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, provide filing date of report that is being amended (YYYY-MM-DD)								
ITEM 2 - PARTY CERTIFYING THE REPORT								
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.								
Investment fund issuer								
✓ Issuer (other than an investment fund)								
Underwriter								
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.								
Full legal name Cava Resources Inc.								
Previous full legal name								
If the issuer's name changed in the last 12 months, provide most recent previous legal name. Website (if applicable)								
If the issuer has a legal entity identifier. provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier". Legal entity identifier								
ITEM 4 - UNDERWRITER INFORMATION								
If an underwriter is completing the report, provide the underwriter's full legal name and firm National Registration Database (NRD) number.								
Full legal name								
Firm NRD number (if applicable)								
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 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 2 1 2 2 9 9							
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. Image: The stage of the stage of the stage of operation is the stage of oper							
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?							
NoYesIf yes, provide SEDAR profile number00008955							
If the issuer does not have SEDAR profile complete item 5(d) - (h).							
d) Head office address							
Street address Province/State							
Municipality Postal code/Zip code							
Country Telephone number							
e) Date of formation and financial year-end							
Date of formation Financial year-end YYYY MM DD							
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 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 status 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							
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								
	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							

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. a) 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 ○ D2 ○ D2 ○ 02 0 2018 0 2018 0 1 0 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 fo							
Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.							
☑ Canadian dollar US dollar ☐ Euro ☐ Other (describe) b) Distribution date(s) 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 2018 02 09 YYYY MM DD End date 2018 02 09 YYYY MM DD YYYY MM DD DD Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Complete Schedule 1 of this form 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							
b) Distribution date(s) State the distribution 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 2018 02 02 YYYY MM DD End date 2018 02 09 YYYY MM DD End date 2018 02 09 YYYY MM DD DD YYYY MM DD c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. 0 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 Frequently. Asked Ouestions. Security CUSIP number Description of security Number of securities Single or Iowest indicate the full on a share and one-hall of one share purchase warrant on one-hall of one share purchase warrant on one-hall of one share purchase warrant on one-hall of one share purchase warrant Single or Iowest indicate for each right. If any c							
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were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.							
Evercies price							
Code Security code (Canadian \$) (YYYY- MM-DD) ratio Describe other items (if applicable)							
W N T C M S 0.5000 2019-08-02 W N T C M S 0.5000 2019-08-09							
f) Summary of the distribution by jurisdiction and exemption State the total dollar amount of securities distributed and the number of numberers for each jurisdiction of Canada and foreign jurisdiction where a							
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.							
Drovince or Number of							
country Exemption relied on purchasers Total amount (Canadian \$)							
AlbertaNI 45-106 2.3 [Accredited investor]2150,000.00							
Ontario NI 45-106 2.3 [Accredited investor] 6 355,800.00							
Optario NI 45-106 2.5 [Family, friends and business 2 290,000.00							
Ontario NI 45-106 2.5 [Family, friends and business 2 290,000.00 associates]							
associates]							
Ontario associates] Singapore NI 45-106 2.3 [Accredited investor] 1 30,000.00							

British Columb	655,000.00							
	1,770,800.00							
	24							
Total number of unique purchasers ² 24 2 2								

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 \$)	
Fotal 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)

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. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No Yes If yes, indicate number of persons compensated.						
□ No ✓ Yes If yes, indicate number of persons compensated. 4						
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 Foster & Associates Financial Services Inc.						
Firm NRD number 5 0 0 0 (if applicable)						
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Vo 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						
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 6,948,000.00 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 34,740 finders warrants issued at \$0.50 expiring August 1, 2019						
Other compensation ⁵ Describe						
Total compensation paid 6,948,000.00						
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 rights exercisable to acquire additional securities of the issuer.						

a) Name of person compensated and registration status					
Indicate whether the person compensated is a registrant. 🗌 No 📝 Yes					
If the person compensated is an individual, provide the name of the individual.					
Full legal name of 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 PI Financial Corp.					
Firm NRD number 5 2 9 0 (if applicable)					
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. In 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 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 	iger				
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 ar Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	for or report				
Security codes Security code 1 Security code 2 Security	ty code 3				
Value of all securities distributed as compensation ⁴					
Describe terms of warrants, options or other rights 37,500 finders warrants issued at \$0.50 expiring August 1	1, 2019				
Other compensation ⁵ Describe	,				
Total compensation paid 7,500.00					
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 acq additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants o rights exercisable to acquire additional securities of the issuer.					

