# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9007071

ITEM 1 - REPORT TYPE									
✓ New report									
☐ Amended report If amer	nded, provide filing date	of report that is being a	amended	(YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYING THE	REPORT								
Indicate the party certifying the report (sele Instrument 81-106 Investment Fund Contin			investment fund, refer to sec	tion 1.1 of National					
	☐ Investment fund issuer								
✓ Issuer (other than an investment fund)									
Underwriter	unoni rana)								
_	•								
TEM 3 - ISSUER NAME AND OTHER IDENTIFIERS									
Provide the following information about th		vestment fund, about the fun	d.						
Full legal name Synaptive Medical Inc.									
Previous full legal name									
If the issuer's name changed in the	e last 12 months, provide most	recent previous legal name.							
Website	www.synaptivemedical	.com (if appli	cable)						
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of t	he Instructions for the definit	ion of "legal entity identifier".						
Legal entity identifier									
If two or more issuers distributed a single s	ecurity, provide the full legal no	ame(s) of the co-issuer(s) other	er than the issuer named abov	<i>'e</i> .					
Full legal name(s) of co-issuer(s)		(if appli	cable)						
I									
ITEM 4 - UNDERWRITER INFORM									
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD num	ber.	$\neg$					
Full legal name									
Firm NRD number		(if applicable)							
If the underwriter does not have a firm NR	D number, provide the head off	ice contact information of the	e underwriter.						
Street address									
Municipality		Province/Sta	te						
Country		Postal code/Zip cod	de						
Telephone number		Webs	te	(if applicable)					

Primary industry	Item 5 - Issuer Information
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely carreapponds to the issuer sprimary business activity.  NAICS industry code  3 3 9 1 1 0  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 cotegory that best describes the issuer's stope of operations.  Exploration   Development   Production    5 the issuer's primary business to invest oil or substantially oil of its assets in any of the following? If yes, select all that apply.    Montgages   Real estate   Commercial/business debt   Consumer debt   Private companies	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
The issuer is in the mining industry, corder   San	a) Primary industry
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   Productors     Exploration   Development   Productors     Montgages   Real estate   Commercial/business debt   Consumer debt   Private companies     Cryptoassets     Number of employees     Number of employee	
mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production	NAICS industry code 3 3 9 1 1 0
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	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages   Real estate   Commercial/business debt   Consumer debt   Private companies	
Cryptoassets  b) Number of employees:	
Number of employees:	
C) SEDAR profile number    Does the issuer have a SEDAR profile?	b) Number of employees
Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 3 8 3 7 8  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Postal code/Zip code  Telephone number  Postal code/Zip code  Telephone number  b) Date of formation and financial year-end  Date of formation 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.  All AB BC MB NB 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  Exchange and not a trading facility such as, for example, an automated trading system.  Exchange name	Number of employees: ☐ 0 - 49 ☐ 50 - 99 ☑ 100 - 499 ☐ 500 or more
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Postal code/Zip code Telephone number  Date of formation and financial year-end  Date of formation 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.  All AB BC MB NB NB NL NT  NS NU ON PE QC SK YT   Public listing status  If the issuer is publicly listed, provide below (first 6 digits only)  CUSIP number  Exchange name  Exchange name	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Telephone number  e) Date of formation and financial year-end  Date of formation  Tyryy  MM  DD  Financial year-end  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.  All  AB  BC  MB  NB  NI  NI  NS  NU  ON  PE  QC  SK  YT   J Hubic listing status  If the issuer is publicly listed, 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	Does the issuer have a SEDAR profile?
d) Head office address  Street address  Municipality Country Postal code/Zip code Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end  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.  All AB BC MB NB 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 As for example, an automated trading system.  Exchange name	No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 3 8 3 7 8
Street address Province/State Municipality Postal code/Zip code Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end Date of formation Financial year-end 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.  All AB BC MB NB 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 Description 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	
Municipality  Country  Telephone number  Date of formation and financial year-end  Date of formation  YYYY MM DD  Financial year-end  MM DD  Financial year-end  MM DD  Telephone number  Financial year-end  MM DD  Financial year-end  MM DD  Telephone number  MM DD  Telephone number  Financial year-end  MM DD  Telephone number  Financial year-end  MM DD  Telephone number  Financial year-end  MM DD  Telephone number  MM DD  Telephone number  Financial year-end  MM DD  Telephone number  MM DD  Telephone number  Financial year-end  MM DD  Telephone number  Fin	d) Head office address
Country    Telephone number	Street address Province/State
e) Date of formation and financial year-end  Date of formation	Municipality Postal code/Zip code
Date of formation	Country Telephone number
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.  All AB BC MB NB NL NT NS NU ON PE QC SK YT  g) Public listing status  If the issuer has a CUSIP number GUSIP number CUSIP number Gustafus 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	e) Date of formation and financial year-end
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.  All 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 Such ange 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	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All 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 Distributed 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	f) Reporting issuer status
All 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	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
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	If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
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	AII AB BC MB NB NL NT
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	□ NS         □ NU         □ ON         □ PE         □ QC         □ SK         □ YT
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	g) Public listing status
exchange and not a trading facility such as, for example, an automated trading system.  Exchange name	
h) Size of issuer's assets	Exchange name
	h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an investment fund, provide the following information.						
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strateg	gies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
☐ Is a UCITs Fund¹						
<sup>1</sup> Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	and financial year-end of the investment fund					
Date of forma	tion Financial year-end 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					
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.					
☐ AII ☐	AB BC MB NB NL NT					
□ NS □	NU ON PE QC SK YT					
e) Public listing status	s of the investment fund					
If the investment fund has a	CUSIP number, provide below (first 6 digits only)					
	CUSIP number					
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.					
Exchange on an exchange and h						
-	AV) of the investment fund					
	investment fund as of the date of the most recent NAV calculation (Canadian \$).					
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M					
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation:  YYYY MM DD					

