Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9742739

ITEM 1 - REPORT TYPE							
☐ New report							
✓ Amended report If ame	nded, provide filing date	of report that is bei	ing amend	ded 2022 02 14	(YYYY-MM-DD)		
ITEM 2 - PARTY CERTIFYING TH	TEM 2 - PARTY CERTIFYING THE REPORT						
Indicate the party certifying the report (sei Instrument 81-106 Investment Fund Conti	, ,	•		ment fund, refer to section	on 1.1 of National		
☐ Investment fund issuer	,	, ,					
✓ Issuer (other than an inves	stment fund)						
Underwriter	,						
ITEM 3 - ISSUER NAME AND OT	HER IDENTIFIERS						
Provide the following information about to	he issuer, or if the issuer is an in	vestment fund, about the	ne fund.				
Full legal name Uriel Gas Holdings Corp.							
Previous full legal name							
If the issuer's name changed in th	e last 12 months, provide most	recent previous legal nai	іте.				
Website	www.urielgas.com	(if a	applicable)				
 If the issuer has a legal entity identifier₄ pr	rovide below. Refer to Part B of t	he Instructions for the d	lefinition of "	'legal entity identifier".			
Legal entity identifier							
If two or more issuers distributed a single	security, provide the full legal no	ame(s) of the co-issuer(s)	s) other than	the issuer named above.			
Full legal name(s) of co-issuer(s)		(if a	applicable)				
ITEM 4 - UNDERWRITER INFORM	AATION						
		and the same and firm NDD)				
If an underwriter is completing the report, Full legal name	provide the underwriter's full te	gat name ana jimi NKD	number.				
Firm NRD number (if applicable)							
	(App and a						
Street address	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					
Telephone number			Vebsite		(if applicable)		

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 3 2 5 1 2 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 ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies
☐ Cryptoassets
b) Number of employees
Number of employees: ✓ 0 - 49
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 5 4 4 9 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
YYYY MM DD MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
AII AB BC MB NB NL NT
NS NU ON PE QC SK YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only)
CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an
exchange and not a trading facility such as, for example, an automated trading system. Exchange name
h) Size of issuer's assets
11, 5.25 5. 153doi 6 docoto

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strateg	gies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
☐ Is a UCITs Fund¹						
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective 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 forma	tion Financial year-end MM DD MM DD					
d) Reporting issuer st	atus of the investment fund					
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.					
☐ AII ☐	AB BC MB NB NL NT					
□ NS □	NU ON PE QC SK YT					
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 name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
_	Exchange name					
-	AV) of the investment fund					
	investment fund as of the date of the most recent NAV calculation (Canadian \$).					
\$0 to under \$5M	s5M to under \$25M s25M 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 in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. US dollar ✓ Canadian 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 2022 2022 02 04 02 04

YYYY

MM

DD

c) Detailed purchaser information

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

DD

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

				Canadian \$		
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
W N T		Special Warrants	24,730,000.00	0.0500	0.0500	1,236,500.00

e) Details of rights and convertible/exchangeable securities

YYYY

MM

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.

exch	vertib angea urity c	able			erlying Exercise price (Canadian \$)		(Canadian \$) Expiry date Conv		Conversion ratio	Describe other items (if applicable)	
						Lowest	Highest				
w	Z	Т	С	М	S	0.0000			1:1	Special Warrants automatically convert into common shares under certain circumstances.	

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 unique ² purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	9	175,000.00
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	16	155,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	19	645,500.00
Nova Scotia	NI 45-106 2.5 [Family, friends and business associates]	1	10,000.00
Québec	NI 45-106 2.3 [Accredited investor]	12	226,000.00

Cayman Islands	NI 45-106 2.3 [Accredited investor]	1	25,000.00
	Total dollar amount of se	curities distributed	1,236,500.00
	Total number of unique purchasers ^{2b}	58	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

