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 amended	ded, provide filing date	of report that is being am	ended 2017 11 14	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING THE	Report			
Indicate the party certifying the report (selec National Instrument 81-106 Investment Fun				on 1.1 of
Investment fund issuer				
✓ Issuer (other than an invest	tment fund)			
Underwriter				
Item 3 - Issuer Name and Oth				
Provide the following information about the		vestment fund, about the fund.		
· ·	Glance Technologies I			
Previous full legal name				
If the issuer's name changed in th	he last 12 months, provide mo	ost recent previous legal name.		
Website	www.glance.tech		(if applicable)	
۱ If the issuer has a legal entity identifier, prov	ride below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".	
Legal entity identifier				
ITEM 4 - UNDERWRITER INFORMA				
If an underwriter is completing the report, pr	rovide the underwriter's full le	gal name and firm National Reg	istration Database (NRD) n	umber.
Full legal name				
Firm NRD number		(if applicable)		
If the underwriter does not have a firm NRD	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 5 1 1 2 1 1							
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.							
☐ 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 8 5 9 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.							
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.							
\$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	Fund Issuer Information									
If the issuer is an investment fund, provide the following information.										
a) Investment fund ma	inager information									
Full legal name										
Firm NRD number	(if applicable)									
If the investment fund man	If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.									
Street address										
Municipality	Province/State									
Country	Postal code/Zip code									
Telephone number	Website (if applicable)									
b) Type of investment	fund									
Type of investment fund that	most accurately identifies the issuer (select only one) .									
Money market	Equity Fixed income									
Balanced	Alternative strategies Other (describe)									
Indicate whether one or both	of the following apply to the investment fund .									
Invests primarily in	other investment fund issuers									
Is a UCITs Fund ¹										
¹ Undertaking for the Collectiv directives that allow collective	re Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) e investment schemes to operate throughout the EU on a passport basis on authorization from one member state.									
	nd financial year-end of the investment fund									
Date of formati										
	YYYY MM DD MM DD									
d) Reporting issuer sta	atus of the investment fund									
	orting issuer in any jurisdication of Canada? 🔲 No 🗌 Yes									
If yes, select the jurisdictions of All	of Canada in which the investment fund is a reporting issuer. AB BC MB NL NT									
e) Public listing status	NU ON PE QC SK YT of the investment fund									
	CUSIP number, provide below (first 6 digits only)									
.,	CUSIP number									
If the investment fund is pub	licly 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 name										
f) Net asset value (NA	V) of the investment fund									
-	nvestment fund as of the date of the most recent NAV calculation (Canadian \$).									
\$0 to under \$5M	S5M to under \$25M \$25M to under \$100M									
\$100M to under \$500										
	YYYY MM DD									

rchasars	cuted outside of C	Lanada co	ompletes a	distributi	ion in a jurise	liction of Canad	la, include i	in Item 7 and	Schedule	e 1 inform	nation about
	esident in that juri	sdiction c	of Canada d	only. Do r	not include ir	ltem 7 securitie	es issued as	payment of	commissi	ions or fin	der's fees, which
	closed in Item 8. T	The inforr	mation pro	vided in It	tem 7 must r	econcile with th	e informati	on provided i	n Schedu	ile 1 of the	e report.
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_	dian dollar		6 dollar		Euro	Other	(describe))			
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	period covered by			ing faca f							_
	Sta	art date	2017	10	19		End date	2017	10	19	
		•	YYYY	MM	DD			YYYY	MM	DD	-
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	e following inform s for how to indice										Part A of the I to the security being
distributed.	The information										see our <u>Frequently</u>
Asked Ques	<u>stions.</u>										•
								0. 1		Canadian S	\$
Security code	CUSIP number (if applicable)		Descript	tion of sect	urity	Numbe secur		Single or lowest price	High	est price	Total amount
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UNT	Г 376790		s and one purchase	-	nt						
	0/0/30		sable at								
		share	expiring	Octobe	er 19, 2018	3					
) Detail	s of rights and	converti	ble/excha	Ingeable	e securities						
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f any rights		ptions) w	ere distribu ion ratio an	ited, provi nd describ	ide the exerc						exchangeable securiti
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Australia	NI 45-106 2.3 [Accredited investor]	1	25,000.00
Israel	NI 45-106 2.3 [Accredited investor]	1	10,000.00
Bahamas	NI 45-106 2.3 [Accredited investor]	1	20,000.00
Cayman Islands	NI 45-106 2.3 [Accredited investor]	1	200,000.00
	Total dollar amount of sec	urities distributed	2,872,300.00
	Total number of unique purchasers ²	117	
In calculatina the total number	of unique purchasers to which the issuer distributed securitie	s. count each purch	aser only once, reaardless of whether

