Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8383581

ITEM 1 - REPORT TYPE						
☐ New report						
_						
✓ Amended report If ame	Amended report If amended, provide filing date of report that is being amended 2018 12 26 (YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYING TH	E REPORT					
Indicate the party certifying the report (sel Instrument 81-106 Investment Fund Conti	, ,	•		estment fund, refer to secti	on 1.1 of National	
☐ Investment fund issuer						
✓ Issuer (other than an inves	stment fund)					
Underwriter						
Item 3 - Issuer Name and Ot	THE DENTIFIED					
		vostment fund, ab	out the fund			
Provide the following information about the Full legal name	The Green Organic Du					
Previous full legal name	The Green Organic Bu	- Itali i i i i i i i i i i i i i i i i i i				
-	-					
If the issuer's name changed in th		recent previous leg				
Website	https://tgod.ca	https://tgod.ca (if app				
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	the Instructions for	the definition o	of "legal entity identifier".		
Legal entity identifier						
If two or more issuers distributed a single s	security, provide the full legal no	ame(s) of the co-iss	suer(s) other th	an the issuer named above		
Full legal name(s) of co-issuer(s)		(if applicable)				
Item 4 - Underwriter Inforn	MATION					
If an underwriter is completing the report,		aal name and firm	NRD number			
Full legal name	F	9]	
Firm NRD number						
If the underwriter does not have a firm NR	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.					
Street address	, ,]	
Municipality		Pro	vince/State			
Country		1	de/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 5 1 1 1 3				
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 0 4 0 6 4 4				
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 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
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	ITEM 6 - INVESTMENT FUND ISSUER INFORMATION							
If the issuer is an inves	tment fund, provide the following information.							
a) Investment fund ma	a) Investment fund manager information							
Full legal name								
Firm NRD number	(if applicable)							
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.							
Street address								
Municipality	Province/State Province/State							
Country	Postal code/Zip code							
Telephone number	Website (if applicable)							
b) Type of investment	fund							
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .							
Money market	☐ Equity ☐ Fixed income ☐ Balanced							
Alternative strateg	gies Cryptoasset Other (describe)							
	h of the following apply to the investment fund .							
	n other investment fund issuers							
☐ Is a UCITs Fund¹								
¹ Undertaking for the Collec (EU) directives that allow co	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 format	tion Financial year-end MM DD							
d) Reporting issuer st	atus of the investment fund							
Is the investment fund a rep	orting issuer in any jurisdication of Canada?							
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.							
AII	AB BC MB NB NL NT							
□ NS □	NU ON PE QC SK T							
e) Public listing status of the investment fund								
If the investment fund has a	If the investment fund has a CUSIP number, provide below (first 6 digits only)							
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 \$500	\$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:							

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.

	2 57 4.10 - 6401.11									
a)	Currency									İ
Sele	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)									İ
as l	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 da	2017	12	15	End date	2017	12	15		
		YYYY	MM	DD		YYYY	MM	DD		

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

d) Types of securities distributed

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.

						Canadian \$		
Security code		, ,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
L	В	S		Units, each consisting of one common share and one-half of one share purchase warrant. Each whole warrant is exercisable to purchase one common share until the Expiry Date.	6,807,623.00	1.6500		11,232,577.95

e) Details of rights and convertible/exchangeable securities

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.

ex	nvertible / hangeable curity code			Underlying security code			se price idian \$)	Expiry date Conversion (YYYY- MM-DD) ratio		Describe other items (if applicable)
						Lowest	Highest			
W	N	Т	С	М	S	3.0000		2021-02-28	1:1	Expiry date is the earlier of 36 months form the date the Issuer's common shares are listed for trading on a national Canadian or U.S. securities exchange or trading system and Feb. 28, 2021, whichever is earlier.

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign invitation.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique ^{2g} purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	20	1,218,030.00

