Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8643078

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	If amer	ded, pro	vide fi	iling date	e of re	eport	that is	being ame	ended		(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFY	YING THE	REPOR	Г								
Indicate the party certifying the Instrument 81-106 Investment									restment fund	l, refer to sect	tion 1.1 of National
Investment fund is						, ,					
✓ Issuer (other than	an inves	ment fur	nd)								
			,								
		-									
ITEM 3 - ISSUER NAME											
Provide the following information					nvestn	nent fu	nd, abou	ut the fund.			
	Full legal name Empower Clinics Inc.										
Previous full le											
If the issuer's name ch	If the issuer's name changed in the last 12 months, provide most recent previous legal name.										
	Website (if applicable)										
If the issuer has a legal entity is	dentifier <u>,</u> pro	vide below	. Refer t	to Part B of	^t the In	structio	ons for tl	he definition o	of "legal entit	ty identifier".	
Legal entity	identifier										
If two or more issuers distribute	ed a single s	ecurity, pro	vide the	full legal i	name(s	s) of the	e co-issu	ier(s) other th	an the issuer	named abov	e.
Full legal name(s) of co	Full legal name(s) of co-issuer(s) (if applicable)										
7											
ITEM 4 - UNDERWRITER	INFORM	ATION									
If an underwriter is completing	the report, p	provide the	underw	riter's full l	legal n	ame ar	nd firm N	NRD number.			7
Full legal name				1 1			1				
Firm NRD number		(if applicable)									
If the underwriter does not hav	e a firm NRI	D number, p	orovide	the head o	ffice co	ontact	informat	tion of the un	derwriter.		_
Street address					_						
Municipality							Provi	ince/State			
Country						Post	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.
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
🗌 Mortgages 🔄 Real estate 🔄 Commercial/business debt 🔄 Consumer debt 🔄 Private companies
Cryptoassets
b) Number of employees
Number of employees: 🔽 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No If yes, provide SEDAR profile number 0 0 2 3 3 1 7
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end YYYY MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
AII AB BC MB NB NL NT
NS NU ON PE QC SK YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only)
CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
h) Size of issuer's assets
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund 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 ¹						
	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

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) Currency							
Select the currency or currencies	in which the distribution was mac	le. All dollar amounts prov	ided in the report m	nust be in Canadi	an dollars.		
✓ Canadian dollar	US dollar 🛛 Euro	Other (descri	be)				
b) Distribution date(s)							
State the distribution start and er as both the start and end dates. I distribution period covered by the	f the report is being filed for secur e report.	rities distributed on a conti	nuous basis, include	e the start and en			
Start da	te 2018 10 23	End d	^{ate} 2018	10 23			
	YYYY MM DD		YYYY	MM DD			
c) Detailed purchaser information							
Complete Schedule 1 of thi	s form for each purchaser a	nd attach the schedul	e to the complet	ed report.			
d) Types of securities distri	ributed						
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.							
Canadia							
Security CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount		
C M S 001696		2,145,075.0	0.2300	0.3100	547,401.00		
U N T 001696		312,903.0	0.3100	0.3100	96,999.00		
e) Details of rights and con	nvertible/exchangeable secu	rities					
If any rights (e.g. warrants, option were distributed, provide the cor					exchangeable securities		
Convertible / exchangeable Underlying	Exercise price	Expiry date	Conversion	ccurity.			
security code security code	(Canadian \$)	(YYYY- MM-DD)	ratio	Describe other i	items (if applicable)		
	Lowest						
f) Summary of the distribu	tion by jurisdiction and exem	otion	I.				
State the total dollar amount of s purchaser resides and for each ex distribution in a jurisdiction of Co This table requires a separate line purchaser resides, if a purchaser jurisdiction. For jurisdictions within Canada, s	ecurities distributed and the num cemption relied on in Canada for anada, include distributions to put e item for: (i) each jurisdiction wh resides in a jurisdiction of Canado	ber of purchasers for each that distribution. However, rchasers resident in that jun ere a purchaser resides, (ii) n, and (iii) each exemption	if an issuer located isdiction of Canado each exemption rea	outside of Canad only. lied on in the juri	da completes a sdiction where a		
Province or country	Exemption re	elied on	Number of unique purchasers	²⁹ Total a	mount (Canadian \$)		
Ontario	NI 45-106 2.3 [Accredited	d investor]		18	415,166.00		
British Columbia	NI 45-106 2.3 [Accredited	d investor]		9	100,252.00		
Nova Scotia	NI 45-106 2.3 [Accredited	d investor]		9	19,583.00		
United Kingdom	NI 45-106 2.3 [Accredited	d investor]		1	5,847.00		
United States	Other			4	103,552.00		
		Total dollar amount of s	ecurities distribut	ted	644,400.00		
	Total numbe	er of unique purchasers ²	b	41			

^{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.

