Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8846067

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 CERTIFY	ING THE	REPOR	Γ								
Indicate the party certifying the Instrument 81-106 Investment F									restment fund,	refer to secti	on 1.1 of National
Investment fund is							,				
✓ Issuer (other than a	an invest	ment fui	nd)								
			10)								
ITEM 3 - ISSUER NAME A	AND OTH	HER IDE	NTIFIE	RS							
Provide the following informatio	n about the										
Full leg	gal name	I name Advanced Proteome Therapeutics Corporation									
Previous full leg	Previous full legal name										
If the issuer's name chai	If the issuer's name changed in the last 12 months, provide most recent previous legal name.										
Website www.advancedproteome.com (if applicable)											
If the issuer has a legal entity ide	entifier <u>,</u> pro	tifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".									
Legal entity i	dentifier										
If two or more issuers distributed a single security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.											
Full legal name(s) of co-i											
ITEM 4 - UNDERWRITER	INFORM	ATION									
If an underwriter is completing t	he report, p	rovide the	underw	vriter's ful	l legal	name a	nd firm N	NRD number.			_
Full legal name											
Firm NRD number		(if applicable)									
If the underwriter does not have	a firm NRE) number, j	orovide	the head	office	contact	informat	ion of the un	derwriter.		
Street address]
Municipality							Provi	ince/State]
Country						Pos	tal code	e/Zip code]
Telephone number								Website			(if applicable)

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 5 4 1 7 1 0
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
Mortgages Real estate Commercial/business debt 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 Ves If yes, provide SEDAR profile number 0 0 0 2 4 4 8 5
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
f) Reporting issuer status
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NL NT
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 close 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
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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
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:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purchasers resident in that jurisdi	nada completes a distribution in a juriso ction of Canada only. Do not include ir which must be disclosed in Item 8. The	n Item 7 securities issu	ied as payment of	commissions or fi	nder's fees in
a) Currency					
Select the currency or currencies i	in which the distribution was made. All	dollar amounts provi	ded in the report i	nust be in Canadi	an dollars.
Canadian dollar	US dollar Euro	Other (descri	pe)		
b) Distribution date(s)					
			nuous basis, incluc		
c) Detailed purchaser infor	rmation				
Complete Schedule 1 of this	s form for each purchaser and a	ttach the schedul	e to the comple	ted report.	
d) Types of securities distr	ibuted				
	n for all distributions reported on a per SIP number, indicate the full 9-digit CL				ow to indicate the
				Canadian \$	
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U B S 007628100 Unit	S	3,120,000.0	0.1000	0.1000	312,000.00
e) Details of rights and cor	nvertible/exchangeable securities				
	ns) were distributed, provide the exercis				exchangeable securities
Convertible /	version ratio and describe any other te Exercise price			security.	
exchangeable Underlying security code security code	(Canadian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other i	tems (if applicable)
	Lowest Highest		0.5.1	lolf warranta	with an ab whale
W N T C M S	0.1500 0.1500	2020-06-04	1		with each whole sable at \$0.15 for
f) Summary of the distribut	tion by jurisdiction and exemption				
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.	ecurities distributed and the number of remption relied on in Canada for that a mada, include distributions to purchase item for: (i) each jurisdiction where a resides in a jurisdiction of Canada, and tate the province or territory, otherwise	istribution. However, ers resident in that jur purchaser resides, (ii) (iii) each exemption	if an issuer located isdiction of Canad each exemption re	d outside of Canac la only. elied on in the juri	da completes a sdiction where a
Province or country	Exemption relied o	n	Number of unique purchasers	e ^{2ª} Total a	mount (Canadian \$)
Alberta	Investment dealer- exemption (BC, AB, MB, NB)			2	15,000.00
British Columbia	NI 45-106 2.3 [Accredited inv		8	150,000.00	
British Columbia	NI 45-106 2.5 [Family, friends associates]		8	142,000.00	
British Columbia	Investment dealer- exemption MB, NB)	n (BC, AB, SK,		1	5,000.00
	Tota	I dollar amount of s	ecurities distribu	uted	312,000.00
	Total number of u	unique purchasers ²	D	19	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

