# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8789294

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 information about the issuer, or if the issuer is an investment fund, about the fund.									
	Full legal name Synaptive Medical Inc.									
Previous full le	Previous full legal name									
If the issuer's name changed in the last 12 months, provide most recent previous legal name.										
Website www.synaptivemedical.com (if applicable)										
If the issuer has a legal entity i	If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".									
Legal entity	dentifier									
If two or more issuers distribut	ed a single security, provide th	e full legal name(s) of	the co-issuer(s) other th	an the issuer named above						
Full legal name(s) of co	o-issuer(s)		(if applicabl	e)						
ITEM 4 - UNDERWRITER INFORMATION										
If an underwriter is completing	the report, provide the under	vriter's full legal name	and firm NRD number.		1					
Full legal name	Full legal name									
Firm NRD number (if applicable)										
If the underwriter does not hav	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.									
Street address										
Municipality			Province/State							
Country		 Pc	stal code/Zip code							
Telephone number			Website		(if applicable)					

ITEM 5 - ISSUER INFORMATION										
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.										
a) Primary industry										
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.										
NAICS industry code 3 3 9 1 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.										
Exploration Development Production										
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.										
Mortgages Real estate Commercial/business debt 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✓ YesIf yes, provide SEDAR profile number00038378										
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 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

ib terms is an investment fund, provide the following information:         iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
Full legal name									
Firm NRD number									
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.   Street address   Municipality   Country   Postal code/Zjp code   Telephone number   Website (if applicable)   D Type of investment fund   Type of investment fund fund that most accurately identifies the issuer (select only one).   Money market   Country   Postal code/Zjp code   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Country   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund   Date of formation and financial year-end of the investment fund   YYYY   MM   DD   MM    DD									
Street address   Municipality   Province/State   Country   Postal code/Zip code   Telephone number   Website (if applicable) <b>b</b> Type of investment fund <b>b</b> Type of investment fund <b>b</b> Type of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund <b>b</b> Type of formation and financial year-end of the investment funds is on authorization from one member state. <b>c</b> Date of formation and financial year-end of the investment fund is a reporting issuer. <b>c</b> All All All All All All All All All Al									
Municipality Province/State   Country Postal code/Zip code   Telephone number Website (if applicable)   b) Type of investment fund Website (if applicable)   The of investment fund that most accurately identifies the issuer (select only one).   Municipality Fixed income   Alternative strategies Cryptoasset   Other (describe) Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund Undicate whether one collective investment fund issuers Is a UCITs Fund Undersking for the Collective investment of Transforable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. O bate of formation and financial year-end of the investment fund is a reporting issuer status of the investment fund a reporting issuer status of the investment fund is o reporting issuer. MM DD									
Country									
Telephone number Website (if applicable)   b) Type of investment fund   Type of investment fund that most accurately identifies the issuer (select only one).   Money market Equity   Alternative strategies Cryptoasset   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Is a UCITs Fund   'Undertaking for the Collective investment fund issuers to pate of formation and financial year-end of the investment fund YYYY MM DD Tele of formation issuer status of the investment fund Select the jurisdictions of Canada in which the investment fund is a reporting issuer. All <									
b) Type of investment fund         Type of investment fund that most accurately identifies the issuer (select only one).         Money market       Equity         Alternative strategies       Cryptoasset         Invests primarily in other investment fund.         Invests primarily in other investment fund issuers         Is a UCITs Fund         'Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.         c) Date of formation and financial year-end of the investment fund         Date of formation and financial year-end of the investment fund         Is the investment fund a reporting issuer in any jurisdication of Canada?         No       Yes         If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.         All       AB       BC       MB       NL       NT         NS       NU       ON       PE       QC       SK       YT         e) Public listing status of the investment fund       CUSIP number, provide below (first 6 digits only)       CUSIP number, provide below (first 6 digits only)									
Type of investment fund that most accurately identifies the issuer (select only one).   Money market Equity   Fixed income Balanced   Alternative strategies Cryptoasset   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Is a UCITs Fund*   'Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.   c Date of formation and financial year-end of the investment fund   Date of formation and financial year-end of the investment fund   Is the investment fund a reporting issuer is any jurisdication of Canada?   No   Yes   If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   All   All   All   All   ON   PE   QC   Sk   YT									
