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 (Y	YYY-MM-DD)			
ITEM 2 - PARTY CERTIFYING THE	REPORT						
Indicate the party certifying the report (sele National Instrument 81-106 Investment Fu				.1 of			
☐ 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	Preveceutical Medical	Inc.					
Previous full legal name	Carrara Exploration Corp.						
If the issuer's name changed in	the last 12 months, provide mo	ost recent previous legal name.					
Website	https://preveceutical.co	om	(if applicable)				
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of t	the Instructions for the definition	of "legal entity identifier".				
Legal entity identifier							
ITEM 4 - UNDERWRITER INFORM	IATION						
If an underwriter is completing the report, p		and name and firm National Pea	victration Database (NPD) numb	vor.			
	Trovide the underwriter's fait te	gat name and pinn National Neg	Istration Database (INND) hamb	er.			
Full legal name							
Firm NRD number		(if applicable)					
If the underwriter does not have a firm NRI	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.						
Street address							
Municipality		Province/State					
Country		Postal code/Zip code					
Telephone number		Website	(if a	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 0							
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. □ Exploration □ Development □ Production Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.							
☐ Mortgages ☐ Real estate ☐ Commerial/business debt ☐ Consumer debt ☐ Private companies							
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 3 9 7 9 5 If the issuer does not have SEDAR profile complete item 5(d) - (h).							
d) Head office address							
Street address Province/State							
Municipality Postal code/Zip code							
Country Telephone number							
e) Date of formation and financial year-end							
Date of formation Financial year-end MM DD Financial year-end							
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 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.							
So to under \$5M S5M to under \$25M S25M to under \$100M							
S100M to under \$500M S500M to under \$1B S1B or over							

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION							
If the issuer is an investment 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 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						
	If the investment fund 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 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 \$). \$\Boxed{\text{\text{SOM}}}\$\$ to under \$5M \Boxed{\text{\text{\text{SOM}}}}\$\$ \$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 06 29 2018 06 29 MM חח MM DD YYYY Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. 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 \$	
		CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount	
U	В	s	74141E104	Units consisting of one common share and one common share purchase warrant	50,799,750.00	0.0500	0.0500	2,539,987.50

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 (ing code	(Conc	se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)		
						Lowest	Highest				
V	٧	Z	Т	С	М	S	0.1000	0.1000	2020-06-29	1:1	Each common share purchase warrant entitles the holder thereof to acquire one common share at \$0.10 per share for a period of 24 months from the date of issuance.

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]	63	1,916,987.50
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	3,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	10	275,000.00
Québec	NI 45-106 2.3 [Accredited investor]	2	60,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	10	232,500.00

United Kingdom	NI 45-106 2.3 [Accredited investor]	1	5,000.00
Belize	NI 45-106 2.3 [Accredited investor]	1	37,500.00
Greece	NI 45-106 2.3 [Accredited investor]	1	10,000.00
	Total dollar amount of sec	urities distributed	2,539,987.50
	Total number of unique purchasers ²	89	

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 IN	FORMATION
	as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection itional copies of this page if more than one person was, or will be, compensated.
Indicate whether any compensation	ras paid, or will be paid, in connection with the distribution.
☐ No ☑ Yes	f yes, indicate number of persons compensated. 5
a) Name of person compensa	
Indicate whether the person com	ensated is a registrant. No Yes
If the person compensated is an inc	vidual, 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 o	n individual, provide the following information.
Full legal name of no	n-individual Haywood Securities Inc.
Firm N	RD number 1 6 3 0 (if applicable)
Indicate whether the person comp	nsated facilitated the distribution through a funding portal or an internet-based portal. Vo V
b) Business contact information	n
If a firm NRD number is not provid	d in Item 8 (a), provide the business contact information of the person being compensated.
Street address	
Municipality	Province/State Province
Country	Postal code/Zip code
Email address	
Email address	Telephone number
c) Relationship to issuer or in	·
	th the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part ning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.
Connect with the issuer or	
	sstment fund or investment fund manager
✓ None of the above	
d) Compensation details Provide details of all compensation	aid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts (
Canadian dollars. Include cash com	nissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for
	such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or repowith the directors, officers or employees of a non-individual compensated by the issuer.
Cash commissions paid	
Value of all securities	38,800.00 Security codes Security code 1 Security code 2 Security code 3
distributed as	W N T
compensation ⁴	
Describe terms	f warrants, options or other rights Finder's warrants equal to 8% of the number of securities issued to subscribers introduced to the Issuer by the finder, each
	warrant entitling the holder thereof to purchase one common
	share at the exercise price of \$0.10 per share for a period of 24 month
Other compensation ⁵	Describe
Total compensation paid	38,800.00
Check box if the person	ill or may receive any deferred compensation (describe the terms below)
_	
⁴ Provide the aggregate value of a	securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire
	ndicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other