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.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

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

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

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

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

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

ITEM 8 - COMPENSATION INFORMATION						
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.						
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.						
No ✓ Yes If yes, indicate number of persons compensated. 6						
a) Name of person compensated and registration status						
Indicate whether the person compensated is a registrant. Indicate whether the person compensated is a registrant.						
If the person compensated is an individual, provide the name of the individual.						
Full legal name of individual						
Family 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.						
Firm NRD number 9 0 0 (if applicable)						
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🔽 No 🗌 Yes						
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						
Municipality Province/State						
Country Postal code/Zip code						
Email address Telephone number						
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 7,980.00 Security codes Security code 1 Security code 2 Security code 3						
Value of all securities distributed as						
compensation ⁴						
Describe terms of warrants, options or other rights share purchase warrant exercisable at \$0.75 per share expiring October 19, 2018						
Other compensation ⁵ Describe						
Total compensation paid 7,980.00						
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 compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other						

additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵Do not include deferred compensation.

a) Name of person compe	ensated and registration status							
Indicate whether the person	compensated is a registrant.	No No	✓ Yes					
If the person compensated is a	n individual, provide the name of the in	ndividual.						
Full legal name of individ	dual							
	Family name	First given na	me Seco	ndary given names				
If the person compensated is	not an individual, provide the following	information.						
Full legal name of	of non-individual NBCN Inc.							
Fir	m NRD number 5 7	3 0	(if appl	icable)				
Indicate whether the person c	compensated facilitated the distribution	through a funding port	al or an internet-base	d portal. 🗹 No 🗌 Yes				
b) Business contact inforr	•			<u> </u>				
If a firm NRD number is not pr	rovided in Item 8 (a), provide the busine	ess contact information of	of the person being co	mpensated.				
Street address								
Municipality			Province/State					
Country		 Post	al code/Zip code					
Email address			lephone number					
c) Relationship to issuer c	or investment fund manager							
	hip with the issuer or investment fund r	nanager (select all that o	apply). Refer to the m	eaning of "connected" in Part				
B(2) of the Instructions and the	e meaning of "control" in section 1.4 of	NI 45-106 for the purpo	ses of completing this	s section.				
Connect with the issue	er or investment fund manager	Insi	der of the issuer (oth	er than an investment fund)				
Director or officer of the	e investment fund or investment fund	manager 🗌 Em	ployee of the issuer of	or investment fund manager				
None of the above								
d) Compensation details								
Canadian dollars. Include cash services incidental to the distrib	tion paid, or to be paid, to the person in commissions, securities-based compen bution, such as clerical, printing, legal o ments with the directors, officers or emp	sation, gifts, discounts o r accounting services. Ar	r other compensation n issuer is not require	Do not report payments for I to ask for details about, or report				
Cash commissions pair	d 30,000.00	Security codes	Security code 1	Security code 2 Security code 3				
Value of all securities		County Couce	U B S					
distributed as compensation								
Describe te	Describe terms of warrants, options or other rights share purchase warrant exercisable at \$0.75 per share expiring October 19, 2018							
Other compensation	5 Describ	e						
Total compensation paid	d							
Check box if the pers	son will or may receive any deferred c	ompensation (describe	the terms below)					
	of all securities distributed as compen							
	suer. Indicate the security codes for all additional securities of the issuer.	securities distributed as	s compensation, <u>incli</u>	<u>ıding</u> options, warrants or other				
⁵ Do not include deferred com								

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 th	e individual.
Full legal name of individual	
Family name	First given name Secondary given names
If the person compensated is not an individual, provide the follow	ving information.
Full legal name of non-individual Mackie Rese	arch Capital Corporation
Firm NRD number 3 0	7 0 (if applicable)
Indicate whether the person compensated facilitated the distribut	tion 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 bu	siness 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	
	nd manager (select all that apply). Refer to the meaning of "connected" in Part
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 	
\checkmark None of the above	
d) Compensation details	
	n identified in Item 9(a) in connection with the distribution. Browide all amounts in
	n identified in Item 8(a) in connection with the distribution. Provide all amounts in personne in person person
services incidental to the distribution, such as clerical, printing, leg	al 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 72,300.00	Security codes Security code 1 Security code 2 Security code 3
Value of all securities	U B S
distributed as compensation ⁴	
Describe terms of warrants, options or other ri	ghts 180,750 Units consisting of one common shares and one
	share purchase warrant exercisable at \$0.75 per share expiring October 19, 2018
Other compensation ⁵ Desc	
Other compensation ⁵ Desc Total compensation paid	
Check box if the person will or may receive any deferre	d companyation (describe the forms helpsu)
	pensation, <u>excluding</u> options, warrants or other rights exercisable to acquire all securities distributed as compensation, <u>including</u> options, warrants or other
rights exercisable to acquire additional securities of the issuer. ⁵Do not include deferred compensation.	