Money market Equity   Fixed income Balanced   Alternative strategies Cryptoasset   Indicate whether one or both of the following apply to the investment fund.   Invests primarily in other investment fund issuers   Is a UCITs Fund*      ''Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. <b>o Date of formation and financial year-end of the investment fund</b> Date of formation and financial year-end of the investment fund   YYYY MM   DD MM <b>base of formation and financial year-end of Canada</b> ?   No Yes   If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   All AB   All AB   BC MB   MB NB   NB NI   NS NU   ON PE   QC SK   YT									
Alternative strategies Cryptoasset   Other (describe)   Indicate whether one or both of the following apply to the investment fund.    Invests primarily in other investment fund issuers   Is a UCITs Fund*   Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.   c) Date of formation and financial year-end of the investment fund   Date of formation  YYYY   MM   DD   () Reporting issuer status of the investment fund   Is the investment fund a reporting issuer in any jurisdication of Canada?   No   YYY   MB   Bate   All   All </td									
Indicate whether one or both of the following apply to the investment fund.  Invests primarily in other investment fund issuers Is a UCITs Fund'  'Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment of the investment fund C. Date of formation and financial year-end of the investment fund Date of formation and financial year-end of the investment fund C. Date of formation and financial year-end of the investment fund Date of formation and financial year-end of the investment fund C. Date of formation and financial year-end of the investment fund Date of formation and financial year-end of Canada?  All Bate investment fund a reporting issuer in any jurisdication of Canada?  All Bate BC MB NB NB NL NT  All AB BC MB PE QC SK YT  Public listing status of the investment fund  If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number CUSIP number CUSIP number									
Invests primarily in other investment fund issuers   Is a UCITs Fund*   'Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.   c) Date of formation and financial year-end of the investment fund   Date of formation									
Is a UCITs Fund     'Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.   c) Date of formation and financial year-end of the investment fund   Date of formation and financial year-end of the investment fund   Date of formation and financial year-end of the investment fund   Date of formation   Financial year-end   YYYY   MM   DD   Financial year-end   MM   YYYY   MM   DD   Financial year-end   MM   Date of formation   YYYY   MM   DD   Financial year-end   MM   DD   Financial year-end   MM   DD   Financial year-end   MM   DD    Financial year-end   MM   DD       Financial year-end   MM   DD     Financial year-end   MM   DD       Financial year-end   MM   DD       Financial year-end   MM   DD       Financial year-end   MM   DD      Financial year-end Yes      Financial year-end									
''Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.         c) Date of formation and financial year-end of the investment fund         Date of formation and financial year-end of the investment fund         Date of formation and financial year-end of the investment fund         Date of formation and financial year-end of the investment fund         Date of formation issuer status of the investment fund         d) Reporting issuer status of the investment fund         Is the investment fund a reporting issuer in any jurisdication of Canada?       No         If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.       NB       NB       NL       NT         NS       NU       ON       PE       QC       SK       YT         e) Public listing status of the investment fund       PE       QC       SK       YT         If the investment fund has a CUSIP number, provide below (first 6 digits only)       CUSIP number, provide below (first 6 digits only)       CUSIP number, provide below (first 6 digits only)									
(EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.         c) Date of formation and financial year-end of the investment fund         Date of formation       Financial year-end         YYYY       MM       DD         d) Reporting issuer status of the investment fund       MM         Is the investment fund a reporting issuer in any jurisdication of Canada?       No       Yes         If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.       NB       NL       NT         NS       NU       ON       PE       QC       SK       YT         e) Public listing status of the investment fund       EU       If the investment fund has a CUSIP number, provide below (first 6 digits only)       USIP number       USIP number       USIP number									
Date of formation YYYY   MM DD   Financial year-end MM   MM DD <b>d)</b> Reporting issuer status of the investment fund Is the investment fund a reporting issuer in any jurisdication of Canada? If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NL NT OC SK YT  If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number CUSIP number									
YYYY MM DD     <									
d) Reporting issuer status of the investment fund   Is the investment fund a reporting issuer in any jurisdication of Canada? No If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NL NT NS 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 USIP number									
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If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   All   All   NS   NU   ON   PE   QC   SK   YT									
AII AB BC MB NB NL NT   NS 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									
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If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number									
CUSIP number									
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the									
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's 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) Net asset value (NAV) of the investment fund									
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).									
\$0 to under \$5M       \$5M to under \$25M       \$25M to under \$100M         \$100M to under \$500M       \$500M to under \$1B       \$1B or over       Date of NAV calculation:									