# **ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION**

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

١.	_	
a)	) Currency	,
u	, Cultility	

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)

# 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 12 06

End date 2019 12 16

#### c) Detailed purchaser information

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

### d) Types of securities distributed

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

					Canadian \$	
Security code	2 L Description of security L		Number of securities	Single or lowest price	Highest price	Total amount
UBS		Units consisting of one Class B Preferred Share and one-half of a Class B Preferred Share Purchase Warrant.	10,341,945.00	3.3000		34,052,037.43

# 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.

Convertible / exchangeable security code		able		derlyii urity c	•		se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)	
							Lowest	Highest			
	W	N	Т	Р	R	S	0.0000		2022-12-06		Exercisable at a price per share of US\$3.75 for a period ending December 6, 2022.

#### 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 iurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	16	10,044,268.40
British Columbia	NI 45-106 2.3 [Accredited investor]	4	1,120,292.80
Ontario	NI 45-106 2.3 [Accredited investor]	75	22,218,669.35
Ontario	NI 45-106 2.5 [Family, friends and business associates]	4	305,504.38
Québec	NI 45-106 2.3 [Accredited investor]	1	132,110.00

Saskatchewan	NI 45-106 2.3 [Accredited investor]	2	231,192.50
	Total dollar amount of se	curities distributed	34,052,037.43
	Total number of unique purchasers <sup>2b</sup>	102	

<sup>&</sup>lt;sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

# g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

<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)

<sup>&</sup>lt;sup>2b</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.