Alberta	NI 45-106 2.5 [Family, friends and business associates]	1	1,650.00
British Columbia	NI 45-106 2.3 [Accredited investor]	39	1,164,553.50
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	2	13,249.50
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	2	20,014.50
Manitoba	NI 45-106 2.3 [Accredited investor]	1	115,500.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	18	503,877.00
New Brunswick	NI 45-106 2.5 [Family, friends and business associates]	1	4,950.00
Nova Scotia	NI 45-106 2.3 [Accredited investor]	7	97,251.00
Ontario	NI 45-106 2.3 [Accredited investor]	89	3,135,617.10
Ontario	NI 45-106 2.5 [Family, friends and business associates]	17	370,814.40
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	15	145,289.10
Québec	NI 45-106 2.3 [Accredited investor]	20	1,287,735.90
Québec	NI 45-106 2.5 [Family, friends and business associates]	11	123,218.70
Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	14,850.00
Australia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	1	9,900.00
Austria	NI 45-106 2.3 [Accredited investor]	2	10,890.00
Barbados	NI 45-106 2.3 [Accredited investor]	1	99,825.00
Bermuda	NI 45-106 2.3 [Accredited investor]	2	115,500.00
Bulgaria	NI 45-106 2.3 [Accredited investor]	1	82,500.00
Cayman Islands	NI 45-106 2.3 [Accredited investor]	1	33,000.00
Denmark	NI 45-106 2.3 [Accredited investor]	1	19,800.00
Finland	NI 45-106 2.3 [Accredited investor]	1	9,900.00
France	NI 45-106 2.3 [Accredited investor]	1	9,900.00
Germany	NI 45-106 2.3 [Accredited investor]	4	62,040.00
Hong Kong	NI 45-106 2.3 [Accredited investor]	3	617,100.00
Japan	NI 45-106 2.3 [Accredited investor]	1	11,550.00
Monaco	NI 45-106 2.3 [Accredited investor]	1	34,980.00
Netherlands	NI 45-106 2.3 [Accredited investor]	1	165,000.00
Norway	NI 45-106 2.3 [Accredited investor]	1	7,425.00
Saudi Arabia	NI 45-106 2.3 [Accredited investor]	1	8,250.00
Spain	NI 45-106 2.3 [Accredited investor]	1	99,000.00
Sweden	NI 45-106 2.3 [Accredited investor]	12	236,610.00
Taiwan, Province Of China	NI 45-106 2.3 [Accredited investor]	1	16,500.00
Thailand	NI 45-106 2.3 [Accredited investor]	2	206,250.00
United Arab Emirates	NI 45-106 2.3 [Accredited investor]	1	24,750.00
United Kingdom	NI 45-106 2.3 [Accredited investor]	2	148,500.00
United States	NI 45-106 2.3 [Accredited investor]	47	945,278.40

New Brunswick	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	3	31,298.85
Sweden NI 45-106 2.9(1) [Offering memorandum] (BC, NL)		2	10,230.00
	11,232,577.95		
	Total number of unique purchasers ^{2b}	338	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one 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. 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)
1.	Offering Memorandum	2017-10-20	Y	2017-11-27
2.	Investor Presentation	2017-09-12	Y	2017-11-27

^{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.

ITEM 8 - COMPENSATION INFORMATION	
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection wi the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.	h
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.	
No ✓ Yes If yes, indicate number of persons compensated. 13	

a) Name of person com	pensated and regi	stration status				
Indicate whether the person co	mpensated is a regis	trant.	✓ No	Yes		
If the person compensated is a	n individual, provide	the name of the indivi	dual.			
Full legal name of indi	vidual					
		Family name	Fir	st given name		Secondary given names
If the person compensated is n	ot an individual, prov	vide the following infor	mation.			
Full legal name	of non-individual	Regent Park Secu	rities Ltd.			
F	irm NRD number				(if appli	cable)
Indicate whether the person co	mpensated facilitate	d the distribution throu	igh a funding po	rtal or an internet	-based po	ortal. No Yes
b) Business contact info	rmation					
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business co	ontact informatio	n of the person b	eing com _l	pensated.
Street address	2 Gloucester Gat	e Lodges, Outer Cir	cle, Regents F	Park		
Municipality	London			Province	/State	
Country	United Kingdom			Postal code/Zip	code	NW14HA
Email address	matt.hocker@rps	ec.co.uk		Telephone nu	umber	442032867507
c) Relationship to issuer	or investment fun	d manager				
Indicate the person's relationsh the Instructions and the meani	ng of "control" in sec	tion 1.4 of NI 45-106 f		of completing this	section.	ning of "connected" in Part B(2) of
Director or officer of	the investment fund	or investment fund me		Employee of the	inguara	r investment fund manager
_	ine invesiment iunu	or investment fund ma	anagei	Employee of the	e issuei o	r investment fund manager
✓ None of the above						
d) Compensation details						
Canadian dollars. Include cash	commissions, securit Ich as clerical, printir	ies-based compensationg, legal or accounting	n, gifts, discounts services. An issue	s or other compen er is not required	sation. D to ask for	ribution. Provide all amounts in o not report payments for services details about, or report on, internal
Cash commissions p	aid			Security	code 1	Security code 2 Security code 3
Value of all securiti distributed as compensation	52.6	94.40	Security codes	U B	S	Security code 2
Describe	terms of warrants, o	ptions or other rights	half of one sh the holder the	are purchase v	varrant. se one c	e common share and one- Each whole warrant entitles common share at a price of 021.
Other compensation	on ⁵	Describe				
Total compensation pa	52,6	94.40				
Check box if the po	erson will or may rec	eive any deferred con	npensation (desc	cribe the terms be	elow)	
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the sec additional securities (urity codes for all sect				

