# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8728168

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	If ame	ended, p	ovide f	iling dat	te of	report	that is b	being ame	ended		(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFY	ITEM 2 - PARTY CERTIFYING THE REPORT										
Indicate the party certifying the Instrument 81-106 Investment									estment fund, i	refer to secti	on 1.1 of National
Investment fund i					F ·	· · · · ·					
✓ Issuer (other than	n an inve	stment f	und)								
			,								
ITEM 3 - ISSUER NAME	AND O	THER ID	ENTIFIE	ERS							
Provide the following informat	ion about i	the issuer, o	or if the is	suer is an	invest	tment fu	nd, about	the fund.			
Full le	egal name	A-KXZ	2-11-Fu	nd, a se	eries	of Kep	oler Ven	tures, LP			
Previous full le	gal name	9									
If the issuer's name ch	anged in t	he last 12 r	nonths, p	rovide mo	ost rece	ent previ	ious legal	name.			
	Website	•						(if applicable	e)		
If the issuer has a legal entity i	dentifier <u>,</u> p	rovide belo	w. Refer	to Part B	of the l	Instructi	ons for the	e definition d	of "legal entity	identifier".	
Legal entity	identifier										
If two or more issuers distribute	ed a single	security, p	ovide the	e full lega	l name	e(s) of th	e co-issue	er(s) other th	an the issuer n	amed above	۲.
Full legal name(s) of co	-issuer(s	)					(	(if applicable	e)		
ITEM 4 - UNDERWRITER	INFOR	MATION									
If an underwriter is completing	the report	, provide th	e underv	vriter's ful	l legal	name a	nd firm Ni	RD number.			_
Full legal name											
Firm NRD number							(if appli	icable)			
If the underwriter does not hav	e a firm N	RD number	, provide	the head	office	contact	informatio	on of the un	derwriter.		
Street address											
Municipality							Provin	nce/State			ĺ
Country						Pos	tal code/	Zip code			ĺ
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 2 6 9 8 9
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.
<ul> <li>Mortgages</li> <li>Real estate</li> <li>Commercial/business debt</li> <li>Consumer debt</li> <li>Private companies</li> <li>Cryptoassets</li> </ul>
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?         Image: Complete item 5(d) - (h).
d) Head office address
Street address 2150 S. 1300 E, Suite 360 Province/State Utah
Municipality     Salt Lake City     Postal code/Zip code     84106
Country United States Telephone number 8014190677
e) Date of formation and financial year-end
Date of formation     2019     01     03     Financial year-end     12     31       YYYY     MM     DD     MM     DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? 🔽 No 🗌 Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
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 mane	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 the	nt most accurately identifies the issuer (select only one) .
Money market	Equity Fixed income Balanced
Alternative strateg	jies 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 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 forma	tion 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
If yes, select the jurisdictions	s 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	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 tot 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 \$50	DM \$500M to under \$1B \$1B or over Date of NAV calculation:
	YYYY MM DD

# ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

	BOOT THE DISTRIBUTION							
purchasers resident in that jurisdie	ada completes a distribution in a juris ction of Canada only. Do not include ir vhich must be disclosed in Item 8. The	n Item 7 securities issue	d as payment of c	ommissions or fi	nder's fees in			
a) Currency								
Select the currency or currencies in	n which the distribution was made. All	dollar amounts provide	ed in the report m	ust be in Canadi	an dollars.			
$\Box$ Canadian dollar $\checkmark$	US dollar 🔄 Euro	Other (describe	)					
b) Distribution date(s)								
			ious basis, include e 2019 (					
c) Detailed purchaser infor	mation							
· ·	form for each purchaser and a	ttach the schedule	to the complet	ed report.				
d) Types of securities distr	-		-	·				
	for all distributions reported on a per	security basis. Refer to	Part A(12) of the I	nstructions for h	ow to indicate the			
	SIP number, indicate the full 9-digit CL							
				Canadian \$				
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount			
U N T LLC	Membership Units	15,000.00	1.3300		19,900.16			
e) Details of rights and cor	vertible/exchangeable securities	•	1					
If any rights (e.g. warrants, option	s) were distributed, provide the exercis version ratio and describe any other te				xchangeable securities			
Convertible / exchangeable security code Security code	Exercise price (Canadian \$) Lowest Highest	Expiry date (YYYY- MM-DD)	Conversion ratio	-	tems (if applicable)			
f) Summary of the distribut	ion by jurisdiction and examption							
State the total dollar amount of se purchaser resides and for each ex distribution in a jurisdiction of Ca This table requires a separate line purchaser resides, if a purchaser r jurisdiction.	f) Summary of the distribution by jurisdiction and exemption State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only. This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction. For jurisdictions within Canada, state the province or territory, otherwise state the country.							
Province or country	Exemption relied o	n	Number of unique <sup>2</sup> purchasers	Total ar	mount (Canadian \$)			
British Columbia	NI 45-106 2.3 [Accredited inv	estor]		1	19,900.16			
	Total	I dollar amount of sec	curities distribute	ed	19,900.16			
	Total number of u	unique purchasers <sup>2b</sup>		1				
<sup>2a</sup> In calculating the number of u	nique purchasers per row, count each p	ourchaser only once. Joi	int purchasers may	y be counted as o	one purchaser.			

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	N							
Provide information for each perso the distribution. <b>Complete additi</b>							ation in	n connectior	า with
Indicate whether any compensation	on was paid, or wil	l be paid, in connect	ion with the distrib	ution.					
🗌 No 🗹 Yes	If yes, indicat	e number of pers	ons compensate	d. [	2				
a) Name of person compen-	sated and regist	ration status		_					
Indicate whether the person compe	ensated is a registro	ant.	No No	✓ Ye	S				
If the person compensated is an inc	dividual, provide th	e name of the indiv	dual.						
Full legal name of individu	lal								
	F	amily name	First	given name		Seco	ndary giv	ven names	
If the person compensated is not a	n individual, provia	le the following info	rmation.						
Full legal name of	non-individual	AngelList Advisor	s, LLC						
Firm	NRD number	5 7 1	1 0		(if ap	plicable)			
Indicate whether the person compe		the distribution thro	ugh a funding port	al or an inte	ernet-basea	l portal.		No 🖌	Yes
b) Business contact informa									
If a firm NRD number is not provid	led in Item 8 (a), pr	ovide the business c	ontact information	of the perso	on being co	ompensated.			
Street address			-						
Municipality				Provi	nce/State				
Country			P	ostal code	Zip code	•			
Email address			]	Telephon	e number				
c) Relationship to issuer or	investment fund	manager							
Indicate the person's relationship w the Instructions and the meaning c							nnected	" in Part B(2	2) of
Connect with the issuer of	or investment fund	manager		nsider of th	e issuer (o	ther than an	investm	nent fund)	
Director or officer of the i	nvestment fund or	r investment fund m	anager 🗌 E	Employee o	of the issue	r or investme	ent fund	manager	
None of the above									
d) Compensation details									
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such a allocation arrangements with the d	missions, securities as clerical, printing,	s-based compensation legal or accounting	on, gifts, discounts o services. An issuer	or other con is not requi	npensation. ired to ask j	. Do not repoi	rt paym	ents for serv	vices
Cash commissions paid				Secu	urity code 1	Security co	de 2	Security cod	e 3
Value of all securities distributed as compensation <sup>4</sup>			Security codes						
Describe term	hs of warrants, opt	ions or other rights							
Other compensation <sup>5</sup>		Describe							
Total compensation paid									
Check box if the perso	n will or may recei	ve any deferred cor	npensation (descri	be the term	is below)				
Carried interest equa	al to 5% of any re	eturn above the to	otal investment a	mount.					
<sup>4</sup> Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addit	Indicate the secur	rity codes for all sec							•