TEM 8 - COMPENSATION	INFORMATIC	N									
Provide information for each personal the distribution. <b>Complete additional Complete </b>						-	-		ation i	n connec	tion with
Indicate whether any compensati	ion was paid, or w	ill be paid, in conn	ection wit	h the distributio	on.						
No ✓ Yes	If yes, indica	ate number of pe	rsons co	mpensated.		8					
a) Name of person compen	sated and regis	stration status									
Indicate whether the person comp	ensated is a regist	rant.		No [	✓ Ye	S					
If the person compensated is an in	dividual, provide i	the name of the inc	lividual.								
Full legal name of individu	Full legal name of individual										
		Family name	·	First give	en name			Secor	ndary g	iven name	es
If the person compensated is not a	ın individual, prov	ide the following in	formatio	7.							
Full legal name of	non-individual	Atlas Capital									
Firm	NRD number	5 6	3 7	0		(if a	applica	able)			
Indicate whether the person comp	ensated facilitated	the distribution th	rough a f	unding portal o	r an inte	ernet-base	ed por	rtal.	<b>√</b>	No [	Yes
b) Business contact information	ation										
If a firm NRD number is not provid	ded in Item 8 (a), բ	provide the busines	s contact	information of t	the pers	on being	compe	ensated.			
Street address											
Municipality					Provi	ince/Sta	te				
Country				Post	al code	e/Zip cod	de [				
Email address				Те	lephon	e numbe	er				
c) Relationship to issuer or	investment fund	d manager									
Indicate the person's relationship with the Instructions and the meaning of								ing of "coi	nnecte	d" in Par	t B(2) of
Connect with the issuer	or investment fun	d manager		Insid	der of th	ne issuer	(other	than an	investr	ment fund	d)
Director or officer of the	investment fund	or investment fund	manager	Emp	oloyee o	of the issu	uer or	investme	nt fund	d manage	er
None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the o	nmissions, securiti as clerical, printin	es-based compenso g, legal or accounti	ntion, gifts ing service	, discounts or o es. An issuer is r	ther con	npensatio ired to asi	n. Do	not repor	rt payn	nents for	services
Cash commissions paid	83,2	29.30			Seci	urity code	1   5	Security co	de 2	Security	code 3
Value of all securities distributed as compensation <sup>4</sup>			Securit	y codes							
Describe terr	ns of warrants, or	 otions or other righ	ts								
Other compensation <sup>5</sup>		Describ	e								
Total compensation paid	83,22	29.30									
Check box if the person	Check box if the person will or may receive any deferred compensation (describe the terms below)										
<sup>4</sup> Provide the aggregate value of a	all securities distri	buted as compens	ation, exc	eluding options.	warran	ts or othe	er riahi	ts exercis	sable to	o acquire	•
additional securities of the issuer rights exercisable to acquire additional security and acquire additional security acquired acquire	. Indicate the secu	urity codes for all s	ecurities	distributed as c	rompens	sation, <u>inc</u>	cluding	g options,	, warra	ants or ot	ther

<sup>&</sup>lt;sup>5</sup>Do not include deferred compensation.

a) Name of person comp	pensated and regi	stration status										
Indicate whether the person co	mpensated is a regis	trant.		No		$\checkmark$	Yes					
If the person compensated is an individual, provide the name of the individual.												
Full legal name of indiv	/idual											
		Family name			First	given n	ame		Se	condary	given nam	es
If the person compensated is not an individual, provide the following information.												
Full legal name	of non-individual	Clarus Secu	rities In	C.								
F	irm NRD number	1 3	1	6	0			(if app	olicable)			
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),	provide the busi	ness con	tact inforn	mation	of the	person l	being coi	mpensated	d.		
Street address												
Municipality						P	rovince	e/State				
Country					Р	ostal c	code/Zi	p code				
Email address			Telephone number									
c) Relationship to issuer or investment fund manager												
Indicate the person's relationsh										'connect	ed" in Par	t 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 t		-	ınd man	ager				,	or investi			•
<u> </u>	and investment rand	or invocation to	ina man	lagoi	ш.		00 01 11	10 100001	01 11110011	mont rai	ia manag	OI.
✓ None of the above												
d) Compensation details												
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the	commissions, securiti ch as clerical, printin	ies-based compe ng, legal or accou	ensation, unting se	gifts, disc ervices. An	ounts o issuer	or othe is not i	r compe required	nsation. I to ask f	Do not re	port pay	ments for	services
Cash commissions pa	aid 57,4	67.85					Security	code 1	Security	code 2	Security	code 3
Value of all securities	es		Se	ecurity cod	des					Т		
distributed as compensation			_									
Describe t	terms of warrants, o	ptions or other r	ights									
Other compensatio	n <sup>5</sup>	Des	cribe									
Total compensation pa	57,4	67.85										
Check box if the pe	erson will or may rec	eive any deferre	ed comp	ensation	(descri	be the	terms b	elow)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities o	rurity codes for a										

