Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

| ITEM 1 - REPORT TYPE | | | | | | | | | | | |
|--|-------------------------------------|------------------------------------|--|--|--|--|--|--|--|--|--|
| ✓ New report | | | | | | | | | | | |
| Amended report If amer | nded, provide filing date | of report that is being am | ended (YYYY-MM-DD) | | | | | | | | |
| ITEM 2 - PARTY CERTIFYING THE REPORT | | | | | | | | | | | |
| Indicate the party certifying the report (sele National Instrument 81-106 Investment Fu | | | | | | | | | | | |
| ☐ Investment fund issuer | | | | | | | | | | | |
| ✓ Issuer (other than an inves | stment fund) | | | | | | | | | | |
| Underwriter | | | | | | | | | | | |
| ITEM 3 - ISSUER NAME AND OTH | HER IDENTIFIERS | | | | | | | | | | |
| Provide the following information about the | e issuer, or if the issuer is an in | vestment fund, about the fund. | | | | | | | | | |
| Full legal name | ImmunoPrecise Antibo | dies Ltd. | | | | | | | | | |
| Previous full legal name | | | | | | | | | | | |
| If the issuer's name changed in | the last 12 months, provide mo | ost recent previous legal name. | <u>, </u> | | | | | | | | |
| Website | not applicable | | (if applicable) | | | | | | | | |
| If the issuer has a legal entity identifier, pro | ovide below. Refer to Part B of t | he Instructions for the definition | of "legal entity identifier". | | | | | | | | |
| Legal entity identifier | | | | | | | | | | | |
| ITEM 4 - UNDERWRITER INFORM | IATION | | | | | | | | | | |
| | | | interesting Database (AIDD) number | | | | | | | | |
| If an underwriter is completing the report, p | oroviae the unaerwriter's fuit te | дан пате апа үнті ічинопинкеў | Istration Database (INKD) number. | | | | | | | | |
| Full legal name | | | | | | | | | | | |
| Firm NRD number | | (if applicable) | | | | | | | | | |
| If the underwriter does not have a firm NRL | D number, provide the head off | ice contact information of the ur | nderwriter. | | | | | | | | |
| Street address | | | | | | | | | | | |
| Municipality | | Province/State | | | | | | | | | |
| Country | | Postal 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 corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool . NAICS industry code 3 2 5 4 1 2 |
| 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 □ Commerial/business debt □ Consumer debt □ Private companies |
| b) Number of employees |
| Number of employees: |
| c) SEDAR profile number |
| Does the issuer have a SEDAR profile? ☐ No ☑ Yes If yes, provide SEDAR profile number 0 0 0 5 5 4 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 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. |
| │ |
| NS NU ON PE QC SK YT g) Public listing status |
| 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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems. |
| Exchange name(s): |
| h) Size of issuer's assets |
| Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size |
| of the issuer's assets at the distribution end date. \$\Boxed{\Boxedot}\$ \$0 to under \$5M \Boxedot \$5M to under \$25M \Boxedot \$25M to under \$100M |
| □ \$100M to under \$500M □ \$500M to under \$1B □ \$1B or over |

| ITEM 6 - INVESTMENT | T FUND ISSUER INFORMATION |
|------------------------------|--|
| If the issuer is an invest | ment fund, provide the following information. |
| a) Investment fund ma | anager information |
| Full legal name | |
| Firm NRD number | (if applicable) |
| If the investment fund ma | nager 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 | t most accurately identifies the issuer (select only one) . |
| ☐ Money market | ☐ Equity ☐ Fixed income |
| ☐ Balanced | Alternative strategies Other (describe) |
| Indicate whether one or boti | h of the following apply to the investment fund . |
| ☐ Invests primarily in | other investment fund issuers |
| ☐ Is a UCITs Fund¹ | |
| | ve Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) re investment schemes to operate throughout the EU on a passport basis on authorization from one member state. |
| c) Date of formation a | and financial year-end of the investment fund |
| Date of format | |
| d) Reporting issuer st | YYYY MM DD MM DD atus of the investment fund |
| , 1 | |
| | orting issuer in any jurisdication of Canada? No Yes of Canada in which the investment fund is a reporting issuer. |
| All | AB BC MB NB NL NT |
| □ NS □ | NU ON PE QC SK TT |
| 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 |
| | olicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for for and received a listing, which excludes, for example, automated trading systems. |
| Exchange nam | es |
| f) Net asset value (NA | AV) of the investment fund |
| Select the NAV range of the | investment fund as of the date of the most recent NAV calculation (Canadian \$). \$5M to under \$25M \$25M to under \$100M |
| | |
| \$100M to under \$500 | 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, which should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. Currency 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) 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 End date 2018 04 2018 06 04 06 MM DD MM DD YYYY 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 that take place in a jurisdiction of Canada on a per security basis. Refer to Part A 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. The information included in item 7d must reconcile to item 7f. For examples on how to report convertible securities, see our <u>Frequently Asked Questions.</u>