Ontario

Alberta

British Columbia

NI 45-106 2.3 [Accredited investor]

NI 45-106 2.3 [Accredited investor]

	TEM 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.													
a)	Cur	rency	ý										
Selec	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 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         01         29         End date         2019         02         08													
						YYYY	MM DD			YYYY	MM	DD	
c)	Deta	ailed	purc	hase	r infor	mation							
Con	nplet	e Scl	hedu	le 1	of this	s form for ea	ch purchaser and	attach the schedul	e to t	the comple	eted rep	port.	
d)	Тур	es of	sec	uritie	s distr	ibuted							
<ul> <li>d) Types of securities distributed</li> <li>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.</li> </ul>													
												Canadian \$	
	urity ode		SIP nu applica			Descriptio	n of security	Number of securities		Single or lowest price	High	est price	Total amount
С	Subordinated Secured Interest- 1 00 10 275 728 10 275 728 00												
e)	Deta	ails o	of righ	nts ai	nd cor	nvertible/exch	angeable securitie	es					
were	distri	buted						cise price and expiry da terms for each converti					exchangeable securities
exc	nvertib hangea surity c	able		iderlyii urity c			sise price adian \$) Highest	Expiry date (YYYY- MM-DD)	Cor	nversion ratio	Desc	cribe other i	items (if applicable)
С	V	D	0	т	н	0.0000				Convertible into financing securities on completion of Qualified Financing at 30% discount to lowest price; automatically convert at 30% discount following Qualified Financing, if trading at price of 50% higher than initial price for 30 consecutive days.			
f)	Sum	mary	/ of tl	he di	stribut	tion by jurisdie	ction and exemption	on					
State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only. This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction. For jurisdictions within Canada, state the province or territory, otherwise state the country.													
			ince o untry	r			Exemption relie	d on	Nu	mber of uniqu purchasers	Je <sup>2<u>a</u></sup>	Total a	mount (Canadian \$)
			tario	)		NI 45-106 2	2.3 [Accredited in	nvestor]			28		5,565,086.00

10

2

3,318,080.00

762,237.00

Québec	NI 45-106 2.3 [Accredited investor]	7	630,325.00
	10,275,728.00		
	Total number of unique purchasers <sup>2b</sup>	47	

<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.

<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.

#### 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 - COMPENSATIO	N INFORMATION						
Provide information for each pe the distribution. <b>Complete add</b>							nection with
Indicate whether any compens	ation was paid, or will be p	aid, in connecti	on with the distrib	oution.			
🗌 No 🗹 Yes	If yes, indicate nur	mber of perso	ons compensate	ed.	9		
a) Name of person comp	ensated and registratior	n status					
Indicate whether the person cor	npensated is a registrant.		✓ No	🗌 Ye	es		
If the person compensated is an	individual, provide the nan	ne of the individ	lual.				
Full legal name of indiv	idual Zachos		Constantine				
	Family r	name	Firs	t given name	;	Secondary given na	ames
If the person compensated is no	t an individual, provide the	following infor	mation.				
Full legal name	of non-individual						
Fi	rm NRD number				(if app	olicable)	
Indicate whether the person cor		stribution throu	gh a funding port	al or an int	ernet-based	portal. 🗹 No	Yes
b) Business contact infor							
If a firm NRD number is not pro		the business co	ntact information	of the pers	on being co	mpensated.	
Street address	P.O. Box 14, Station B						
Municipality	Richmond Hill			Prov	ince/State	Ontario	
Country	Canada		Р	ostal code	e/Zip code	L4E 0Y3	
Email address	ctzachs@rogers.com			Telephor	ne number	4164511106	
c) Relationship to issuer	or investment fund man	ager					
Indicate the person's relationshi the Instructions and the meaning							Part B(2) of
Connect with the issu	er or investment fund mana	ager		Insider of t	he issuer (of	her than an investment f	und)
Director or officer of the	ne investment fund or inves	stment fund ma	inager	Employee	of the issuer	or investment fund man	ager
✓ None of the above							
d) Compensation details							
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securities-base ch as clerical, printing, legal e directors, officers or emple	d compensatio or accounting	n, gifts, discounts services. An issuer	or other col is not requ	mpensation. iired to ask f	Do not report payments	for services
Cash commissions pa	id 54,888.48			Sec	urity code 1	Security code 2 Secu	rity code 3
Value of all securitie distributed as compensatio	-	ŝ	Security codes				
Describe to	erms of warrants, options o	or other rights					
Other compensation	n <sup>5</sup>	Describe					
Total compensation pa	id 54,888.48						]
Check box if the pe	rson will or may receive an	y deferred com	pensation (descr	ibe the terr	ns below)		
							]
							]
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire additional security and the issue of the issue of the issue	er. Indicate the security co Iditional securities of the is	des for all secu					
<sup>5</sup> Do not include deferred comp	ensation.						