a) Name of person comp	pensated and regis	stration status					
Indicate whether the person co	mpensated is a regist	rant.	✓ No	Y	'es		
If the person compensated is a	n individual, provide i	the name of the indivi	dual.				
Full legal name of indi	vidual Byrne		Seamus		N	Murphy	
		Family name	First given name Secondary given names				
If the person compensated is n	ot an individual, prov	ide the following info	rmation.				
Full legal name	of non-individual						
F	Firm NRD number				(if appl	icable)	
Indicate whether the person co	mpensated facilitated	the distribution thro	ugh a funding por	tal or an in	nternet-based p	ortal. Ves	
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the business c	ontact informatio	n of the per	rson being com	pensated.	
Street address	2682 Rothesay R	oad					
Municipality	Rothesay			Pro	vince/State	New Brunswick	
Country	Canada			Postal cod	de/Zip code	E2H2K9	
Email address	seamus.byrne@h	alifaxcitrus.ca		Telepho	one number	9024415757	
c) Relationship to issuer	or investment fund	d manager	_				
Indicate the person's relationsh the Instructions and the meani	ng of "control" in sect	tion 1.4 of NI 45-106 j		f completin	ng this section.	ning of "connected" in Part B(2) of er than an investment fund)	
<u> </u>		-			,	,	
Director or officer of	the investment tund t	or investment luna m	anager	Employee	e or the issuer (or investment fund manager	
✓ None of the above							
d) Compensation details							
Canadian dollars. Include cash	commissions, securiti Ich as clerical, printin	es-based compensation g, legal or accounting	on, gifts, discounts services. An issue	or other coer is not req	ompensation. D Juired to ask for	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal	
Cash commissions pa	aid			Se	ecurity code 1	Security code 2 Security code 3	
Value of all securition distributed as compensation	51.5	93.85	Security codes	U			
Describe	terms of warrants, op	otions or other rights	half of one sh	are purch ereof to pu	nase warrant. urchase one d	E common share and one- Each whole warrant entitles common share at a price of 021.	
Other compensation	on ⁵	Describe					
Total compensation pa	51,59	93.85					
Check box if the pe	erson will or may rece	eive any deferred cor	npensation (desc	ribe the ter	rms below)		
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secundational securities of	urity codes for all sec					

a) Name of person com	pensated and regis	stration status						
Indicate whether the person co	mpensated is a regist	rant.	\checkmark	No		Yes		
If the person compensated is a	n individual, provide	the name of the in	dividual	-				
Full legal name of indi	vidual Nerell		/	Anders				
		Family name	•	Fir	st given r	name		Secondary given names
If the person compensated is n	ot an individual, prov	ide the following i	nformat	ion.				
Full legal name	e of non-individual							
F	Firm NRD number						(if appl	icable)
Indicate whether the person co	mpensated facilitated	I the distribution t	hrough (a funding po	rtal or a	n interne	t-based p	ortal. Ves
b) Business contact info	rmation							
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the busine	ss conta	ct informatio	n of the	person b	eing com	pensated.
Street address	81/80 Land & Hoเ	use, Seewalee 1	l					
Municipality	Chalong Muang				F	Province	e/State	Phuke
Country	Thailand				Postal o	code/Zi	p code	83130
Email address	anerell@hotmail.d	com			Telep	hone n	umber	66876706628
c) Relationship to issuer	or investment fun	d manager						
the Instructions and the mean	ing of "control" in sect	tion 1.4 of NI 45-1			of comple	eting this	s section.	ning of "connected" in Part B(2) of
Connect with the iss	uer or investment fun	d manager		Ш	Insider	of the is	suer (oth	er than an investment fund)
Director or officer of	the investment fund	or investment fund	d manag	ger 🔲	Employ	ee of th	e issuer o	or investment fund manager
None of the above								
d) Compensation details	3							
Canadian dollars. Include cash	commissions, securiti uch as clerical, printin	es-based compens g, legal or accoun	sation, g ting serv	ifts, discount. ices. An issu	s or othe er is not	r compe required	nsation. E to ask for	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions p				·		Security		Security code 2 Security code 3
Value of all securiti distributed as compensation	16.7	54.40	Secu	urity codes		U B		Security code 2
Describe	terms of warrants, or	otions or other rig	hts					
Other compensation	on ⁵	Descri	ha the	lf of one sh	nare pui ereof to	rchase purcha	warrant. ise one (e common share and one- Each whole warrant entitles common share at a price of 2021.
Total compensation pa	aid 46,75	54.40						
Check box if the pe	erson will or may rec	eive any deferred	comper	nsation (desc	cribe the	terms b	elow)	
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the second additional securities o	urity codes for all						