| | | | | | | | Canadian \$ | | | | | |
|---|---------------|---|--|---|--------|------------|-----------------|--------------|----------------------|------------------------------|---------------|--------------|
| , | Security code | | CUSIP number (if applicable) Description of security | | | | | | Number of securities | Single or lowest price | Highest price | Total amount |
| l | N | Т | 875907 | Each unit consisting 1 10% Debenture in the principal amount of C\$25,000 and 37,500 warrants, each warrant entitling the holder to purchase 1 share in the capital of the Company at C \$0.70 per share expiring 4 years from the date of issue. | 170.00 | 25,000.000 | 25,000.000 0 | 4,252,000.00 | | | | |

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.

| Security code | | | derly urity | ring code | (Can- | ise price adian \$) | Expiry date (YYYY- MM-DD) | Conversion ratio | Describe other items (if applicable) | | |
|---------------|--|--|----------------|--------------|-------|------------------------|------------------------------|------------------|--------------------------------------|--|--|
| | | | | | L | | Lowest | Highest | | | |
| | | | | | | | | | | | |

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 jurisdiction.

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

| Province or country | Exemption relied on | Number of purchasers | Total amount (Canadian \$) |
|---------------------|-------------------------------------|----------------------|----------------------------|
| British Columbia | NI 45-106 2.3 [Accredited investor] | 13 | 1,052,000.00 |
| Alberta | NI 45-106 2.3 [Accredited investor] | 6 | 450,000.00 |
| Ontario | NI 45-106 2.3 [Accredited investor] | 5 | 450,000.00 |
| Saskatchewan | NI 45-106 2.3 [Accredited investor] | 1 | 100,000.00 |
| Québec | NI 45-106 2.3 [Accredited investor] | 5 | 125,000.00 |
| Estonia | Other | 2 | 2,000,000.00 |

| Switzerland | NI 45-106 2.3 [Accredited investor] | 1 | 50,000.00 |
|-------------|--|---------------------|--------------|
| Manitoba | NI 45-106 2.3 [Accredited investor] | 1 | 25,000.00 |
| | Total dollar amount of sec | urities distributed | 4,252,000.00 |
| | Total number of unique purchasers ² | 34 | |

²In 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. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