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

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

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

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

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

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

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.	ITEM 8 - COMPENSATION INFORMATION							
No ✓ Yes If yes, indicate number of persons 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 comp	ensated and req	gistration status						
Indicate whether the person co	mpensated is a reg	istrant.	☐ No	\checkmark	Yes			
If the person compensated is ar	n individual, provid	e the name of the indiv	ridual.					
Full legal name of indiv	vidual							
		Family name	F	irst given na	ame	Secondary	given names	
If the person compensated is no	If the person compensated is not an individual, provide the following information.							
Full legal name	Full legal name of non-individual EMD FINANCIAL INC. / LA FINANCIÈRE EMD INC.							
Firm NRD number 3 6 4 8 0 (if applicable)								
Indicate whether the person co	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.							
b) Business contact infor	rmation							
If a firm NRD number is not pro	ovided in Item 8 (a)), provide the business (contact informati	ion of the p	person being c	ompensated.		
Street address								
Municipality				Р	rovince/State	е		
Country				Postal c	ode/Zip code	e		
Email address			7	Telepl	hone numbe	r		
c) Relationship to issuer	or investment fu	ınd manager						
the Instructions and the meaning Connect with the issues	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							
d) Compensation details								
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the Cash commissions pa	cion paid, or to be p commissions, secur ch as clerical, print ne directors, officers	ities-based compensati ing, legal or accounting	on, gifts, discoun g services. An issi	ts or other uer is not r pensated b	compensation equired to ask y the issuer.	n. Do not report pay for details about, o	ments for services r report on, internal	
Value of all securitie	26				Security code 1 C M S	Security code 2	Security code 3	
distributed as compensation	51	,575.00	Security codes		0 111 0			
Describe terms of warrants, options or other rights 806,500 non-transferable finder warrants entitling the holder to purchase one common share at a price of \$0.05 for a period of two years from closing								
Other compensatio	n ⁵	Describe						
Total compensation pa	161,	475.00						
Check box if the pe	erson will or may re	eceive any deferred co	mpensation (des	scribe the t	terms below)			
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire action of the include deferred comp	uer. Indicate the se dditional securities	ecurity codes for all sec	ion, <u>excluding</u> op curities distribute	otions, wai ed as comp	rrants or other pensation, <u>inc</u>	rights exercisable luding options, warr	to acquire rants or other	

a) Name of person com	pensated and regis	stration status									
Indicate whether the person co	mpensated is a regist	trant.	☐ No	\checkmark	Yes						
If the person compensated is a	n individual, provide	the name of the indiv	idual.								
Full legal name of indi	vidual McKenna		Michael								
		Family name	Fi	rst given n	ame	I	Seconda	ry given name	s		
If the person compensated is not an individual, provide the following information.											
Full legal name of non-individual											
Firm NRD number (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes											
b) Business contact information											
If a firm NRD number is not pr	ovided in Item 8 (a), p	provide the business c	ontact informatio	on of the	person bei	ing com	pensated.				
Street address	Street address 38 Auriga Drive, Suite 228										
Municipality	Ottawa			Р	rovince/s	State	Ontario				
Country	Canada			Postal c	code/Zip	code	K2E 7Y5				
Email address	mikellm5519@gm	nail.com		Telep	hone nui	mber	613729429	90			
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 m	anager	Employ	ee of the	issuer c	or investment	und manage	er:		
✓ None of the above											
d) Compensation details	3										
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, so allocation arrangements with to Cash commissions p	commissions, securiti uch as clerical, printin he directors, officers o	es-based compensation g, legal or accounting	on, gifts, discount 1 services. An issu	s or othei er is not i	r compens required to	ation. D ask for	o not report p	ayments for s	services		
Cash commissions p	aiu				Security co	ode 1	Security code	2 Security of	code 3		
Value of all securiti distributed as compensation	·	00.00	Security codes		СМ	S	W N	Γ			
Describe	terms of warrants, op	otions or other rights	180,000 non- purchase one two years fro	e comm	on share	ler war at a pı	rants entitlin rice of \$0.05	g the holde for a period	r to d of		
Other compensation	on ⁵	Describe									
Total compensation pa	9,00	00.00									
Check box if the person will or may receive any deferred compensation (describe the terms below)											
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com	uer. Indicate the second additional securities o	urity codes for all sec							her		

a) Name of person compensated and registration status											
Indicate whether the person co.	mpensated is a regi	strant.	☐ No	✓ Y	′es						
If the person compensated is an individual, provide the name of the individual.											
Full legal name of individual											
Family name First given name Secondary given names											
If the person compensated is not an individual, provide the following information.											
Full legal name of non-individual FIRST REPUBLIC CAPITAL CORPORATION											
Firm NRD number 2 7 2 7 0 (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
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				Pro	ovince/State						
Country				Postal cod	de/Zip code						
Email address]	Telepho	one number						
c) Relationship to issuer	or investment fu	nd 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	i										
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.											
Cash commissions pa	3,	750.00		Se	ecurity code 1	Security code 2	Security code 3				
Value of all securitie distributed as compensation			Security codes	С	MS	WNT					
Describe to	terms of warrants,	options or other rights	75,000 non-t purchase on two years fro	e common	n share at a p	rants entitling th orice of \$0.05 fo	e holder to r a period of				
Other compensation	n ⁵	Describe									
Total compensation pa	aid 3,	750.00									
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (des	cribe the te	rms below)						
⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the se additional securities	curity codes for all sec									