a) Name of person comp	pensated and regis	tration status							
Indicate whether the person co	mpensated is a regist	rant.	✓ No		Yes				
If the person compensated is a	n individual, provide i	he name of the indivi	dual.						
Full legal name of indiv	vidual Biertumple		Jens						
		Family name		First given na	ame	Secondary given names			
If the person compensated is n	ot an individual, prov	ide the following infor	mation.						
Full legal name	of non-individual								
F	irm NRD number				(if ap	olicable)			
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 business co	ontact informa	tion of the p	person being co	mpensated.			
Street address	Korporationsweg	14							
Municipality	Wilen bei Wollera	u		Pi	rovince/State				
Country	Switzerland			Postal c	ode/Zip code	8832			
Email address	jes@lightstreamc	apital.net		Teleph	hone number	41788104323			
c) Relationship to issuer	or investment fund	d manager	-						
Indicate the person's relationsh the Instructions and the meani						eaning of "connected" in Part B(2) of n.			
Connect with the issu	uer or investment fun	d manager		Insider	of the issuer (o	ther than an investment fund)			
Director or officer of	the investment fund o	or investment fund ma	anager	Employe	ee of the issue	r or investment fund manager			
None of the above									
d) Compensation details	.								
Canadian dollars. Include cash	commissions, securiti Ich as clerical, printin	es-based compensatic g, legal or accounting	n, gifts, discou services. An iss	nts or other suer is not r	compensation. equired to ask f	istribution. Provide all amounts in Do not report payments for services for details about, or report on, internal			
Cash commissions pa					Security code 1	Security code 2 Security code 3			
Value of all securition distributed as compensation	10.3	68.00	Security codes		U B S	Security code 2 Security code 3			
Describe	terms of warrants, op	otions or other rights	half of one the holder t	share pure hereof to p	chase warran	ne common share and one- t. Each whole warrant entitles common share at a price of 2021.			
Other compensation	on ⁵	Describe							
Total compensation pa	49,30	68.00							
Check box if the pe	erson will or may reco	eive any deferred con	npensation (de	scribe the t	terms below)				
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secundational securities of	irity codes for all sec				rights exercisable to acquire I <u>ding</u> options, warrants or other			

a) Name of person comp	pensated and regis	stration status					
Indicate whether the person co	mpensated is a regist	rant.	☐ No	\checkmark	Yes		
If the person compensated is a	n individual, provide	the name of the indivi	dual.				
Full legal name of indi	vidual Lucas		Derek				
		Family name	F	irst given n	ame		Secondary given names
If the person compensated is n	ot an individual, prov	ide the following infor	mation.				
Full legal name	of non-individual						
F	irm NRD number					(if appli	cable)
Indicate whether the person co	mpensated facilitated	the distribution throu	ıgh a funding p	ortal or an	internet	-based po	ortal. Ves
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the business co	ontact informati	ion of the p	person be	ing com	pensated.
Street address	3962 Borden Stre	et, Ste. 101					
Municipality	Victoria			Р	rovince/	'State	British Columbia
Country	Canada			Postal c	ode/Zip	code	V8P3H8
Email address	derek.lucas@sun	life.com		Telep	hone nu	ımber	2503851471
c) Relationship to issuer	or investment fun	d manager					
the Instructions and the meani	ng of "control" in sect	tion 1.4 of NI 45-106 f		of comple	eting this	section.	ning of "connected" in Part B(2) of
Connect with the issu	uer or investment fur	u manager		Insider	or the iss	suer (otne	er than an investment fund)
Director or officer of	the investment fund	or investment fund ma	anager	Employ	ee of the	issuer o	r investment fund manager
None of the above							
d) Compensation details	3						
Canadian dollars. Include cash	commissions, securiti ıch as clerical, printin	es-based compensatio g, legal or accounting	n, gifts, discoun services. An issi	its or other uer is not r	r compen required t	sation. D o ask for	ribution. Provide all amounts in o not report payments for services details about, or report on, internal
Cash commissions p	aid				Security of	ode 1	Security code 2 Security code 3
Value of all securition distributed as compensation	~ I 30	60.00	Security codes		U B	S	
Describe	terms of warrants, op	otions or other rights	of one share	e purchas of to purc	se warra chase o	int. Eacl ne comr	common share and one-half h whole warrant entitles the mon share at a price of 021.
Other compensation	on ⁵	Describe					
Total compensation pa	aid 3,90	60.00					
Check box if the pe	erson will or may rec	eive any deferred con	npensation (des	scribe the	terms be	low)	
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secondditional securities o	urity codes for all sect					