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

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

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

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

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

| TEM 8 - COMPENSATION INFO | DRMATION | | | | | | | | | |
|--|---|-----------------------------------|---|------------------------|-------------------------|--------------------|------------------------------|----------------|-------------|--------|
| Provide information for each person (as with the distribution. Complete addition | | | | | - | | | nsation i | n connec | ction |
| Indicate whether any compensation was | | | | | | | | | | |
| ☐ No ☑ Yes If | yes, indicate nun | nber of perso | ons compensate | ed. | 4 | | | | | |
| a) Name of person compensate | d and registration | status | | | | | | | | |
| Indicate whether the person compe | nsated is a registrar | rt. | ☐ No | \checkmark | Yes | | | | | |
| If the person compensated is an indivi | dual, provide the no | ame of the indi | vidual. | | | | | | | |
| Full legal name of individual | | | | | | | | | | |
| | Family nam | е | First giver | name | | Seco | ndary given | names | | |
| If the person compensated is not an i | ndividual, provide t | he following ir | nformation. | | | | | | | |
| Full legal name of non- | ndividual Nation | nal Bank Fin | ancial Inc. | | | | | | | |
| Firm NRI | number | | | | | (if appl | icable) | | | |
| Indicate whether the person compens | ated facilitated the | distribution th | rough a funding p | oortal o | r an interr | net-base | ed portal. | \overline{V} | No [| Yes |
| b) Business contact information | | | <u> </u> | | | | • | | _ | |
| If a firm NRD number is not provided | in Item 8 (a), provia | le the business | contact informati | on of th | e person l | peing co | ompensated | d. | | |
| Street address Mezzar | ine 100, 1010 ru | e de la Gaud | chetiere West | | | | | | | |
| Municipality Montrea | al | | | Р | rovince/ | State | Québec | ; | | |
| Country | | | ,] F | ostal c | ode/Zip | code | H3B 5H | | | |
| - " | | | Ι . | | • | | | | | |
| TICK_ZIO | lkoski@nbc.ca | | | reiep | hone nu | nibei | 403531 | 8460 | | |
| c) Relationship to issuer or inves | | | | | | ., | • • • | | | |
| Indicate the person's relationship with B(2) of the Instructions and the meani | | | | | | | | connecte | ed" in Pa | irt |
| Connect with the issuer or inve | estment fund mana | ıger | | Insider | of the iss | uer (oth | er than an | investm | ent fund | i) |
| Director or officer of the invest | ment fund or inves | tment fund ma | anager | Employ | ee of the | issuer (| or investme | ent fund | manage | er |
| None of the above | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | |
| Provide details of all compensation pair Canadian dollars. Include cash commisservices incidental to the distribution, son, internal allocation arrangements w | sions, securities-ba uch as clerical, prin | sed compensat ting, legal or a | tion, gifts, discoun eccounting service: | ts or otl s. An iss | ner compe uer is not | nsation require | . Do not rep d to ask for | port payı | ments fo | or |
| Cash commissions paid | | ; | Security codes | | Security co | ode 1 | Security co | ode 2 | Security of | code 3 |
| Value of all securities distributed as compensation ⁴ | | | | | СМ | S | W N | Т | | |
| Describe terms of v | varrants, options o | r other rights | 80,000 warrar years from gra 112,000 comm | ant | | at a pr | ice of \$0.7 | 70 expii | ing two |) |
| Other compensation ⁵ | | Describe | | | | | | | | |
| Total compensation paid | | | | | | | | | | |
| Check box if the person will | or may receive an | deferred con | npensation (descr | ibe the | terms bel | ow) | | | | |
| ⁴ Provide the aggregate value of all se additional securities of the issuer. Inc rights exercisable to acquire addition. ⁵ Do not include deferred compensation | licate the security of all securities of the | codes for all se | | | | | | | | |