a) Name of person compensated and	I 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 Galla	cher	William	R						
	Family name	First give	en name	Secondary given names					
If the person compensated is not an individuo	l, provide the following info	rmation.							
Full legal name of non-indiv	dual								
Firm NRD nu	mber		(if appli	cable)					
Indicate whether the person compensated fac	ilitated the distribution thro	ugh a funding portal or	an internet-based p	ortal. ✓ No ☐ Yes					
b) Business contact information									
If a firm NRD number is not provided in Item	8 (a), provide the business c	ontact information of th	he person being com	pensated.					
Street address 943 38 Aver	nue SW								
Municipality Calgary			Province/State	Alberta					
Country		Posta	al code/Zip code	T2T 2J3					
Email address liam@canno	nballcapital.net	Telephone number 4039911064							
c) Relationship to issuer or investme	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 investmen	fund or investment fund m	anager Emp	loyee of the issuer of	or investment fund manager					
✓ None of the above									
d) Compensation details									
Provide details of all compensation paid, or to									
Canadian dollars. Include cash commissions, s incidental to the distribution, such as clerical,									
allocation arrangements with the directors, of									
Cash commissions paid	13,871.55		Security code 1	Security code 2 Security code 3					
Value of all securities		Security codes							
distributed as compensation <sup>4</sup>	nts, options or other rights								
Other compensation <sup>5</sup>	Describe								
Total compensation paid	13,871.55								
Check box if the person will or m	ay receive any deferred cor	mpensation (describe the	he terms below)						
<sup>4</sup> Provide the aggregate value of all securities	s distributed as compensati	on, <u>excluding</u> options.	warrants or other rid	hts exercisable to acquire					
additional securities of the issuer. Indicate the rights exercisable to acquire additional security.	e security codes for all sec								
<sup>5</sup> Do not include deferred compensation.									

a) Name of person compen	sated and regist	ration status							
Indicate whether the person compe	ensated is a registro	ant.	✓ No	[	Yes				
If the person compensated is an individual, provide the name of the individual.									
Full legal name of individu	veitch		Jame	s		P	).		
	F	amily name		First give	en name		Secondary	given names	
If the person compensated is not a	n individual, provid	de the following info	ormation.						
Full legal name of	non-individual								
Firm	NRD number					(if appl	icable)		
Indicate whether the person compe	ensated facilitated	the distribution thro	ough a fund	ling portal o	r an intern	⊐ et-based p	ortal.	No Yes	
b) Business contact information									
If a firm NRD number is not provid	led in Item 8 (a), pr	ovide the business	contact info	ormation of t	the person	being com	pensated.		
Street address 200	04 Salisbury St.	SE							
Municipality Ca	Calgary				Provinc	e/State	Alberta		
Country Ca	nada	Ī	Post	al code/Z	ip code	T2G 4K2			
Email address jpv	eitch@gmail.co	m Telephone number				4038159965			
c) Relationship to issuer or	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 n	nanager	Emp	ployee of th	ne issuer o	or investment fur	id manager	
None of the above									
d) Compensation details									
Provide details of all compensation	•	•							
Canadian dollars. Include cash comincidental to the distribution, such a									
allocation arrangements with the d								,	
Cash commissions paid	132,11	0.00			Security	code 1	Security code 2	Security code 3	
Value of all securities			Security c	odes					
distributed as compensation <sup>4</sup>		:							
Describe term	ns of warrants, opt	ions or other rights							
Other compensation <sup>5</sup>		Describe							
Total compensation paid	132,110	0.00							
Check box if the perso	n will or may recei	ve any deferred co	mpensatio	n (describe	the terms b	pelow)			
<sup>4</sup> Provide the aggregate value of a	ll securities distrib	uted as compensa	tion. exclud	lina options	warrants o	or other ric	nhts exercisable	to acauire	
additional securities of the issuer. rights exercisable to acquire addit	Indicate the secur	rity codes for all se							
5Do not include deferred compens									