a) Name of person comp	pensated and regis	stration status				
Indicate whether the person co	mpensated is a regist	rant.	✓ No	Yes		
If the person compensated is a	n individual, provide	the name of the indivi	dual.			
Full legal name of indi	vidual Kreutzer		Donovan			
		Family name	Firs	st given name		Secondary given names
If the person compensated is n	ot an individual, prov	ide the following infor	mation.			
Full legal name	of non-individual					
F	irm NRD number				(if appli	cable)
Indicate whether the person co	mpensated facilitated	the distribution throu	ıgh a funding por	tal or an internet	t-based po	ortal. Ves
b) Business contact info	rmation					
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the business co	ontact information	n of the person b	eing com _l	pensated.
Street address	251195 Welland \	Vay				
Municipality	Calgary			Province	/State	Alberta
Country	Canada		F	Postal code/Zip	code	T3R1L3
Email address				Telephone nu	umber	
c) Relationship to issuer	or investment fun	d manager				
the Instructions and the meani	ng of "control" in sect	tion 1.4 of NI 45-106 f	or the purposes of	f completing this	section.	ning of "connected" in Part B(2) of
Connect with the issu	uer or investment fun	id manager	Ш	Insider of the iss	suer (othe	er than an investment fund)
Director or officer of	the investment fund	or investment fund ma	anager	Employee of the	e issuer o	r investment fund manager
None of the above						
d) Compensation details	•					
	commissions, securiti Ich as clerical, printin	es-based compensatic g, legal or accounting	n, gifts, discounts services. An issue	or other compen	nsation. D to ask for	ribution. Provide all amounts in o not report payments for services details about, or report on, internal
Cash commissions pa	aid		·	Security	rode 1	Security code 2 Security code 3
Value of all securition distributed as compensation	70	86.00	Security codes	U B	S	Security code 2
Describe	terms of warrants, op	otions or other rights	of one share pholder thereof	ourchase warra	ant. Each ne comr	common share and one-half n whole warrant entitles the mon share at a price of 021.
Other compensation	on ⁵	Describe				
Total compensation pa	7,98	86.00				
Check box if the pe	erson will or may rec	eive any deferred con	npensation (desc	ribe the terms be	elow)	
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secondditional securities o	urity codes for all sect				

a) Name of person comp	pensated and regis	stration status				
Indicate whether the person co	mpensated is a regis	rant.	✓ No	Yes		
If the person compensated is a	n individual, provide	the name of the indivi	dual.			
Full legal name of indi	vidual					
		Family name	Fir	st given name	5	Secondary given names
If the person compensated is n	•					
Full legal name	of non-individual	Darringer Enterpri	ses Ltd.			
F	Firm NRD number			(if applicable)	
Indicate whether the person co	mpensated facilitated	the distribution throu	ıgh a funding poi	rtal or an internet-b	ased portal.	✓ No ☐ Yes
b) Business contact info	rmation					
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business co	ontact informatio	n of the person beir	ng compensate	ed.
Street address	720 - 903 8th Ave	nue SW				
Municipality	Calgary			Province/S	state Albe	rta
Country	Canada]	Postal code/Zip c	code T2P0	DP7
Email address	jjscott@postellen	ergy.com		Telephone num	nber 4032	2326252
c) Relationship to issuer	or investment fun	d manager	1			
Indicate the person's relationsh the Instructions and the meani	ng of "control" in sec	tion 1.4 of NI 45-106 f		of completing this se	ection.	
Connect with the issu	uer or investment für	id manager	Ц	insider of the issu	er (other than	an investment fund)
Director or officer of	the investment fund	or investment fund ma	anager	Employee of the is	ssuer or inves	stment 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 to	commissions, securiti Ich as clerical, printin	es-based compensatic g, legal or accounting	n, gifts, discounts services. An issue	s or other compensa er is not required to	ntion. Do not r ask for details	report payments for services
Cash commissions p	aid		·	Security cod	de 1 Securi	ty code 2 Security code 3
Value of all securiti distributed as compensation	12/17	12.60	Security codes	U B	S	y code 2 Security code 3
Describe	terms of warrants, o	otions or other rights	half of one sh the holder the	are purchase wa	rrant. Each one commo	mon share and one- whole warrant entitles on share at a price of
Other compensation	on ⁵	Describe				
Total compensation pa	aid 134,7	12.60				
Check box if the pe	erson will or may rec	eive any deferred con	npensation (desc	cribe the terms belo	ow)	
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities o	urity codes for all sect				