| a) Name of person con | npensated | d and regis | stration sta | atus | | | | | | | | | | |
|--|----------------------------|---------------------------------|----------------------------|--------------------------|----------------------------|-----------------------|-----------------------|-------------------|----------------|------------------|---------------------------|----------|-----------|-----------|
| 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 individual | | | | | | | | | | | | | | |
| Family name First given name Secondary given names | | | | | | | | | | | | | | |
| If the person compensated | l is not an i | ndividual, pi | rovide the f | following i | nformatio | n. | | | | | | | | |
| Full legal name of non-individual Raymond James | | | | | | | | | | | | | | |
| | Firm NRD | number | 7 | 1 1 | 0 | | | | (| if appl | icable) | | | |
| Indicate whether the perso | n compens | sated facilita | ted the dist | tribution ti | hrough a | funding p | ortal c | or an i | nterne | et-base | ed portal. | √ |] No | ☐ Yes |
| b) Business contact inf | ormation | | | | | | | | | | | | | |
| If a firm NRD number is no | t provided i | in Item 8 (a), | , provide th | e business | contact i | nformati | on of th | he per | son be | eing co | mpensate | ed. | | |
| Street address | 2100-92 | 25 Georgia | St W | | | | | | | | | | | |
| Municipality | Vancou | ver | | |] | | F | Provir | nce/S | state | British | Colum | bia | |
| Country | Canada | <u> </u> | | |] | Р | ostal | code | /Zip c | ode | V6C 3 | L2 | | |
| Email address | leon.cha | an@raymo | ndjames. | С | _ | | Telep | ohone | e num | nber | 60465 | 98022 | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u>а</u> | | | | | | | | | | | | | |
| c) Relationship to issue | | | | | | 14 -11 41 | | /. A. D. | .f.,, 4. | 41 | : | . // | -4 - 4" : | Dowt |
| Indicate the person's relatio B(2) of the Instructions and | | | | | | | | | | | | conne | ctea in | Part |
| Connect with the iss | suer or inve | estment fun | d manager | | | | Insider | of the | e issu | er (oth | er than a | n invest | ment fu | ınd) |
| Director or officer of | f the invest | tment fund c | or investme | ent fund m | anager | | Emplo | yee of | f the is | ssuer | or investn | nent fun | d mana | ager |
| ✓ None of the above | | | | | | | | | | | | | | |
| d) Compensation detai | ls | | | | | | | | | | | | | |
| Provide details of all comper Canadian dollars. Include ca services incidental to the dis on, internal allocation arran | ish commis tribution, s | ssions, securi uch as cleric | ties-based al, printing | compensa , legal or c | tion, gifts, accounting | discoun g services | ts or ot 5. An is: | her co suer is | mpen not re | sation equire | . Do not r d to ask fo | eport po | ayments | for |
| Cash commissions | | | | · | | | | | | | | | | |
| Value of all securi | ` <u> </u> | | | | Security of | codes | - | Т | rity cod | | Security | code 2 | Securi | ty code 3 |
| distributed compensat | l as | | | | | | | W | N | Т | | | | |
| · | | warrants, op | tions or oth | ner rights | | warran g two ye | | | | it \$0.7 | 0 per co | mmon | share | |
| Other compensati | ion ⁵ | | | Describe | | | | | | | | | | |
| Total compensation p | paid | | | | | | | | | | | | | |
| Check box if the r | person will | or may rece | eive any de | ferred cor | npensatio | n (descr | ibe the | term | s belo | w) | | | | |
| Check pox ii the p | | | | | | | | | | | | | | |
| Check box if the p | | | | | | | | | | | | | | |
| ⁴ Provide the aggregate val additional securities of the | lue of all se | | | | | | | | | | | | | |

| a) Name of person com | pensated and registratior | n status | | | | | | | | | |
|---|---|-----------------------------------|--|---|---|-----------------|--|--|--|--|--|
| Indicate whether the perso | on compensated is a registrar | nt. | No | ✓ Yes | | | | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | | |
| Full legal name of individual | | | | | | | | | | | |
| Family name First given name Secondary given names | | | | | | | | | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | |
| Full legal name of non-individual Canaccord Genuity Corp. | | | | | | | | | | | |
| F | Firm NRD number 9 | 0 0 | | (if ap | plicable) | | | | | | |
| Indicate whether the person | compensated facilitated the | distribution th | nrough a funding po | ortal or an internet-ba | sed portal. | ☑ No ☐ Yes | | | | | |
| b) Business contact info | rmation | | | | | | | | | | |
| If a firm NRD number is not | provided in Item 8 (a), provid | le the business | contact informatio | on of the person being | compensated. | | | | | | |
| Street address | 2200 - 609 Granville Str | eet | | | | | | | | | |
| Municipality | Vancouver | | | Province/State | British Colum | nbia | | | | | |
| Country | Canada | | Po | ostal code/Zip code | V7Y1H2 | | | | | | |
| Email address | | | • | Telephone number | 6046437444 | | | | | | |
| | lellis@canaccordgenuity m | v.co | | | | | | | | | |
| c) Relationship to issuer | r or investment fund man | ager | | | | | | | | | |
| Indicate the person's relation B(2) of the Instructions and t | | | | | | cted" in Part | | | | | |
| | uer or investment fund mana | | | nsider of the issuer (c | | tment fund) | | | | | |
| | the investment fund or inves | | | Employee of the issue | | , | | | | | |
| ✓ None of the above | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3. | | | | | |
| d) Compensation details | <u> </u> | | | | | | | | | | |
| Provide details of all compens Canadian dollars. Include cas services incidental to the distr on, internal allocation arrang | th commissions, securities-baribution, such as clerical, prin | sed compensat ting, legal or a | tion, gifts, discounts accounting services. | s or other compensation An issuer is not requi | on. Do not report p red to ask for detai | ayments for | | | | | |
| Cash commissions pa | aid | (| Security codes | Security code 1 | Security code 2 | Security code 3 | | | | | |
| Value of all securitie | | | · | C M S | WNT | | | | | | |
| compensation | | | | | | | | | | | |
| Describe | Describe terms of warrants, options or other rights 305,942 Warrants exercisable at \$0.70 per share expiring two years from grant 428,320 common shares | | | | | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | | | | |
| Total compensation pa | aid | | | | | | | | | | |
| Check box if the pe | erson will or may receive an | y deferred con | npensation (descril | be the terms below) | | | | | | | |
| | | | | | | | | | | | |
| ⁴ Provide the aggregate valu additional securities of the is rights exercisable to acquire | ssuer. Indicate the security of additional securities of the | codes for all se | | | | | | | | | |
| ⁵ Do not include deferred con | mpensation. | | | | | | | | | | |