a) Name of person com	pensated and registratio	n status									
Indicate whether the person co	ompensated is a registrant.		✓ No		Yes						
If the person compensated is a	n individual, provide the na	me of the individ	lual.								
Full legal name of indi	vidual Letros		Tom								
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											
F	Firm NRD number					(if appl	icable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
b) Business contact info	rmation										
If a firm NRD number is not pr	ovided in Item 8 (a), provide	e the business co	ntact informatio	n of the p	person be	eing com	pensated.				
Street address	10 Hesketh Court										
Municipality	North York			P	rovince	/State	Ontario				
Country	Canada		I	Postal c	ode/Zip	code	M4A 1M6				
Email address	letros@rogers.com			Telep	hone nı	umber	416726101	3			
c) Relationship to issue	or investment fund mar	nager									
Indicate the person's relations							ning of "conne	cted" in Pai	rt B(2) of		
the Instructions and the mean	-		or the purposes o		-						
	uer or investment fund mar	lager		Insider	of the iss	suer (otr	er than an inv	estment fun	ia)		
Director or officer of	the investment fund or inve	estment fund ma	nager	Employ	ee of the	issuer (	or investment f	und manag	ler		
None of the above											
d) Compensation details	3										
Provide details of all compensa											
Canadian dollars. Include cash incidental to the distribution, su											
allocation arrangements with t								,			
Cash commissions p	aid 54,888.48				Security of	code 1	Security code	2 Security	code 3		
Value of all securiti		s	Security codes								
distributed as compensation	terms of warrants, options	or other rights									
Other compensation		Describe									
Total compensation p		]									
Check box if the p	erson will or may receive a		pensation (desc	ribe the t	terms be	elow)					
		·	· · ·						]		
<sup>4</sup> Provide the aggregate value additional securities of the iss	of all securities distributed uer. Indicate the security co	as compensatio odes for all secu	n, <u>excluding</u> opt vrities distributed	tions, wai l as comp	rrants or pensatiol	other rig n, <u>inclua</u>	ghts exercisabl l <u>ing</u> options, wa	e to acquire arrants or o	e ther		
rights exercisable to acquire a ⁵Do not include deferred com	additional securities of the is			,			. · ·				

a) Name of person com	pensated and registi	ration status									
Indicate whether the person co	ompensated is a registro	int.	✓ No		Yes						
If the person compensated is a	n individual, provide th	e name of the indiv	idual.								
Full legal name of individual White Brad											
Family name     First given name     Secondary given names											
If the person compensated is not an individual, provide the following information.											
Full legal name of non-individual											
Firm NRD number (if applicable)											
Indicate whether the person cc	ompensated facilitated t	he distribution thro	ugh a funding µ	portal or an	internet-based	portal.	✓ No	Yes			
b) Business contact info	rmation										
If a firm NRD number is not pr		ovide the business o	contact informa	tion of the p	person being cor	npensated.					
Street address	3 May Street										
Municipality	Toronto			Р	rovince/State	Ontario					
Country	Canada			Postal c	ode/Zip code	M4H 2X9					
Email address	bwhite@ehpartners	s.com		Telep	hone number	41636003	15				
c) Relationship to issuer	or investment fund	manager									
Indicate the person's relationsl the Instructions and the mean							nected" in F	ort B(2) of			
Connect with the iss	uer or investment fund	manager		Insider	of the issuer (ot	her than an in	vestment f	und)			
Director or officer of	the investment fund or	investment fund m	anager	Employ	ee of the issuer	or investmen	fund man	ager			
✓ None of the above											
d) Compensation details	3										
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t	commissions, securities uch as clerical, printing, he directors, officers or	-based compensati legal or accounting employees of a non	on, gifts, discou g services. An iss	nts or other suer is not r	r compensation. required to ask fo	Do not report	payments (	for services			
Cash commissions p	aid 65,720	0.00			Security code 1	Security code	2 Secur	rity code 3			
Value of all securiti distributed as compensation			Security codes	;							
	terms of warrants, opti	ons or other rights									
Other compensation	on <sup>5</sup>	Describe									
Total compensation p	aid 65,720	0.00									
Check box if the p	erson will or may receiv	ve any deferred co	mpensation (de	escribe 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 com	uer. Indicate the secur additional securities of	ity codes for all sec									