a) Name of person comp	pensated and regis	stration status				
Indicate whether the person co	mpensated is a regist	rant.	✓ No		Yes	
If the person compensated is a	n individual, provide	the name of the indivi	dual.			
Full legal name of indiv	vidual Lowes		Tyler			Andrew
		Family name	•	First given na	ame	Secondary given names
If the person compensated is no	ot an individual, prov	ide the following infor	mation.			
Full legal name	of non-individual					
F	irm NRD number				(if ap	oplicable)
Indicate whether the person co	mpensated facilitated	the distribution throu	ıgh a funding	portal or an	internet-base	d portal. ✓ No ☐ Yes
b) Business contact info	rmation					
If a firm NRD number is not pr	ovided in Item 8 (a), ¡	provide the business co	ontact inform	ation of the p	person being c	ompensated.
Street address	Suite 904, 1189 N	lelville Street				
Municipality	Vancouver			Р	rovince/State	British Columbia
Country	Canada			Postal c	ode/Zip code	V6E4T8
Email address	tyler@electraston	e.com		Telepl	hone numbe	r 6043295097
c) Relationship to issuer	or investment fun	d manager				
the Instructions and the meani	ng of "control" in sect	tion 1.4 of NI 45-106 f		ses of comple	ting this sectio	
Connect with the issu	uer or investment fun	d manager	L	Insider o	of the issuer (other than an investment fund)
Director or officer of	the investment fund	or investment fund ma	anager	Employ	ee of the issue	er or investment fund manager
None of the above						
d) Compensation details	1					
Canadian dollars. Include cash	commissions, securiti Ich as clerical, printin	es-based compensatio g, legal or accounting	n, gifts, disco services. An i	unts or other ssuer is not r	compensatior equired to ask	distribution. Provide all amounts in n. Do not report payments for services for details about, or report on, internal
Cash commissions pa	aid				Security code 1	Security code 2 Security code 3
Value of all securition distributed as compensation	17 1	60.00	Security code		U B S	Socially code 2
Describe	terms of warrants, op	otions or other rights	half of one the holder	e share pure thereof to	chase warra	one common share and one- nt. Each whole warrant entitles e common share at a price of , 2021.
Other compensation	on⁵	Describe				
Total compensation pa	17,10	60.00				
Check box if the pe	erson will or may rec	eive any deferred con	npensation (d	describe the	terms below)	
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secondditional securities o	urity codes for all secu				rights exercisable to acquire l <u>uding</u> options, warrants or other

a) Name of person com	pensated and regis	stration status							
Indicate whether the person co	ompensated is a regist	rant.	✓ No		Yes				
If the person compensated is a	n individual, provide i	the name of the indivi	idual.						
Full legal name of indi	vidual Powell		Tyler			R	loss		
		Family name		First given	name	<u>'</u>	Seconda	ary given na	ames
If the person compensated is n	ot an individual, prov	ide the following info	rmation.						
Full legal name	e of non-individual								
F	Firm NRD number					(if appli	cable)		
Indicate whether the person co	ompensated facilitated	the distribution thro	ugh a funding	portal or a	n internet-	based p	ortal.	✓ No	Yes
b) Business contact info	rmation								
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the business c	ontact inform	ation of the	person be	ing com	pensated.		
Street address	2631 Terrace Ave	nue							
Municipality	North Vancouver			ı	Province/	State	British Col	umbia	
Country	Canada			Postal	code/Zip	code	V7R1B5		
Email address	tyler@powercapit	alpartners.com		Tele	phone nu	mber	77899480	50	
c) Relationship to issue	or investment fund	d 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 o	or investment fund m	anager [Emplo	yee of the	issuer c	or investment	fund man	ager
✓ None of the above			_	_					
d) Compensation details	<u> </u>								
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, so allocation arrangements with t	commissions, securiti uch as clerical, printin	es-based compensation g, legal or accounting	on, gifts, disco services. An i	unts or othe ssuer is not	er compens required to	sation. D o ask for	o not report p	ayments	for services
Cash commissions p	aid				Security co	ode 1	Security code	2 Secu	rity code 3
Value of all securiti distributed as compensati	7.0	20.00	Security code	es	U B	S			
,	terms of warrants, op	otions or other rights	of one sha	are purcha reof to pu	ise warra rchase or	nt. Eac ne com	common sh h whole wa mon share a	rant enti	tles the
Other compensation	on ⁵	Describe							
Total compensation p	aid 7,92	20.00							
Check box if the p	erson will or may rece	eive any deferred cor	mpensation (d	lescribe the	e terms bel	ow)			
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	ruer. Indicate the secu additional securities o	urity codes for all sec							