a) Name of person comper	sated and registration	n status							
Indicate whether the person c	ompensated is a registran	ot.	No	🖌 Yes					
If the person compensated is an	individual, provide the no	ame of the ind	ividual.						
Full legal name of individe	lal								
Family name First given name Secondary given names									
If the person compensated is not an individual, provide the following information.									
Full legal name of	Full legal name of non-individual Echelon Wealth Partners								
Firm	NRD number 3	2 4	2 0		(if app	licable)			
Indicate whether the person co	mpensated facilitated the	distribution th	nrough a funding	portal or an ini	- ernet-bas	ed portal.		lo [Yes
b) Business contact inform									_
If a firm NRD number is not pro	vided in Item 8 (a), provid	le the business	contact informat	ion of the perso	on being c	ompensate	d.		
Street address									
Municipality				Provinc	e/State				
Country			,] F	Postal code/Z	ip code				
Email address			1	Telephone	•				
L									
c) Relationship to issuer or Indicate the person's relationship		•	nager (select all t	hat apply) Pofe	or to the r	pogning of '	connected	" in Pa	urt
B(2) of the Instructions and the							connecteu	urru	11
Connect with the issuer	or investment fund mana	iger		Insider of the	issuer (otł	ner than an	investme	nt fund	I)
Director or officer of the	investment fund or inves	tment fund ma	anager	Employee of t	he issuer	or investm	ent fund m	anage	er
✓ None of the above									
d) Compensation details									
Provide details of all compensati	on paid, or to be paid, to	the person ide	ntified in Item 8(a) in connection	with the	distribution	. Provide a	ll amo	unts in
Canadian dollars. Include cash conservices incidental to the distribution									
on, internal allocation arrangem								<i>out, o</i>	τεροπ
Cash commissions paid	133,350.00		D	Socurit	y code 1	Security c	odo 2 Sr	curity c	rodo 3
Value of all securities		;	Security codes		B S	Security C			
distributed as compensation ⁴									
	ns of warrants, options o	r other rights	222 275 L Inita		fana aa	mmon oho	roo ond		
			333,375 Units share purchas	se warrant ex	ercisable	e at \$0.75	per	JIE	
			share expiring	October 19,	2018				
Other compensation ⁵		Describe							
Total compensation paid									
Check box if the perso	on will or may receive any	/ deferred con	npensation (desc	ribe the terms	below)				
⁴ Provide the aggregate value o additional securities of the issu									
rights exercisable to acquire ad						<u>aanig</u> oplic			

^aDo not include deferred compensation.

a) Name of person compe	nsated and registration status			
Indicate whether the person of	compensated is a registrant.	No [✓ Yes	
If the person compensated is an	n individual, provide the name of the ind	lividual.		
Full legal name of individ	lual			
	Family name	First given nan	ne Secor	ndary given names
If the person compensated is n	not an individual, provide the following	information.		
Full legal name of	f non-individual PI Financial Corp).		
Firr	m NRD number 5 2 9	0	(if appli	cable)
Indicate whether the person co	ompensated facilitated the distribution t	hrough a funding port	l or an internet-base	d portal. 🔽 No 🗌 Yes
b) Business contact inform	• •			
If a firm NRD number is not pro	ovided in Item 8 (a), provide the busines	s contact information o	f the person being co	mpensated.
Street address				
Municipality		7	Province/State	
Country			al code/Zip code	
Email address				
		Te	lephone number	
	r investment fund manager			
	ip with the issuer or investment fund me meaning of "control" in section 1.4 of N			
Connect with the issuer	r or investment fund manager	Insid	der of the issuer (oth	er than an investment fund)
Director or officer of the	e investment fund or investment fund m	nanager 🦳 Emp	bloyee of the issuer of	or investment fund manager
✓ None of the above				Ŭ
d) Compensation details				
	ion paid, or to be paid, to the person id	entified in Item 8(a) in a	connection with the d	istribution Provide all amounts in
Canadian dollars. Include cash c	commissions, securities-based compense	ation, gifts, discounts or	other compensation.	Do not report payments for
	ution, such as clerical, printing, legal or nents with the directors, officers or empl			
-		oyees of a non-individu	iai compensatea by ti	ie issuer.
Cash commissions paid	5,000.00	Security codes	Security code 1	Security code 2 Security code 3
Value of all securities distributed as			U B S	
compensation ⁴	1			
Describe ter	ms of warrants, options or other rights	12,500 Units cons	sisting of one comr	non shares and one
		share purchase w share expiring Oc	arrant exercisable	at \$0.75 per
Other compensation ⁵	Describe		10001 13, 2010	
Total compensation paid				
	on will or may receive any deferred co	mpensation (describe t	the terms below)	
4 Drouido tho annual to a	of all accurition distributed as a second	ation avaluation and		richta avaraizabla ta anticia
additional securities of the issu	of all securities distributed as compens uer. Indicate the security codes for all s			
rights exercisable to acquire a ⁵ Do not include deferred comp	dditional securities of the issuer. Densation.			