a) Name of person com	pensated and registr	ation status									
Indicate whether the person co	ompensated is a registra	nt.	✓ No	□ Y	′es						
If the person compensated is a	n individual, provide th	e name of the indivi	dual.								
Full legal name of individual Bakirtzian Armen											
Family name     First given name     Secondary given names											
If the person compensated is not an individual, provide the following information.											
Full legal name of non-individual											
Firm NRD number (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
b) Business contact info	ormation										
If a firm NRD number is not p	rovided in Item 8 (a), pro	ovide the business co	ontact information	n of the per	rson being com	pensated.					
Street address	224 Forest Creek D	Prive									
Municipality	Kitchener			Pro	vince/State	Ontario					
Country	Canada		F	Postal coc	de/Zip code	N2R 0M2					
Email address	armen.bakirtzian@	gmail.com		Telepho	one number	6472348160					
c) Relationship to issue	r or investment fund	manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager None of the above											
d) Compensation details											
Provide details of all compensation details Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t Cash commissions p	tion paid, or to be paid, commissions, securities uch as clerical, printing, he directors, officers or	-based compensatio legal or accounting employees of a non-	n, gifts, discounts services. An issue	or other co or is not req ensated by t	ompensation. D Juired to ask for	o not report pay	ments for services				
Value of all securit	ies		Coourity codeo								
distributed as compensati	on⁴		Security codes								
Describe	Describe terms of warrants, options or other rights										
Other compensation	on⁵	Describe									
Total compensation p	aid 25,061	.09									
Check box if the p	erson will or may receiv	-				hts exercisable	to acquire				
additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred com	additional securities of a		urities distributed	as compei	nsation, <u>includ</u> i	i <u>ng</u> options, wari	ants or other				

a) Name of person com	pensated and registra	tion status									
Indicate whether the person co	ompensated is a registran	t.	✓ No		Yes						
If the person compensated is an individual, provide the name of the individual.											
Full legal name of indi	vidual Ku		James								
	Far	nily name	Fire	st given n	ame		Seco	ondary g	iven nai	mes	
If the person compensated is n	ot an individual, provide	the following infor	mation.								_
Full legal name	e of non-individual										]
F	Firm NRD number					(if appli	icable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves											
b) Business contact information											
If a firm NRD number is not pr	ovided in Item 8 (a), prov	vide the business co	ontact informatio	n of the p	person b	eing com	pensated.				_
Street address	155 Dalhousie Stree	t, Suite 1106									
Municipality	Toronto			Р	rovince	/State	Ontario				
Country	Canada		] ।	Postal c	ode/Zip	o code	M5B 2P	7			]
Email address	kujly@rogers.com		]	Telep	hone n	umber	4164099472			]	
c) Relationship to issue	r or investment fund m	nanager									
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	3										
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t Cash commissions p	commissions, securities-L uch as clerical, printing, le he directors, officers or er	based compensatic egal or accounting mployees of a non-	on, gifts, discounts services. An issue	s or other er is not r ensated b	r comper required	nsation. D to ask for uer.	o not repo	ort payn out, or	nents fo report	or services	nal
Value of all securit			Security codes								
distributed as compensation					I				I		- -
	terms of warrants, option										
Other compensation		Describe									
Total compensation paid     3,281.75											
Check box if the p	erson will or may receive	e any deferred con	npensation (desc	ribe the	terms be	elow)					٦
<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 security additional securities of th	codes for all secu									