⁵Do not include deferred compensation.

a) Name of person comp	ensated 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 indiv	dual					
	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 Mackie Research Capital Corporation					
Fi	m NRD number 3 0 7 0 (if applicable)					
Indicate whether the person	compensated facilitated the distribution through a funding portal or an internet-based portal.	o 🔲 Yes				
b) Business contact infor	nation					
If a firm NRD number is not p	rovided in Item 8 (a), provide the business contact information of the person being compensated.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Email address	Telephone number					
c) Relationship to issuer	or investment fund manager					
Indicate the person's relations	nip with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected"	in Part				
	e meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.					
	or or investment fund manager Insider of the issuer (other than an investment	,				
=	e investment fund or investment fund manager Employee of the issuer or investment fund ma	nager				
✓ None of the above						
d) Compensation details						
Canadian dollars. Include cash services incidental to the distri	tion paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all commissions, securities-based compensation, gifts, discounts or other compensation. Do not report paymen oution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details abo ments with the directors, officers or employees of a non-individual compensated by the issuer.	nts for				
Cash commissions pa	d Security codes Security code 1 Security code 2 Sec	curity code 3				
Value of all securitie	C M S W N T					
distributed a compensation	75,320.00					
Describe te	Describe terms of warrants, options or other rights Each warrant entitles the holder thereof to purchase one common share at the exercise price of \$0.10 per share for a period of 24 months from the date of issuance.					
Other compensation	Describe Describe					
Total compensation pai	75,920.00					
Check box if the per	son 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 a	cquire				
	ruer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrant additional securities of the issuer.	s or other				
⁵ Do not include deferred com						

a) Name of person comp	pensated and registration status		
Indicate whether the persor	n compensated is a registrant.	✓ No Yes	
If the person compensated is	an individual, provide the name of the ind	lividual.	
Full legal name of indiv	vidual Haukedal	Peter	
	Family name	First given name Secondary given names	
If the person compensated is	is not an individual, provide the following i	information.	
Full legal name	of non-individual		
Fi	irm NRD number	(if applicable)	
Indicate whether the person	compensated facilitated the distribution t	through a funding portal or an internet-based portal. No	Yes
b) Business contact infor	rmation		
If a firm NRD number is not p	provided in Item 8 (a), provide the busines	s contact information of the person being compensated.	
Street address	8132 Edgar Industrial Close		
Municipality	Red Deer	Province/State Alberta	
Country	Canada	Postal code/Zip code T4P 3R4	
	peter.haukedal@nutrien.co m	Telephone number 4035887007	
c) Relationship to issuer	or investment fund manager		
		anager (select all that apply). Refer to the meaning of "connected" in Part	
	ne meaning of control in section 1.4 of N uer or investment fund manager	II 45-106 for the purposes of completing this section.	
	•	Insider of the issuer (other than an investment fund)	
=	the investment fund or investment fund m	nanager Employee of the issuer or investment fund manager	
None of the above			
	sation paid, or to be paid, to the person ide	entified in Item 8(a) in connection with the distribution. Provide all amoun ation, gifts, discounts or other compensation. Do not report payments for	nts in
		accounting services. An issuer is not required to ask for details about, or re loyees of a non-individual compensated by the issuer.	eport
Cash commissions pa	aid	Security code Security code 1 Security code 2 Security code 2	de 3
Value of all securitie distributed a compensatio	es 80,000.00	C M S W N T	
·	terms of warrants, options or other rights	to subscribers introduced to the Issuer by the finder, each	ued
		warrant entitling the holder thereof to purchase one common share at the exercise price of \$0.10 for a period of 24 months.	
Other compensation			
Total compensation pa	23,232.33		
Check box if the pe	erson will or may receive any deferred co	mpensation (describe the terms below)	
additional securities of the is	ssuer. Indicate the security codes for all seadditional securities of the issuer.	ration, <u>excluding</u> options, warrants or other rights exercisable to acquire securities distributed as compensation, <u>including</u> options, warrants or oth	her

