"	Date	2019	02	01		
			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	Degas	Boris			Title	Student at Law
	Family name	First given name	Secondary gi	iven names		
Name of company	Burstall LLP					
Telephone number	4034780841	En	ail address	degas@burs	tall.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.