a) Name of person compensate	ed and registration	on 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	Zachos			Const	tantine							
'	Family	/ name			Firs	t given	name		Se	condary (	given n	ames
If the person compensated is not an inc	dividual, provide th	e following	inforn	nation.								
Full legal name of non	n-individual											
Firm NR	RD number							(if app	olicable)			
Indicate whether the person compensa	ted facilitated the o	distribution	throug	h a fund	ling port	tal or a	n interr	⊐ net-based	portal.	<b>√</b>	] No	Yes
b) Business contact information												
If a firm NRD number is not provided in	in Item 8 (a), provid	le the busin	ess cor	ntact info	ormation	of the	person	being cor	mpensated	1.		
Street address P.O. B	Box 14, Station B											
Municipality Richm	ichmond Hill					I	Provin	ce/State	Ontari	io		
Country	da	Postal code/Zip code					Zip code	L4E 0	Y3			
Email address ctzach	ns@rogers.com	m Telephone number				41645	4164511106					
c) Relationship to issuer or inve	estment fund ma	nager										
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 inve	stment fund or inve	estment fur	nd mar	nager		Emplo	yee of	he issuer	or investr	ment fun	d mar	nager
None of the above												
d) Compensation details												
Provide details of all compensation paid												
Canadian dollars. Include cash commissionic dental to the distribution, such as classical control of the commission of t												
allocation arrangements with the direct	tors, officers or emp	oloyees of a	non-ii	ndividual	l compei	nsated	by the	ssuer.				
Cash commissions paid	240,805.75	5					Securi	y code 1	Security	code 2	Secu	rity code 3
Value of all securities distributed as compensation <sup>4</sup>			S	ecurity c	odes							
'	f warrants, options	or other ric	nhts [									
Other compensation <sup>5</sup>	- warranto, optiono	Desc	_ [									
·	240 005 75	_										
Total compensation paid	240,805.75											
Check box if the person wi	ill or may receive a	iny deferre	d com	pensatio	n (descr	ibe the	eterms	below)				
<sup>4</sup> Provide the aggregate value of all se												
additional securities of the issuer. Indi- rights exercisable to acquire additional			l secui	rities dist	tributed	as con	npensa	tion, <u>inclu</u>	<u>ding</u> optio	ns, warr	ants o	r other
<sup>5</sup> Do not include deferred compensation	on.											