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 Leede Jones Gable Inc.	
Firm NRD number 5 7 7 0	(if applicable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an int	- ernet-based portal. √ No Yes
b) Business contact information	· <u> </u>
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the perso	n being compensated.
Street address	
Municipality Provinc	e/State
Country Postal code/Z	ip code
Email address Telephone	number
c) Relationship to issuer or investment fund manager	
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refe B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of comp	
	ssuer (other than an investment fund)
	ne issuer or investment fund manager
✓ None of the above	ie issuer of investment fund manager
d) Compensation details	with the distribution Provide all amounts in
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other com	
services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is n	ot required to ask for details about, or report
on, internal allocation arrangements with the directors, officers or employees of a non-individual comper	isated by the issuer.
Cash commissions paid 15,200.00 Security codes Security	y code 1 Security code 2 Security code 3
Value of all securities distributed as	3 S
compensation ⁴	
Describe terms of warrants, options or other rights 38,000 Units consisting of	one common shares and one
share purchase warrant ex share expiring October 19,	ercisable at \$0.75 per
Other compensation ⁵ Describe	
Total compensation paid	
Check box if the person will or may receive any deferred compensation (describe the terms l	pelow)
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrant.	s or other rights exercisable to acquire
additional securities of the issuer. Indicate the security codes for all securities distributed as compensi	
rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.	

ITEM 9 - DIRECTORS, EXECUTIVE	OFFICERS A	ND PROMO	TERS OF THE I	SSUER				
If the issuer is an investment fund, do n	not complete Ite	em 9. Procced to	o Item 10.					
Indicate whether the issuer is any of the fo	llowing (select a	ll that apply).						
Reporting issuer in any jurisdiction	of Canada							
Foreign public issuer								
Wholly owned subsidiary of a repo	orting issuer in a	ny jurisdiction of	Canada ⁶					
Provide name of re	eporting issuer							
Wholly owned subsidiary of a forei	ign public issuer	6						
Provide name of foreign	n public issuer							
Issuer distributing eligible foreign s	securities only to	permitted clien	ts ⁷					
If the issuer is at least one of the above	e, do not compl	ete Item 9(a) –	(c). Proceed to Ite	<i>m 10</i> .				
⁶ An issuer is a wholly owned subsidiary of securities that are required by law to be ow ⁷ Check this box if it applies to the current of clients. Refer to the definitions of "eligible t	vned by its direc distribution even foreign security"	tors, are benefic if the issuer ma and "permitted of	ially owned by the de previous distrib client" in Part B(1)	reporting issuer utions of other ty	or the foreig pes of secu	n publ	ic issue	er, respectively.
If the issuer is none of the above,			Item 9(a) - (c).					
a) Directors, executive officers and	<u>.</u>							
Provide the following information for each territory; otherwise state the country. For						da, sta	te the p	rovince or
Organization or company name	First given Secondary given		en 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 indi within Canada, state the province or territ		-						
Organization or company name Fa	amily name	First given name	Secondary given names	Residential jurisdiction of individual	Relatio (select one			
				Province or country	D		С)
c) Residential address of each indiv	vidual							
Complete Schedule 2 of this form provid completed report. Schedule 2 also requi					m 9(a) and	(b) an	d attac	h to the

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	Green	Penny	
	Family name	First given name	Secondary given names
Title	COO and Director		
Name of issuer/underwriter/ investment fund manager	Glance Technologies Inc.		
Telephone number	6046946502	Email address penny@g	glancepay.com
Signature	"Penny Green"	Date 2017	11 15
		YYYY	MM DD

ITEM 11- CONTACT PERSON

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

Full legal name	Regnier	Andrea		Title Paralegal
	Family name	First given name	Secondary given names	
ame of company	Glance Technologies	Inc.		

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:

- has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information a) 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
- has authorized the indirect collection of the information by the securities regulatory authority or regulator. b)