Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8742284

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 CERTIF	YING THE RE	PORT					
Indicate the party certifying th Instrument 81-106 Investment						restment fund, refer to sect	on 1.1 of National
Investment fund i				. ,			
✓ Issuer (other that	n an investme	ent fund)					
		,					
ITEM 3 - ISSUER NAME							
Provide the following informat					nd, about the fund.		
		st Division Ve	ntures	Inc.			
Previous full le	egal name						
If the issuer's name ch	anged in the last	12 months, provi	de most i	recent previo	ous legal name.		
	Website				(if applicabl	e)	
If the issuer has a legal entity i	identifier <u>,</u> provide	below. Refer to P	art B of t	he Instructio	ons for the definition	of "legal entity identifier".	
Legal entity	v identifier						
If two or more issuers distribut	ed a single securi	ity, provide the ful	l legal no	ame(s) of the	e co-issuer(s) other th	an the issuer named above	2.
Full legal name(s) of co	o-issuer(s)				(if applicabl	e)	
ITEM 4 - UNDERWRITE	r Informat	ION					
If an underwriter is completing	the report, provi	de the underwrite	r's full le	gal name ar	nd firm NRD number.		7
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				Post	al 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 2 1 2 2 2 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 ✓ Yes If yes, provide SEDAR profile number 0 0 4 5 7 1 2						
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	\$1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn 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 Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cyptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cyptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' Understaining in other investment fund issuers Is a UCIT's Fund' Understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union C Date of formation and financial year-end of the investment fund Date of formation and financial year-end of the investment fund Successes of authorization form and encesses to operate throughout the EU on a passport basis on authorization form ane member state. Is beinertifications of Canada in which the investment fund is a reporting issuer. All a B B BC BC B MB B NB N C T NT NV C D N E Collection investment fund is a reporting issuer. All A B B B C B MB
Full legal name
Firm NRD number (if applicable) 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 Province/State
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 County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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CUSIP number
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 \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M
\$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

Schedule 1 of the report.	ction of Canada	only. Do not include	risdiction of Canada, inclu e in Item 7 securities issue ne information provided i	ed as payment of	f commissions or	finder's fees in
a) Currency						
Select the currency or currencies	in which the distr	ibution was made.	All dollar amounts provid	led in the report i	must be in Cana	dian dollars.
✓ Canadian dollar	US dollar	Euro	Other (describe	e)		
b) Distribution date(s)						
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date 2019 03 04 End date 2019 03 04						
	2019 YYYY	MM DD		2019 YYYY	MM DD	
c) Detailed purchaser info				1111		
Complete Schedule 1 of thi		h purchaser and	attach the schedule	to the comple	eted renort	
• ·						
d) Types of securities dist		and reported on a n	ar cocurity basis Defer to	Dart A(12) of the	a Instructions for	how to indicate the
Provide the following information security code. If providing the CU						now to indicate the
					Canadiar	ı \$
Security CUSIP number (if applicable)	Description	of security	Number of securities	Single or lowest price	Highest price	Total amount
UBS one	common sha	s comprised of are and one urchase warran	6,017,000.00	0 0.2500	0	1,504,250.00
e) Details of rights and con	nvertible/excha	ingeable securitie	es estatution est estatution estatution esta			
If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.						
were distributed, provide the con		i describe any other	Underlying Exercise price Expiry date (Canadian \$) (YYYY- MM-DD)			
Convertible / exchangeable Underlying	Exerci (Cana	se price		Conversion ratio	Describe othe	er items (if applicable)
Convertible / exchangeable Underlying	Exerci: (Cana Lowest	se price		ratio		
Convertible / exchangeable Underlying	Exerci (Cana	se price Idian \$)		ratio	One share pu exercisable fo	urchase warrant is or one common 0 per share until
Convertible / exchangeable security code Security code	Exercia (Cana Lowest 0.5000	se price Idian \$) Highest	(YYYÝ- MM-DD) 2020-09-04	ratio	One share pu exercisable fo share at \$0.5	urchase warrant is or one common 0 per share until
Convertible / exchangeable security codeUnderlying security codeWNTCMS	Exercia (Cana Lowest 0.5000 tion by jurisdict securities distribut comption relied of anada, include dis e item for: (i) each resides in a jurisd	tion and exemption to and the number n in Canada for tha stributions to purche h jurisdiction where liction of Canada, an	(YYYY- MM-DD) 2020-09-04 on of purchasers for each ju t distribution. However, iq asers resident in that juris a purchaser resides, (ii) e and (iii) each exemption re	ratio	One share pu exercisable fo share at \$0.5 September 4 nada and foreign ad outside of Can da only. relied on in the ju	urchase warrant is or one common 0 per share until , 2020. jurisdiction where a ada completes a irisdiction where a
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Taiwan, Province Of China	NI 45-106 2.3 [Accredited investor]	1	40,000.00
United States	NI 45-106 2.3 [Accredited investor]	2	70,000.00
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	100,000.00
	Total dollar amount of se	curities distributed	1,504,250.00
	Total number of unique purchasers ^{2b}	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.