a) Name of person compensated and	registration status									
Indicate whether the person compensated is a	registrant.	□ No 🗸	Yes							
If the person compensated is an individual, pr	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 not an individua	l, provide the following infor	mation.								
Full legal name of non-indiv	dual Canaccord Genuit	ty Corp.								
Firm NRD nur	nber 9 0 0		(if appl	icable)						
Indicate whether the person compensated fac	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes									
b) Business contact information										
If a firm NRD number is not provided in Item	8 (a), provide the business co	ontact information of the	e person being corr	ppensated.						
Street address										
Municipality			Province/State							
Country		Postal	l code/Zip code							
Email address		Tele	ephone number							
c) Relationship to issuer or investmen	nt fund manager	J								
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 investme		· · · _ ·	-	er than an investment fund)						
Director or officer of the investment	fund or investment fund ma	anager 🗌 Emplo	oyee of the issuer	or investment fund manager						
None of the above		_								
d) Compensation details										
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.										
Cash commissions paid	96,605.60		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	96,605.60									
Check box if the person will or may receive any deferred compensation (describe the terms below)										
<sup>4</sup> Provide the aggregate value of all securities additional securities of the issuer. Indicate the rights exercisable to acquire additional security <sup>5</sup> Do not include deferred compensation.	e security codes for all secu									

a) Name of person compo	ensated and registration	on status						
Indicate whether the person con	npensated is a registrant.		No No	$\checkmark$	Yes			
If the person compensated is an individual, provide the name of the individual.								
Full legal name of indivi	idual							
	Family	name	Firs	st given na	ame	Secon	idary given names	
If the person compensated is not	-	-	mation.					
Full legal name	of non-individual Atla	s Capital Ltd.						
Fi	rm NRD number 5	6 3	7 0		(if a	applicable)		
Indicate whether the person con	npensated facilitated the o	listribution throu	igh a funding por	tal or an	internet-bas	ed portal.	✓ 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								
Municipality				Р	rovince/Sta	te		
Country			_   F	Postal c	ode/Zip co	de		
Email address	Telephone number							
c) Relationship to issuer of	or investment 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 issue	er or investment fund ma	nager		Insider	of the issuer	(other than an ir	nvestment fund)	
Director or officer of th	ne investment fund or inv	estment fund ma	anager	Employ	ee of the iss	uer or investmer	nt fund manager	
✓ None of the above								
d) Compensation details								
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.								
Cash commissions pai	id 155,971.00	)			Security code	1 Security cod	de 2 Security code	3
Value of all securitie distributed as compensatior		] :	Security codes					
	erms of warrants, options	 or other rights						
Other compensatior	1 <sup>5</sup>	Describe						
Total compensation pai	id 155,971.00	ז						]
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac <sup>5</sup> Do not include deferred compe	er. Indicate the security c Iditional securities of the	odes for all sec	on, <u>excluding</u> opti urities distributed	ions, wai as comp	rrants or othe pensation, <u>in</u>	er rights exercisa <u>cluding</u> options,	able to acquire warrants or other	

a) Name of person com	pensated and regist	ration status									
Indicate whether the person co	mpensated is a registro	int.	✓ No		Yes						
If the person compensated is an individual, provide the name of the individual.											
Full legal name of indi	vidual Whyne		Mitch								
	F	amily name	Fi	rst given n	ame		Seco	ndary g	iven na	imes	
If the person compensated is n	ot an individual, provia _	le the following info	ormation.								
Full legal name	e of non-individual										
F	Firm NRD number					(if appli	cable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes											
b) Business contact info	rmation										
If a firm NRD number is not pr	(		contact information	on of the	person be	ing com	pensated.				
Street address	1234 Shoreview Di	ive									
Municipality	Innisfil			Р	rovince/	State	Ontario				
Country	Canada			Postal c	ode/Zip	code	L9S 2L5	5			
Email address	mwhyne@gmail.co	m		Telep	hone nu	ımber	705796	7057968107			
c) Relationship to issuer	or investment fund	manager									
Indicate the person's relationsh the Instructions and the meani		on 1.4 of NI 45-106		of comple	eting this :	section.	ning of "co er than an				2) of
	the investment fund or		nanager 🗖				or investme				
✓ None of the above			у <u>П</u>							5	
d) Compensation details	3										
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t	tion paid, or to be paid commissions, securities Ich as clerical, printing, he directors, officers or	i-based compensation legal or accounting employees of a nor	on, gifts, discount g services. An issu	ts or othei Ier is not i	r compens required to	sation. D o ask for	o not repo	rt payr	nents f	for serv	/ices
Cash commissions p	aid 3,29	8.00			Security c	ode 1	Security co	ode 2	Secur	rity code	e 3
Value of all securiti distributed as compensation			Security codes								
Describe	terms of warrants, opt	ions or other rights									
Other compensation	on⁵	Describe									
Total compensation p	aid 3,298	3.00									
Check box if the p	erson will or may recei	ve any deferred co	mpensation (des	cribe the	terms be	low)					
<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 secur additional securities of	ity codes for all see									