a) Name of person com	pensated and regis	stration status								
Indicate whether the person co	mpensated is a regist	rant.	☐ No	\checkmark	Yes					
If the person compensated is a	n individual, provide i	the name of the indivi	idual.							
Full legal name of indi	vidual Cusano		Vito							
		Family name	F	rst given na	ime		Sec	ondary g	iven nan	nes
If the person compensated is n	ot an individual, prov	ide the following info	rmation.							
Full legal name	e of non-individual									
F	Firm NRD number				((if appli	cable)			
Indicate whether the person co	mpensated facilitated	the distribution thro	ugh a funding po	ortal or an	internet-b	based po	ortal.	√] No	Yes
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the business c	ontact informati	on of the p	erson bei	ng com	pensated.			
Street address	86 Harwood Gate									
Municipality	Beaconsfield			Pr	ovince/S	State	Québec	C		
Country	Canada			Postal co	ode/Zip o	code	H9W3A	\3		
Email address	vito.cusano@td.co	om	1	Teleph	none nun	nber	514695	0464		
c) Relationship to issue	or investment fund	d 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 Employee of the issuer or investment fund manager										
None of the aboved) Compensation details	•									
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, so allocation arrangements with t	tion paid, or to be pai commissions, securiti Ich as clerical, printin he directors, officers o	es-based compensation g, legal or accounting	on, gifts, discoun services. An issu	ts or other er is not re ensated by	compenso equired to y the issue	ation. D ask for er.	o not repo details al	ort payr bout, or	nents fo report o	or services on, internal
·					Security co		Security c	ode 2	Securit	ry code 3
Value of all securiti distributed as compensation	61 1	75.40	Security codes		U B	S				
Describe	terms of warrants, op	otions or other rights	37,076 Units half of one s the holder th \$3.00 per sh	hare purd ereof to p	chase wa ourchase	arrant. e one c	Each whom	nole wa	arrant e	entitles
Other compensation	on ⁵	Describe								
Total compensation p	61,17	75.40								
Check box if the p	erson will or may rece	eive any deferred cor	mpensation (des	cribe the t	erms belo	ow)				
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the secu additional securities o	urity codes for all sec								

a) Name of person comp	ensated and regis	stration status								
Indicate whether the person co	mpensated is a regist	trant.	□ N) [✓ Yes					
If the person compensated is ar	n individual, provide	the name of the in	dividual.							
Full legal name of indiv	/idual									
		Family name	•	First give	en name		Second	ary given na	ames	
If the person compensated is no	•	_								
Full legal name	of non-individual	BMO Nesbitt E	Burns Inc.							
F	irm NRD number	2 5	8 0			(if app	licable)			
Indicate whether the person co	mpensated facilitated	d the distribution t	hrough a fur	ding portal o	r an interne	ב et-based _l	portal.	✓ No	Yes	
b) Business contact information										
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the busine	ss contact in	formation of t	the person l	being con	npensated.			
Street address										
Municipality					Province	e/State				
Country				Post	al code/Zi	p code				
Email address				Te	lephone r	number				
c) Relationship to issuer										
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 t	he investment fund	or investment fund	d manager	☐ Emp	oloyee of th	ne issuer	or investmen	fund man	ager	
✓ None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the	tion paid, or to be pa commissions, securiti ch as clerical, printin	es-based compens g, legal or accoun	sation, gifts, o ting services.	liscounts or o An issuer is r	ther compe not required	ensation. I to ask fo	Do not report	payments	for services	
Cash commissions pa	aid				Security	code 1	Security code	2 Secu	rity code 3	
Value of all securitie distributed as compensation	· · Q	00.25	Security	codes	U E					
•	erms of warrants, op		one sl holder	are purcha	se warran ourchase	nt. Each one con	ommon sha whole warra nmon share 2021.	int entitle	s the	
Other compensatio	n ⁵	Descri	ibe	•						
Total compensation pa	aid 8	00.25								
Check box if the pe	erson will or may rec	eive any deferred	compensati	on (describe	the terms b	elow)				
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity codes for all								