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

ITEM 8 -	COMPENSATION INFORMATION	
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Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
🗌 No 🗹 Yes	If yes, indicate number of persons compensated.	4					

a) Name of person compensa	ited and regis	stration	status									
Indicate whether the person compens	Indicate whether the person compensated is a registrant.											
If the person compensated is an individual, provide the name of the individual.												
Full legal name of individual												
		Family na	ame		Firs	st given r	name		Seco	ndary given	names	
If the person compensated is not an i	ndividual, prov	ide the f	following inf	ormatio	7.							
Full legal name of no	Full legal name of non-individual Mackie Research Capital Corporation											
Firm N	IRD number	3	0	7 0)			(if ap	plicable)			
Indicate whether the person compens	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
b) Business contact information	on											
If a firm NRD number is not provided	l in Item 8 (a), p	orovide t	the business	contact	informatio	n of the	person	being co	mpensated.			
Street address												
Municipality						F	Provin	ce/State				
Country					F	Postal	code/z	Zip code				
Email address						Telep	ohone	number				
c) Relationship to issuer or inv	vestment fun	d mana	iger									
the Instructions and the meaning of '	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 Employee of the issuer or investment fund manager											
d) Compensation details												
Provide details of all compensation po Canadian dollars. Include cash comm incidental to the distribution, such as allocation arrangements with the dire Cash commissions paid Value of all securities distributed as compensation ⁴	issions, securiti clerical, printin ctors, officers o	es-based g, legal	d compensa or accountir	tion, gift: ng service n-indivie	s, discounts es. An issue	or othe or is not	er comp require by the Securi	ensation. d to ask f	Do not repor	rt payment out, or repo	ts for sei	rvices nternal
Describe terms of warrants, options or other rights for the holder to purchase one common share at a price of \$0.50 until September 4, 2020.												
Other compensation ⁵			Describe	•								
Total compensation paid	28,80	00.00										
Check box if the person v	will or may reco	eive any	deferred c	ompensa	ation (desc	ribe the	e terms	below)				
⁴ Provide the aggregate value of all s additional securities of the issuer. In rights exercisable to acquire addition ⁵ Do not include deferred compensat	dicate the secund nal securities d	urity cod	les for all se									r

a) Name of person comp	ensated and regi	stration status					
Indicate whether the person co	Indicate whether the person compensated is a registrant.						
If the person compensated is an individual, provide the name of the individual.							
Full legal name of indiv	ridual						
	Family name				Se	econdary given names	
If the person compensated is no	ot an individual, prov	vide the following in	formation.				
Full legal name	Full legal name of non-individual Raymond James Ltd.						
F	irm NRD number	8 2	4 0		(if applicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves							
b) Business contact infor	mation						
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business	contact informatio	n of the person	being compensate	d.	
Street address							
Municipality				Provinc	e/State		
Country				Postal code/Z	ip code		
Email address				Telephone r	number		
c) Relationship to issuer	or investment fun	d manager					
the Instructions and the meanin	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 Director or officer of the investment fund or investment fund manager						
d) Compensation details							
Provide details of all compensat Canadian dollars. Include cash o incidental to the distribution, su allocation arrangements with th Cash commissions pa	commissions, securit ch as clerical, printin e directors, officers c	ies-based compensa 1g, legal or accountii	tion, gifts, discounts ng services. An issue	or other compe er is not required	ensation. Do not re 1 to ask for details ssuer.	port payments for services	
Value of all securitie distributed as compensatio			Security codes	W N	NT		
Describe terms of warrants, options or other rights Describe terms of warrants, options or other rights to purchase one common share at a price of \$0.50 until September 4, 2020.							
Other compensatio	n ⁵	Describ	e				
Total compensation pa	id 9,0	00.00					
Check box if the pe			· · ·		·	rcisable to acquire	
additional securities of the issu rights exercisable to acquire a ⁵ Do not include deferred comp	ier. Indicate the sec dditional securities o	urity codes for all se					