a) Name of person com	pensated and registra	tion status								
Indicate whether the perso	n compensated is a regis	trant.	No No	\checkmark	Yes					
If the person compensated is	an individual, provide th	e name of the inc	lividual.							
Full legal name of indiv	/idual]	
	Family	name	First	given name		Second	dary given	names		
If the person compensated i	s not an individual, prov	ide the following i	information.							
Full legal name	of non-individual M	ackie Research	Corporation	1						
F	irm NRD number	3 0 7	0			(if applic	able)			
Indicate whether the person	compensated facilitated	the distribution t	hrough a fund	ing portal o	r an intern	net-based	portal.	V N	lo 🗌	Yes
b) Business contact info	rmation									
If a firm NRD number is not	provided in Item 8 (a), pr	ovide the busines	s contact infor	mation of th	ne person b	being con	npensated	<i>d</i> .		
Street address										
Municipality			7	P	vovince/	State				
Country			7	Postal o	code/Zip	code				
Email address			-	Telep	hone nui	mber				
c) Relationship to issuer or investment fund manager										
Indicate the person's relation B(2) of the Instructions and t	ship with the issuer or in	vestment fund me						connected	" in Part	
Connect with the issu	er or investment fund m	anager	[Insider	of the issu	uer (othe	r than an	investmer	nt fund)	
Director or officer of the investment fund or investment fund manager Director or officer of the investment fund or investment fund manager										
✓ None of the above										
d) Compensation details	6									
Provide details of all compens Canadian dollars. Include cas services incidental to the distr on, internal allocation arrang	h commissions, securities ibution, such as clerical,	-based compense printing, legal or	ation, gifts, disc accounting ser	counts or oth vices. An iss	her compe uer is not	nsation. I required	Do not rej to ask for	port paym	ents for	
Cash commissions pa	aid 12,600.	00	Security code	s	Security co	ode 1	Security co	ode 2 Se	curity code	e 3
Value of all securitie distributed a compensatio	as				C M	S	W N	Т		
Describe	terms of warrants, option	ns or other rights	63,000 find	ders warra	ints issue	ed at \$0.	.50 expir	ing Augu	st 8, 201	19
Other compensatio	n⁵	Describe								
Total compensation pa	aid 12,600.	00								
Check box if the pe	erson will or may receive	any deferred co	mpensation (d	escribe the	terms bel	ow)				
⁴ Provide the aggregate valu additional securities of the is rights exercisable to acquire	suer. Indicate the secur	ity codes for all s								er

a) Name of person compe	ensated and registration status			
Indicate whether the person	compensated is a registrant.	✓ No	Yes	
If the person compensated is a	in individual, provide the name of the in	ndividual.		
Full legal name of indivi	dual			
	Family name	First given nam	ne Secor	ndary given names
If the person compensated is	not an individual, provide the following	information.		
Full legal name of	of non-individual St. Peter Invest	Group Inc.		
Fir	rm NRD number		(if appli	cable)
Indicate whether the person o	compensated facilitated the distribution	through a funding porta	l or an internet-base	d portal. 🗹 No 🔲 Yes
b) Business contact inform	mation			
If a firm NRD number is not pr	rovided in Item 8 (a), provide the busine	ess contact information of	f the person being co	mpensated.
Street address 5	53rd Street, Urbanizacion, Marabe	illa, MMG Tower, 16th	n Floor	
Municipality F	Panama City		Province/State	
Country F	Panama	Posta	al code/Zip code	
Email address		 Tel	lephone number	
c) Relationship to issuer of	or investment fund manager			
B(2) of the Instructions and the	hip with the issuer or investment fund r e meaning of "control" in section 1.4 of er or investment fund manager ne investment fund or investment fund	NI 45-106 for the purpos	es of completing this ler of the issuer (othe	-
d) Compensation details				
Canadian dollars. Include cash services incidental to the distrib	ntion 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 or r accounting services. An	other compensation. issuer is not required	Do not report payments for I to ask for details about, or report
Cash commissions pai	d 10,500.00	Security codes	Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation	s		C M S	W N T
Describe te	erms of warrants, options or other right	s 52,500 finders wa	rrants issued at \$0	0.50 expiring August 2, 2019
Other compensation	⁵ Describ	e		
Total compensation pai	d 10,500.00			
Check box if the per	son will or may receive any deferred c	ompensation (describe t	he terms below)	
additional securities of the iss	of all securities distributed as compen suer. Indicate the security codes for all additional securities of the issuer.			

Ітем 9	- DIRECTORS, EXECUTIV	/E OFFICERS A	ND PROMO	TERS OF THE I	SSUER				
If the	issuer is an investment fund, a	lo not complete Ite	em 9. Procced to	o Item 10.					
Indicat	te whether the issuer is any of the	e following (select a	ll that apply).						
\checkmark	Reporting issuer in any jurisdic	tion of Canada							
Foreign public issuer									
	Wholly owned subsidiary of a r	eporting issuer in a	iny jurisdiction of	f Canada ⁶					
	Provide name of reporting issuer								
Wholly owned subsidiary of a foreign public issuer ⁶									
	Provide name of foreign public issuer								
	Issuer distributing eligible foreig	on securities only to	permitted clien	ts ⁷					
If the	issuer is at least one of the ab	ove, do not compl	ete Item 9(a) –	(c). Proceed to Ite	m 10.				
securitie ⁷ Check	⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.								
a) Directors, executive officers and promoters of the issuer									
	de the following information for ory; otherwise state the country. I						da, sta	te the p	province or
ο	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) P	romoter information		·						
	promoter listed above is not an n Canada, state the province or t		-				-		
0	rganization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relatio (select one			
					Province or country	D		C)
c) R	esidential address of each ir	ndividual							
Compl	lete Schedule 2 of this form pro	oviding the full res	sidential addre	ss for each individ	lual listed in Ite	m 9(a) and	(b) an	d atta	h 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	Murray	Robert	Brian	
	Family name	First given name	Secondary given names	
Title	President			
Name of issuer/underwriter/ investment fund manager	Cava Resources Inc.			
Telephone number	4169857810	Email address rbrianmurray@rogers.com		
Signature	/s/ R. Brian Murray	Date 2018	02 12	
		YYYY	MM DD	

ITEM 11- CONTACT PERSON

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

Same as individual certifying the report

Full legal name	Matanovic	Anna		Title	Law Clerk	
	Family name	First given name	Secondary given names			
Name of company	Fogler, Rubinoff LLP					
Telephone number	4163653701		Email address amatanov	vic@foglers.	com	

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.