a) Name of person comp	pensated and regi	stration status						
Indicate whether the person co	ompensated is a regis	strant.	✓ No	Yes				
If the person compensated is an individual, provide the name of the individual.								
Full legal name of indi	vidual Letros		Tom					
		Family name	Firs	t given name		Secondary g	given names	
If the person compensated is n	ot an individual, pro	vide the following infor	mation.					
Full legal name	e of non-individual							
F	Firm NRD number				(if appl	icable)		
Indicate whether the person co	ompensated facilitate	d the distribution throu	gh a funding por	tal or an internet-l	based p	ortal.	No Yes	
b) Business contact info	rmation							
If a firm NRD number is not pr	rovided in Item 8 (a),	provide the business co	ontact information	n of the person bei	ng com	pensated.		
Street address	10 Hesketh Ct.							
Municipality	North York			Province/S	State	Ontario		
Country	Canada		F	Postal code/Zip	code	M4A 1M6		
Email address	letros@rogers.co	om	Telephone number					
c) Relationship to issuer	r or investment fur	nd 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 ma	nager	Employee of the i	issuer o	or investment fun	d manager	
✓ None of the above								
d) Compensation details	5							
Provide details of all compensa								
Canadian dollars. Include cash incidental to the distribution, su								
allocation arrangements with the	he directors, officers	or employees of a non-	individual compe	nsated by the issue	er.			
Cash commissions pa	aid 240,8	305.75		Security co	de 1	Security code 2	Security code 3	
Value of all securities			Security codes					
distributed as compensation		options or other rights						
		Describe						
Other compensation								
Total compensation pa	,	305.75						
Check box if the pe	erson will or may red	ceive any deferred con	pensation (desci	ribe the terms belo	ow)			
<sup>4</sup> Provide the aggregate value	of all securities distr	ributed as compensation	on, <u>excluding</u> opti	ons, warrants or o	other rig	nhts exercisable t	o acquire	
additional securities of the iss rights exercisable to acquire a			ırities distributed	as compensation,	<u>includ</u>	ing options, warra	ants or other	
<sup>5</sup> Do not include deferred comp								

a) Name of person compe	ensated and regis	stration status						
Indicate whether the person com	npensated is a regist	trant.	☐ No	$\checkmark$	Yes			
If the person compensated is an individual, provide the name of the individual.								
Full legal name of indivi	dual							
		Family name		First given n	name		Secondary	given names
If the person compensated is not	t an individual, prov	ide the following inf	ormation.					
Full legal name	of non-individual	Canaccord Genu	uity Corp.					
Fii	rm NRD number	9 0 0	)			(if appl	icable)	
Indicate whether the person com	npensated facilitated	the distribution thr	ough a funding p	ortal or ar	n internet-	based p	ortal. 🗸	No Yes
b) Business contact information								
If a firm NRD number is not pro	vided in Item 8 (a), <sub>I</sub>	provide the business	contact informat	tion of the	person be	ing com	pensated.	
Street address								
Municipality				F	Province/S	State		
Country				Postal o	code/Zip	code		
Email address					hone nu			<u> </u>
L	or investment fun	d managar		ТОЮР	nione na	IIIDCI		
c) Relationship to issuer of					5.6.4.4			W: D ( D(2) (
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								
Provide details of all compensation	on naid or to be na	id to the person idea	ntified in Item 8/	ı) in conne	oction with	the dis	tribution Provide	all amounts in
Canadian dollars. Include cash co	ommissions, securiti	es-based compensat	ion, gifts, discour	nts or othe	r compens	sation. L	o not report pay	ments for services
incidental to the distribution, suc allocation arrangements with the							r details about, oi	report on, internal
Cash commissions pai		63.30		,			2 " 1 2	
Value of all securities					Security co	ode 1	Security code 2	Security code 3
distributed as compensation			Security codes					
Describe te	erms of warrants, or	otions or other rights	3					
Other compensation	5	Describe	;					
Total compensation pai	d 3,9	63.30						
Check box if the per	son will or may rec	eive any deferred co	ompensation (de	scribe the	terms bel	low)		
45								
<sup>4</sup> Provide the aggregate value of additional securities of the issue	er. Indicate the sec	urity codes for all se						
rights exercisable to acquire an 5Do not include deferred compe		of the issuer.						
,								