| a) Name of person compensated and registration status | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Indicate whether the person compensated is a registrant. No Ves | | | | | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | |
| Full legal name of individual | | | | | | | | |
| Family name First given name Secondary given names | | | | | | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | |
| Full legal name of non-individual First Republic Capital Corp. | | | | | | | | |
| Firm NRD number 2 7 2 7 0 (if applicable) | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves | | | | | | | | |
| b) Business contact information | | | | | | | | |
| If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated. | | | | | | | | |
| Street address 55 University Avenue, Suite 1003 | | | | | | | | |
| Municipality Toronto Province/State Ontario | | | | | | | | |
| Country Canada Postal code/Zip code M5J 2H7 | | | | | | | | |
| Email address Telephone number 4169576300 | | | | | | | | |
| 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 the investment fund or investment fund manager Employee of the issuer or investment fund manager | | | | | | | | |
| ✓ None of the above | | | | | | | | |
| d) Compensation details | | | | | | | | |
| Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. | | | | | | | | |
| Cash commissions paid Security codes Security code 1 Security code 2 Security code 3 | | | | | | | | |
| Value of all securities C M S W N T | | | | | | | | |
| distributed as compensation ⁴ | | | | | | | | |
| Describe terms of warrants, options or other rights 40,000 common shares 20,000 warrants exercisable at \$0.70 expiring two years from date of grant | | | | | | | | |
| Other compensation ⁵ Describe | | | | | | | | |
| Total compensation paid | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | |
| | | | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire | | | | | | | | |
| additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other rights exercisable to acquire additional securities of the issuer. | | | | | | | | |
| ⁵ Do not include deferred compensation. | | | | | | | | |

| ГЕМ | 9 - DIRECTORS, EXECUTIV | VE OFFICERS A | AND PROMO | TERS OF THE IS | SSUER | | | | | |
|---|----------------------------------|---------------|------------------|-----------------------|---|-----------|---|---|------|--|
| If the issuer is an investment fund, do not complete Item 9. Procced to Item 10. | | | | | | | | | | |
| Indicate whether the issuer is any of the following (select all that apply). | | | | | | | | | | |
| Reporting issuer in any jurisdiction 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 for | | | | | | | | | |
| Issuer distributing eligible foreign securities only to permitted clients ⁷ | | | | | | | | | | |
| If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. 6An 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 officers a | | - | | | | | | | |
| 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 | Family name | First given name | Secondary giver names | Business location of non-individual or residentail jurisdiction of individual | | Relationship to issuer (select all that apply) | | that | |
| | | | | | Province o | r 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 | Secondary given names | | | tionship to promoter ne or both if applicable) | | | |
| | | | | | Province or country | D | | C |) | |
| | | | | | | | | | | |
| c) | Residential address of each in | ndividual | | | | | | | | |

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 or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

| Full legal name | Wattie | Dawn | | | | | | |
|--|---------------------------------|------------------|----------|-----------------------|----|--|--|--|
| | Family name | First given name | | Secondary given names | | | | |
| Title | Corporate Secretary | | | | | | | |
| Name of issuer/underwriter/ investment fund manager | Ilmmuno Drogico Antibodico I td | | | | | | | |
| Telephone number | 6043853952 | Email address | dawn.law | awyer@dwlc.ca | | | | |
| Signature | "Dawn Wattie" | Date | 2018 | 04 | 04 | | | |
| | | • | YYYY | MM | DD | | | |

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 Hethey Charles Family name First given name Secondary given names

Name of company Northwest Law Group

Telephone number 6046875792

Notice - Collection and use of personal information

Email address christine@stockslaw.com

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.