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ITEM 8 - COMPENSATION	INFORMATION				
Provide information for each person the distribution. Complete additi				-	y compensation in connection with e d.
Indicate whether any compensati	on was paid, or will be pa	id, in connecti	on with the distribu	tion.	
✓ No 🗌 Yes	If yes, indicate num	nber of perso	ns compensated	I.	
a) Name of person compen	sated and registration	status			
Indicate whether the person compe	ensated is a registrant.		No No	Yes	
If the person compensated is an in	dividual, provide the nam	e of the individ	lual.		
Full legal name of individu	la				
	Family na	ame	First g	given name	Secondary given names
If the person compensated is not a	n individual, provide the f	following inform	mation.		
Full legal name of	non-individual				
Firm	NRD number			(if appli	cable)
Indicate whether the person compo	ensated facilitated the dist	tribution throu	gh a funding porta	l or an internet-based po	ortal. 🗌 No 🗌 Yes
b) Business contact informa					
If a firm NRD number is not provid	led in Item 8 (a), provide t	the business co	ntact information o	of the person being com	pensated.
Street address					
Municipality				Province/State	
Country			Po	stal code/Zip code	
Email address			-	Telephone number	
c) Relationship to issuer or	investment fund mana	iger			
Indicate the person's relationship v the Instructions and the meaning o					ning of "connected" in Part B(2) of
	or investment fund mana		· · ·		er than an investment fund)
Director or officer of the	investment fund or invest	tment fund ma	nager 🗌 E	mployee of the issuer o	r investment fund manager
None of the above					
d) Compensation details					
allocation arrangements with the a	nmissions, securities-based as clerical, printing, legal	l compensation or accounting	n, gifts, discounts o services. An issuer i	r other compensation. D s not required to ask for	
Cash commissions paid				Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴		S	ecurity codes		
Describe tern	ns of warrants, options or	other rights			
Other compensation ⁵		Describe			
Total compensation paid					
Check box if the perso	on will or may receive any	deferred com	pensation (describ	e the terms below)	
4					
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compen- security of the security of	Indicate the security cod tional securities of the iss	les for all secu			

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER					
If the issuer is an investment fund	l, do not complete l	Item 9. Procced to	Item 10.						
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).				
Reporting issuer in any juris	diction of Canada								
Foreign public issuer									
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada ⁶						
Provide name of reporting issuer									
Wholly owned subsidiary of a foreign public issuer ⁶									
Provide name of foreign public issuer									
Issuer distributing only eligi	Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷								
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item 2	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.									
If the issuer is none of the									
			<i>item 5(u) - (t).</i>						
a) Directors, executive officer									
Provide the following information for territory; otherwise state the country.						tate the	province	or	
Organization or company nameFamily nameFirst given nameSecondary given nameBusiness location of non-individual or residentail jurisdiction of individualRelationship to issuer (select all that apply)									
				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	Secondary given Junsaiction of select or			ship to promoter or both if applicable)				
				Province or country D			0		
c) Residential address of eac	h individual								
Complete Schedule 2 of this form		esidential address	for each individua	l listed in Item 9	(a) and (h)	and at	tach to t	he	
completed report. Schedule 2 also									

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	Empower Clinics Inc.							
Full legal name	Snyder							
	Family name	First given name		Seconda	iry given n	ames		
Title	Mr.							
Telephone number	2057183288	Email address	c.snyder	ler@empowerclinics.c		s.com		
Signature	Craig Snyder Da		2018	11	01			
			YYYY	MM	DD			

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report

Full legal name	Shneider	llana			Title	Ms.
	Family name	First given name	Secondary giv	ven names		
Name of company	Chitiz Pathak LLP					
Telephone number	4166449983	En	nail address is	shneider@c	chitizpath	ak.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.