a) Name of person compensated and registration status													
Indicate whether the person compensated is a registrant. No V Yes													
If the person compensated is an individual, provide the name of the individual.													
Full legal name of individual													
		Family name		_	First give	n name	!		Sec	ondary (given na	mes	
If the person compensated is not an individual, provide the following information.													
Full legal name	Full legal name of non-individual Scotia Capital Inc												
F	0				(if appl	licable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes													
b) Business contact information													
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the b	usiness c	ontact info	rmation of t	he pers	on bei	ing con	npensated.				
Street address													
Municipality						Prov	ince/S	State					
Country					Posta	al code	e/Zip	code					
Email address				1	Tel	ephon	ne nur	mber					
c) Relationship to issuer	or investment fun	d 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 t	he investment fund	or investmer	it fund m	anager	☐ Emp	olovee o	of the	issuer	or investm	nent fun	ıd man	ager	
None of the above					ш .	,						- 3 -	
d) Compensation details													
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 pa	aid					Sec	urity co	nde 1	Security of	rode 2	Secui	ity code	9.3
Value of all securitie	es and			Socurity of	odos	U	В	S	Jecunty (0006.2	Jecui	ny couc	6.3
distributed as compensation	_{on⁴} 20,9	22.00		Security co	oues								
Describe terms of warrants, options or other rights 12,680 Units, each consisting of one common share and one-half of one share purchase warrant. Each whole warrant entitles the holder thereof to purchase one common share at a price of \$3.00 per share until February 28, 2021.													
Other compensatio	n ⁵		escribe										
Total compensation paid 20,922.00													
Check box if the person will or may receive any deferred compensation (describe the terms below)													
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secu dditional securities o	urity codes fo											

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, provide the name of the individual.													
Full legal name of indiv	vidual												
		Family name			First give	en nam	ne		Sec	ondary g	jiven na	mes	
If the person compensated is not an individual, provide the following information.													
Full legal name	orp.												
Firm NRD number 5 2 9 0 (if applicable)													
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes													
b) Business contact information													
If a firm NRD number is not pro	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						Pro	vince/S	State					أ
Country					Post	al cod	de/Zip	code					1
Email address					Te	lepho	ne nur	mber					أ
c) Relationship to issuer 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 t	he investment fund o	or investment fur	nd mar	nager	Emp	oloyee	of the	issuer d	or investm	ent fun	d mana	ager	
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 pa	aid					Se	ecurity co	ode 1	Security of	ode 2	Secur	ity code 3	1
Value of all securitie distributed as compensation	1 1 2	01.20	S	ecurity co	des	U	В	s					
Describe terms of warrants, options or other rights 728 Units, each consisting of one common share and one-half of one share purchase warrant. Each whole warrant entitles the holder thereof to purchase one common share at a price of \$3.00 per share until February 28, 2021.													
Other compensatio	n ⁵	Desc	ribe										ĺ
Total compensation paid 1,201.20									_				
Check box if the person will or may receive any deferred compensation (describe the terms below)													
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the secu dditional securities o	urity codes for all											

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE I SS	SUER						
If the issuer is an investment fund, do not complete 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	sdiction of Canada									
Foreign public issuer	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 issue	r						7		
Issuer distributing only eligil	ble foreign securities	and the distribution	on is to permitted clie	ents only ⁷				_		
If the issuer is at least one of the	above, do not comp	olete 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.										
If the issuer is none of the above, check this box and complete Item 9(a) - (c).										
a) Directors executive officer	e and promoters of	of the issuer								
a) Directors, executive officers and promoters of the issuer Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada state the province or										
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.										
Organization or company name	Organization or company name Family name First given name Secondary given names 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 name First given name Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)										
				Province or country	D		C)		
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	The Green Organic Dutchman Holdings Ltd.									
Full legal name	Stewart									
	Family name First given name			Secondary given names						
Title	General Counsel									
Telephone number	9053044201	Email address	astewart	t@tgod.ca	l					
Signature	"Anna Stewart" Date			01	09					
			YYYY	MM	DD					

ITEM 11- CONTACT	Person				
	ness contact information for this report, if different than t		3 ,	regulator mo	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
•	Family name	First given name	Secondary given names	_	_
Name of company					
Telephone number		Er	nail 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.