a) Name of person com	pensated and registration status								
Indicate whether the person co	mpensated is a registrant.	✓ No	Yes						
If the person compensated is a	n individual, provide the name of the	individual.							
Full legal name of indi	vidual Gallacher	Benjamin							
	Family name	First g	given name	Secondary given names					
If the person compensated is n	ot an individual, provide the following	information.							
Full legal name	e of non-individual								
Firm NRD number (if applicable)									
Indicate whether the person co	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
b) Business contact info	rmation								
If a firm NRD number is not pr	ovided in Item 8 (a), provide the busi	ess contact information o	of the person being com	pensated.					
Street address	188 University Avenue, Suite 52	201							
Municipality	Toronto		Province/State	Ontario					
Country	Canada	Po	stal code/Zip code	M5T 1A1					
Email address	ben.gallacher@performance.co	m 7	Telephone number	4166953494					
c) Relationship to issuer	or investment fund manager								
	nip with the issuer or investment fund ing of "control" in section 1.4 of NI 45			ning of "connected" in Part B(2) of					
	uer or investment fund manager	· · ·		er than an investment fund)					
	-								
	the investment fund or investment fu		inployee of the issuer c	or investment fund manager					
✓ None of the above									
d) Compensation details									
	tion paid, or to be paid, to the person commissions, securities-based compe								
	ich as clerical, printing, legal or accou he directors, officers or employees of a			details about, or report on, internal					
Cash commissions p		non-inalviadal compensi							
			Security code 1	Security code 2 Security code 3					
Value of all securiti distributed as compensation		Security codes							
Describe	terms of warrants, options or other r	ghts							
Other compensation	Des	ribe							
Total compensation pa	aid 32,737.50								
Check box if the person will or may receive any deferred compensation (describe the terms below)									
additional securities of the iss	of all securities distributed as compe- uer. Indicate the security codes for a								
rights exercisable to acquire additional securities of the issuer. <sup>5</sup> Do not include deferred compensation.									
ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investmen	nt fund, do not complete Item 9. Pr	occed to Item 10.							
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).									

Reporting issuer in any jurisdiction of Canada

Foreign public issuer									
Wholly owned subsidiary of	f a reporting issuer in	n any jurisdiction of	Canada <sup>6</sup>						
Provide name of reporting issuer									
Wholly owned subsidiary of	f a foreign public iss	uer <sup>6</sup>							
Provide name o	f foreign public issue	er						7	
			n in the normitted alia	into only <sup>7</sup>					
Issuer distributing only eligi	-			-					
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 co- clients. Refer to the definitions of "e If the issuer is none of the	diary of a reporting is o be owned by its di urrent distribution ev ligible foreign secur	ssuer or a foreign pur rectors, are benefic ven if the issuer mad ity" and "permitted o	ublic issuer if all of th ially owned by the re de previous distributi client" in Part B(1) of	ne issuer's outstar eporting issuer or ions of other types	the foreign	public i	ssuer,		
a) Directors, executive officer	rs and promoters	of the issuer							
Provide the following information fo territory; otherwise state the country						tate the	e province	or	
Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or residentail jurisdiction of individual Province or country		Relationship to issuer (select all that apply)			
						D	0	Р	
	Gallop	Dave	Bruce	Ontario	Ontario		✓		
	Piron	Cameron		Ontario		~	✓		
	Hodges	Wesley		Ontario		~			
	Janzen	Douglas	Glen	British Columb	British Columbia				
	Prozes	Andrew		United States		✓			
	Caluori	David		United States 🗸					
	Steele	Glenn	Daniel, Jr.	United States		~			
	Wehrly	Peter	Lee	United States		~	~		
	Clarke	Sandra		Ontario			✓		
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	jurisdiction of (select of		tionship to promoter one or both if applicable)		
				Province or country	D		С	)	

c) Residential address of each 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 given names				
Title	CHIEF FINANCIAL OFFICER							
Telephone number	r 6472433108 Email address Sandra. om				Ira.Clarke@synaptivemedical.			
Signature	"Sandra Clarke"	Date	2019	04	24			
			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 individua	al certifying the report				
Full legal name				Title	
	Family name	First given name	Secondary given names	1	
Name of company					
Telephone number		E	mail 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.