a) Name of person compens	sated and regis	stration statu	s									
Indicate whether the person compe	ensated is a regist	rant.		No No		\checkmark	Yes					
If the person compensated is an inc	dividual, provide	the name of th	e indivi	dual.								
Full legal name of individu	ıal											
		Family name		First given name Secondary given names					mes			
If the person compensated is not a	n individual, prov	ide the followi	ng infor	mation.								
Full legal name of non-individual Haywood Securiti				es Inc.								
Firm NRD number1630(if applicable)												
Indicate whether the person compe	ensated facilitated	I the distribution	on throu	ıgh a fundi.	ng porta	ıl or an	internet	-based µ	oortal.	✓ No		Yes
b) Business contact informa	ition											
If a firm NRD number is not provid	ed in Item 8 (a), _l	provide the bus	siness co	ontact infor	mation	of the p	erson b	eing con	npensated.			
Street address												
Municipality						Pr	rovince	/State				
Country					Po	ostal co	ode/Zip	code				
Email address						Teleph	none ni	umber				
c) Relationship to issuer or	investment fun	d manager										
Indicate the person's relationship w the Instructions and the meaning o Connect with the issuer o Director or officer of the i	of "control" in sector for investment fur	tion 1.4 of NI 4 Id manager	!5-106 f	or the purp	oses of a	complet	ting this of the iss	<i>section</i> . suer (oth	aning of "conn ner than an inv or investment	restment f	und)	2) of
✓ None of the above				-							-	
d) Compensation details												
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such c allocation arrangements with the du Cash commissions paid	missions, securiti as clerical, printin	es-based comp g, legal or acco	oensatio ounting	n, gifts, dis services. Ai	counts o n issuer	r other is not re sated by	compen equired y the iss Security o	sation. I to ask fo uer. code 1	Do not report p	oayments f ; or report	or ser	vices ternal
Value of all securities distributed as compensation ⁴			ŝ	Security co	des		NN	Т				
	l of warrants, of	otions or other	rights		ase on	e com			ch warrant e a price of \$0		e holc	ler
Other compensation ⁵		De	scribe									
Total compensation paid												
Check box if the perso	n will or may rec	eive any defer	red con	npensation	(descrit	be the t	erms be	elow)				
⁴ Provide the aggregate value of all additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compension ⁵ Do not include deferred compension.	Indicate the sectional securities of	urity codes for										

a) Name of person compensate	ed and regis	tration st	atus								
Indicate whether the person compensat	ted is a registi	rant.		No No	\checkmark	Yes					
If the person compensated is an individ	lual, provide t	he name c	of the individ	dual.							
Full legal name of individual											
	Family name			I Fi	rst given r	name		Secondary given names			
If the person compensated is not an ind	lividual, provi	de the foll	owing infor	mation.							
Full legal name of non-individual Canaccord Genuit				y Corp.							
Firm NRD number 9 0 0 (if applicable)											
Indicate whether the person compensat	ted facilitated	the distrib	oution throu	igh a funding po	rtal or ar	n internet	-based p	oortal.	🖌 No	Yes	
b) Business contact information	1										
If a firm NRD number is not provided ir	n Item 8 (a), p	rovide the	business co	ontact informatio	on of the	person be	eing com	pensated.			
Street address											
Municipality					F	Province	/State				
Country					Postal of	code/Zip	code				
Email address					Telep	hone nu	umber				
c) Relationship to issuer or inve	estment fund	l manage	er	1				L			
Indicate the person's relationship with t the Instructions and the meaning of "co Connect with the issuer or inv Director or officer of the inves	ontrol" in sect vestment fun	ion 1.4 of i d manage	NI 45-106 f r	or the purposes	of comple Insider	eting this of the iss	<i>section.</i> suer (oth	ning of "con her than an ir or investmen	nvestment fu	nd)	
d) Compensation details											
Provide details of all compensation paid Canadian dollars. Include cash commiss incidental to the distribution, such as cle allocation arrangements with the directo Cash commissions paid Value of all securities distributed as compensation ⁴	sions, securitie erical, printing	es-based co , legal or employee	ompensatio accounting es of a non-	n, gifts, discount services. An issu	s or othe er is not	r compen required	sation. L to ask fo uer.	Do not report	payments fo ut, or report o	r services	
Describe terms of	warrants, op	tions or of	ther rights	139,500 com holder to pur September 4	chase o						
Other compensation ⁵			Describe								
Total compensation paid	34,87	5.00									
Check box if the person wi	ll or may rece	ive any de	eferred con	npensation (des	cribe the	terms be	elow)				
⁴ Provide the aggregate value of all see additional securities of the issuer. India rights exercisable to acquire additiona ⁵ Do not include deferred compensation	icate the secu of securities of	rity codes	for all secu								

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	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 issuer 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	:). 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	wise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter. no or company name Family name First given name Secondary given names Business location of non-individual or residentail jurisdiction of individual Relationship to issuer (select all that apply)									
				Province or	country	D	0	Р		
b) Promoter information										
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.										
Organization or company name	Family name	First given nameSecondary given namesResidential jurisdiction of individualRelationship t 					p to promoter both if applicable)			
				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	First Division Ventures Inc.								
Full legal name	Leonard								
	Family name	Seconda	Secondary given names						
Title	Chief Financial Officer and Corporate Secretary								
Telephone number	7788383692	Email address	accounti	ng@jclpa	rtners.ca				
Signature	(signed) Joel Leonard Date		2019	03	07				
			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	Kubicek	Renata			Title	Paralegal
	Family name	First given name	Secondary	given names		
Name of company	W.L. Macdonald Law Co	orporation				
Telephone number	6049730587		Email address	rkubicek@w	/Imlaw.ca	à

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.