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.								
If the person compensated is an individual, provide the name of the individual.								
Full legal name of indi	vidual Ergas		Julian					
Family name First given name Secondary given names								
If the person compensated is n	_	le the following infor	mation.					
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.  V No Yes								
b) Business contact information								
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.								
Street address	1185 W. Georgia S	Street						
Municipality	Vancouver			Province/State	British Columbia			
Country	Canada			Postal code/Zip code	V6E 4E6			
Email address	julian@ergasgroup	.com		Telephone number	5145125956			
c) Relationship to issue	or investment fund	manager						
			ger (select all the	at apply). Refer to the me	eaning 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	manager	Ш	Insider of the issuer (of	ther than an investment fund)			
Director or officer of	the investment fund or	investment fund ma	anager	Employee of the issue	or investment fund manager			
None of the above								
d) Compensation details	3							
					istribution. Provide all amounts in			
					Do not report payments for services or details about, or report on, internal			
allocation arrangements with t	he directors, officers or	employees of a non-						
Cash commissions p	aid 63,41	2.80		Security code 1	Security code 2 Security code 3			
Value of all securiti distributed as compensati			Security codes					
Describe	terms of warrants, opt	ions or other rights						
Other compensation	on <sup>5</sup>	Describe						
Total compensation p	aid 63,412	2.80						
Check box if the p	erson will or may recei	 ve any deferred con	npensation (desc	cribe the terms below)				
<sup>4</sup> Provide the aggregate value additional securities of the iss					rights exercisable to acquire I <u>ding</u> options, warrants or other			
rights exercisable to acquire a 5Do not include deferred com		the issuer.						
ITEM 9 - DIRECTORS, Ex	KECUTIVE OFFICE	RS AND PROM	OTERS OF TH	IE ISSUER				
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.								
Indicate whether the issuer is	any of the following (s	elect the one that ap	plies - if more th	an one applies, select on	ly one).			
Reporting issuer in ar	ny jurisdiction of Canad	da						

Foreign public issuer									
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada <sup>6</sup>						
Provide nan	ne of reporting issuer	r							
Wholly owned subsidiary of	a foreign public issu	er <sup>6</sup>						_	
Provide name of	foreign public issuer	r						7	
Issuer distributing only eligil	ole foreian securities	and the distributio	n is to permitted clien	ts only <sup>7</sup>				_	
If the issuer is at least one of the	-		·	•					
<sup>6</sup> An issuer is a wholly owned subside securities that are required by law to respectively. <sup>7</sup> Check this box if it applies to the cuclients. Refer to the definitions of "electron" in the issuer is none of the an Directors, executive officer	o be owned by its dire urrent distribution eve ligible foreign securit above, check this be	ectors, are benefici en if the issuer mad ty" and "permitted o ox and complete I	ially owned by the rep de previous distributio client" in Part B(1) of t	orting issuer or to ns of other types	he foreign	public iss	suer,		
Provide the following information for		•				tate the p	province	or	
Organization or company name  Family name  First given name					ation of ual or ail n of				
				Province or o	country	D	0	Р	
	Gallop	Dave	Bruce	Ontario		✓	✓		
	Piron	Cameron		Ontario		✓	✓		
	Janzen	Douglas	Glen	British Columbi	a	✓			
	Prozes	Andrew		United States		✓			
	Wehrly	Peter	Lee	United States		✓			
	Clarke	Sandra		Ontario			✓		
	White	Brad		Ontario		✓			
	Hasenfrantz	Linda	Susan	Ontario		✓			
b) Promoter information									
If the promoter listed above is not an within Canada, state the province or									
Organization or company name	Family name F	First given name	Secondary given names	Residential jurisdiction of individual		tionship to			
				Province or country	D		0	)	
c) Residential address of each	n individual								

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	SYNAPTIVE MEDICAL INC.									
Full legal name	CLARKE									
	Family name	First given name	Secondary give	en names						
Title	Chief Financial Officer									
Telephone number	6472433108	Email address	Sandra.Clarke@synap om	tivemedical.c						
Signature	"Sandra Clarke"	Date	2019 12 3							
			YYYY MM DI	)						

TEM 11- CONTACT PERSON								
Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.								
Same as individua	al certifying the report							
Full legal name				Title				
	Family name	First given name	Secondary given names					
Name of company								
Telephone number		En	nail address					

## Notice - Collection and use of personal information

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

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

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

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

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