a) Name of person compensated and registration status							
Indicate whether the person co	Indicate whether the person compensated is a registrant.						
If the person compensated is an individual, provide the name of the individual.							
Full legal name of individu	ual						
	Family name	First given name	e Seco	ndary given names			
If the person compensated is no	ot an individual, provide the following in	nformation.					
Full legal name of non-individual BeachHouse Capital Inc.							
Firm	Firm NRD number (if applicable)						
Indicate whether the person cor	mpensated facilitated the distribution th	hrough a funding portal	or an internet-base	ed portal. 🔽 No 🗌 Yes			
b) Business contact informa	•	3 , 3,		<u>, </u>			
If a firm NRD number is not prov	vided in Item 8 (a), provide the business	contact information of	the person being co	ompensated.			
Street address Su	uite 1003 – 538 West 7th Avenue						
Municipality Va	ancouver		Province/State	British Columbia			
Country Ca	anada	Posta	I code/Zip code	V5Z 2M7			
Email address Ma	arc@bridgemarkcapital.ca	Tele	Telephone number 16048162555				
c) Relationship to issuer or							
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 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	80,000.00	Security codes	Security code 1	Security code 2 Security code 3			
Value of all securities distributed as compensation ⁴	80,000.00	oooamy coaso	C M S				
Describe terms of warrants, options or other rights							
Other compensation ⁵	Describe						
Total compensation paid 160,000.00							
Check box if the person will or may receive any deferred compensation (describe the terms below)							

 a) Name of person compensated and registration statu 	JS					
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 is not an individual, provide the follo	lowing information.					
Full legal name of non-individual Canaccord Genuity Corp.						
Firm NRD number 9 0 0 (if applicable)						
Indicate whether the person compensated facilitated the distrib	bution 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 b	business contact information of the person being compensated.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Email address	Telephone number					
c) Relationship to issuer or investment fund manager	·					
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						
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					
✓ None of the above						
d) Compensation details						
	rson identified in Item 8(a) in connection with the distribution. Provide all amounts in mpensation, gifts, discounts or other compensation. Do not report payments for					
services incidental to the distribution, such as clerical, printing, le	egal or accounting services. An issuer is not required to ask for details about, or report					
on, internal allocation arrangements with the directors, officers o	or employees of a non-individual compensated by the issuer.					
Cash commissions paid 44,440.00	Security code 2 Security code 2 Security code 3					
Value of all securities distributed as	W N T					
compensation ⁴						
Describe terms of warrants, options or other rights Finder's warrants equal to 8% of the number of securities issued						
to subscribers introduced to the Issuer by the finder, each warrant entitling the holder thereof to purchase one common						
	share at the exercise price of \$0.10 per share for a period of 24 month					
Other compensation ⁵	escribe					
Total compensation paid 44,440.00						
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 con	Impensation, excluding options, warrants or other rights exercisable to acquire					
additional securities of the issuer. Indicate the security codes finghts exercisable to acquire additional securities of the issuer.	for all securities distributed as compensation, including options, warrants or other					
Honis exercisable to accoure anomional sectiones of the issuer						

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.										
Ind	icate whether the issuer is any of th	e following (select	all that apply).							
[Reporting issuer in any jurisdic	tion 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	eign public issuer								
	Issuer distributing eligible forei	gn securities only	to permitted clien	ts 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.										
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 given 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	Residential jurisdiction of individual		Relationship to promoter elect one 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

Telephone number 6046990110

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	Rajan	Shabira				
	Family name	First given name	,	Secondary give	en names	
Title	Chief Financial Officer and Controller					
Name of issuer/underwriter/ investment fund manager	PreveCeutical Medical Inc.					
Telephone number	6044167777	Email address	shabira@	preveceutical.	.com	
Signature	"Shabira Rajan"	Date	2018	07	06	
		-	VVVV	MM	DD	

ITEM 11- CONTACT PERSON							
	•	on for the individual that th different than the individuo	9	thority or regulator may contact with any Item 10.			
Same as individual certifying the report							
Full legal name	Lotz	Jonathan	Christopher	Title Solicitor			
_	Family name	First given name	Secondary given names				
Name of company	_otz & Company						

Notice - Collection and use of personal information

Email address [ilotz@lotzandco.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.