<sup>5</sup> Do not include deferred compens	ation.
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a) Name of person comp	pensated and registra	tion status								
Indicate whether the person co	mpensated is a registran	ıt.	✓ No		Yes					
If the person compensated is a	n individual, provide the	name of the individ	dual.							
Full legal name of indiv	vidual									
	Fan	nily name	Fir	rst given r	name	<b>I</b>	Second	ary give	en names	
If the person compensated is n	ot an individual, provide	the following inform	mation.							
Full legal name	e of non-individual	epler Ventures II	, LLC							
F	Firm NRD number				(if	appl	icable)			
Indicate whether the person co	mpensated facilitated th	e distribution throu	gh a funding po	rtal or aı	n internet-ba	ised p	oortal.		No 🗸	Yes
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a), prov	vide the business co	ontact informatio	on of the	person being	g corr	pensated.			
Street address	c/o AngelList, 90 Go	ld Street, Floor 3	6							
Municipality	San Francisco			F	Province/St	ate	California			
Country	United States			Postal o	code/Zip co	ode	94133			
Email address	willis.tyler@gmail.co	m		Telep	hone numl	ber	41580020	52		
c) Relationship to issuer	or investment fund n	nanager								
Indicate the person's relationsh							ning of "conn	ected"	in Part B	(2) of
the Instructions and the meani	uer or investment fund n			-	-		er than an in	ostma	ant fund)	
Director or officer of	the investment fund or in	nvestment fund ma	inager	Employ	ee of the is:	suer	or investment	fund r	nanager	
None of the above										
d) Compensation details	3									
Provide details of all compensa										
Canadian dollars. Include cash incidental to the distribution, su	ich as clerical, printing, l	egal or accounting	services. An issue	er is not	required to a	isk fo				
allocation arrangements with the		mployees of a non-	individual compe	ensated l	by the issuer.					
Cash commissions p	aid				Security code	e 1	Security code	2 S	ecurity co	de 3
Value of all securitid		S	Security codes							
	terms of warrants, optio	ns or other rights								
Other compensation	on <sup>5</sup>	Describe								
Total compensation pa	aid									]
Check box if the pe	erson will or may receive	e any deferred com	pensation (desc	cribe the	terms below	v)				
Carried interest e	equal to 15% of any re	eturn above the t	otal investmen	nt amou	nt.					
<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 security additional securities of th	v codes for all secu								r

ITEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS 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 (seled	ct the one that applie	es - if more than one	applies, select on	y one).			
Reporting issuer in any juri	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer i	n any jurisdiction of	Canada <sup>6</sup>					
Provide nar	me of reporting issue	er						]
Wholly owned subsidiary of	a foreign public iss	uer <sup>6</sup>						_
Provide name o	f foreign public issue	ər						]
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	nts only <sup>7</sup>				_
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (c	). Proceed to Item 2	10.				
<sup>6</sup> An issuer is a wholly owned subsid securities that are required by law t respectively.								r than
<sup>7</sup> Check this box if it applies to the c clients. Refer to the definitions of "e					s of securit	ies to noi	n-permitt	ted
✓ If the issuer is none of the	above, check this	box and complete I	ltem 9(a) - (c).					
a) Directors, executive officer	s and promoters	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 names	Business location of non-individual or residentail jurisdiction of individual		Relationship to (select all that		
				Province or	country	D	0	Р
	Neilson	Jeremy		United States			<ul> <li>✓</li> </ul>	
	Johnson	Mateo		United States			<ul> <li>✓</li> </ul>	
	Assure Fund Management LLC	n/a		United States		~		
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 names	Residential jurisdiction of individual		ationship one or bo		
				Province or country	D		C	)
c) Residential address of eac			6		(-) -: 1()			
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b,	) and att	ach to t	ne

### **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	A-KXZ-11-Fund, a series of Kepler Ventures, LP									
Full legal name	Norman									
	Family name First given name			Secondary given names						
Title	Officer of the Issuer's Manage	Officer of the Issuer's Manager								
Telephone number	4156085632	Email address	alexnorm							
Signature	"Alex Norman"	Date	2019	02	21					
			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	Anderson	Patricia			Title	Securities Paralegal
	Family name	First given name	Secondary	given names		
Name of company	Dentons Canada LLP					
Telephone number	4032687003		Email address	patricia.and	erson@d	entons.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.