TEM 8 - COMPENSATION	INFORMATION						
Provide information for each perso the distribution. Complete additi				•	•	n in connection with	
Indicate whether any compensation	on was paid, or will be po	aid, in connecti	on with the distributio	n.			
🗌 No 🗹 Yes	If yes, indicate nun	nber of perso	ns compensated.	2			
a) Name of person compen-	sated and registration	status					
Indicate whether the person compe	ensated is a registrant.		No [✓ Yes			
If the person compensated is an inc	dividual, provide the nam	ne of the individ	lual.				
Full legal name of individu	ıal						
	Family n	ame	First give	en name	Secondary	given names	
If the person compensated is not a	n individual, provide the	following infor	mation.				
Full legal name of	non-individual Cana	ccord Genuit	y Corp.				
Firm	NRD number 9	0 0		(if ap	olicable)		
Indicate whether the person compe	ensated facilitated the dis	tribution throu	gh a funding portal or	r an internet-based	portal.	🖊 No 🗌 Yes	
b) Business contact informa	ition						
If a firm NRD number is not provid	led in Item 8 (a), provide	the business co	ntact information of t	he person being co	mpensated.		
Street address							
Municipality				Province/State			
Country		Postal code/Zip code					
Email address			Те	lephone number			
c) Relationship to issuer or	investment fund mana	ager					
Indicate the person's relationship w the Instructions and the meaning c						ted" in Part B(2) of	
Connect with the issuer of	or investment fund mana	iger		der of the issuer (o	ther than an inves	stment fund)	
Director or officer of the i	investment fund or inves	tment fund ma	nager 🗌 Emp	bloyee of the issue	r or investment fu	nd manager	
\checkmark 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 Cash commissions paid	missions, securities-base as clerical, printing, legal	d compensation or accounting	n, gifts, discounts or or services. An issuer is n	ther compensation. ot required to ask f	Do not report pay	yments for services	
	2,020.00			Security code 1	Security code 2	Security code 3	
Value of all securities distributed as compensation ⁴		S	Security codes				
Describe term	ns of warrants, options o	r other rights					
Other compensation ⁵		Describe					
Total compensation paid	2,820.00						
Check box if the perso	n will or may receive any	y deferred com	pensation (describe t	the terms below)			
⁴ Provide the aggregate value of a							
additional securities of the issuer. rights exercisable to acquire addit			rnues alstributed as co	ompensation, <u>inclu</u>	i <u>aing</u> options, wai	rants or other	
⁵ Do not include deferred compens	sation.						

a) Name of person comp	ensated and regis	tration status						
Indicate whether the person con	npensated is a regist	rant.	🗌 No	\checkmark	Yes			
If the person compensated is an	individual, provide t	he name of the ind	ividual.					
Full legal name of indiv	idual							
	I	Family name	•	First given na	ame	Secor	ndary given na	imes
If the person compensated is no	t an individual, provi	ide the following in	formation.					
Full legal name	of non-individual	Haywood Secu	ities Inc.					
Fi	rm NRD number	1 6	3 0		(if ap	plicable)		
Indicate whether the person con	npensated facilitated	the distribution th	rough a funding	g portal or an	internet-based	d portal.	✓ No	Yes
b) Business contact inform	mation							
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the busines	s contact inform	nation of the p	person being co	ompensated.		
Street address								
Municipality				Р	rovince/State	e		
Country				Postal c	ode/Zip code	;		
Email address				Telep	hone numbe	r		
c) Relationship to issuer	or investment fund	d manager						
Indicate the person's relationshi the Instructions and the meanin							nnected" in P	Part B(2) of
Connect with the issue	-				of the issuer (investment f	und)
				_				
Director or officer of th	ie investment fund c	or investment fund	manager		ee of the issue	er or investme	nt fund man	ager
✓ None of the above								
d) Compensation details								
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with the	ommissions, securitie h as clerical, printing	es-based compenso g, legal or accounti	tion, gifts, disco ng services. An	ounts or other issuer is not r	compensation equired to ask	. Do not repor	rt payments f	or services
Cash commissions pa	id 4,00	00.00			Security code 1	Security co	de 2 Secur	ity code 3
Value of all securitie distributed as compensation	-		Security code	es				
	erms of warrants, op	 otions or other right	s					
Other compensatior	1 ⁵	Describ	e					
Total compensation pa		00.00						
Check box if the per	son will or may rece	eive any deferred o	compensation (describe the	terms below)			
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo	er. Indicate the secu Iditional securities o	irity codes for all s						

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
If the issuer is an investment fund	l, do not complete	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (seled	t the one that appli	es - if more than one	e applies, select onl	y one).			
Reporting issuer in any juris	diction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer i	n any jurisdiction of	Canada ⁶					
Provide nan	ne of reporting issue	ər						
Wholly owned subsidiary of	a foreign public iss	uer ⁶						_
Provide name of	foreign public issue	er]
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	ents only ⁷				
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item	10.				
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.								
a) Directors, executive officer	s and promoters	of the issuer						
Provide the following information for territory; otherwise state the country.						tate 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				
				Province or	country	D	0	Р
b) Promoter information								
If the promoter listed above is not an within Canada, state the province or								
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual			to promo oth if appl	
				Province or country	D		C)
c) Residential address of eac	h 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	dvanced Proteome Therapeutics Corporation								
Full legal name	Woodward								
	Family name First given name			Secondary given names					
Title	CEO								
Telephone number	6046822928	Email address	paul@conation.ca						
Signature	"Paul Woodward"	2019	06	14					
			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	Hamelin	Lindsay			Title	Consultant
	Family name	First given name	Secondary	given names		
Name of company	Advanced Proteome The	erapeutics Corporation				
Telephone number	6046822928	En	nail address	lindsay@tak	keitpublic	services.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.