a) Name of person compensated and registration status															
Indicate whether the person co	mpensated is a regist	rant.			☐ No		√	Yes							
If the person compensated is a	n individual, provide	the nam	e of the	individ	dual.										
Full legal name of indiv	Full legal name of individual														
Family name First given name Secondary given names											S				
If the person compensated is no	ot an individual, prov	ide the f	ollowing	j infor	mation.										
Full legal name of non-individual HAYWOOD SECURITIES INC. / VALEURS MOBILIERES HAYWOOD Inc.															
Firm NRD number 1 6 3 0 (if applicable)															
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes															
b) Business contact information															
If a firm NRD number is not pr	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							ı	Provin	ice/S	tate					
Country						F	Postal	code/	Zip c	ode					
Email address							Tele	phone	num	ber					
c) Relationship to issuer	or investment fun	d mana	ger												
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 pa	2,5	00.00						Secur	ity cod	le 1	Secur	rity cod	le 2	Security of	code 3
Value of all securition distributed as compensation				5	Security co	des		С	М	S	W	N	Т		
Describe ·	terms of warrants, op	otions or	other ri	ights		e one	comm	non sh						holder a period	
Other compensation	n ⁵		Desc	cribe											
Total compensation pa	2,5	00.00													
Check box if the person will or may receive any deferred compensation (describe the terms below)															
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity cod	les for a	ensatio Il secu	on, <u>excludi</u> urities disti	ing opti ributed	ons, wa as con	arrants npensa	s or ot	her ri <u>į</u> includ	ghts ex <u>ding</u> op	cercisa tions,	able to warra	o acquire ents or oth	ner

a) Name of person compensated and registration status										
Indicate whether the person co	mpensated is a reg	gistrant.	☐ No	\checkmark	Yes					
If the person compensated is an	n individual, provid	de the name of the indi	vidual.							
Full legal name of indiv	vidual									
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 HAMPTON SECURITIES LIMITED										
Firm NRD number 2 8 9 0 (if applicable)										
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes										
b) Business contact information										
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.										
Street address										
Municipality				Р	rovince/State					
Country			7	Postal c	ode/Zip code					
Email address				Telep	hone number					
c) Relationship to issuer	or investment f	und 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 compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, secu ch as clerical, prin ne directors, office	rities-based compensat ating, legal or accountir rs or employees of a no	ion, gifts, disco g services. An	ounts or other issuer is not r	compensation. equired to ask f	Do not report payı	ments for services			
Cash commissions pa	ald 2	2,500.00			Security code 1	Security code 2	Security code 3			
Value of all securitie distributed as compensation			Security code	es	C M S	WNT				
Describe terms of warrants, options or other rights 50,000 non-transferable finder warrants entitling the holder to purchase one common share at a price of \$0.05 for a period of two years from closing										
Other compensatio	n ⁵	Describe								
Total compensation pa	nid 2	2,500.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the s dditional securitie	security codes for all se								

a) Name of person compensated and registration status											
Indicate whether the person co	mpensated is a re	egistrant.	☐ No	\checkmark	Yes						
If the person compensated is an	n individual, provi	ide the name of the inc	lividual.								
Full legal name of individual											
Family name First given name Secondary given names											
If the person compensated is no	ot an individual, p	provide the following in	formation.								
Full legal name of non-individual Canaccord Genuity Corp./Corporation Canaccord Genuity											
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. V 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				Р	rovince/Sta	e					
Country				Postal o	code/Zip cod	le					
Email address				Telep	hone numbe	er					
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 □ Vone of the above 											
d) Compensation details											
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.											
Cash commissions pa	aid	2,500.00			Security code	Security code 2	Security code 3				
Value of all securitie distributed as compensation			Security code	es	C M S	W N T					
Describe t	terms of warrants	s, options or other righ	purchase	on-transfera one comm from closir	on share at	arrants entitling that price of \$0.05 for	ne holder to or a period of				
Other compensatio	n ⁵	Describ	ре								
Total compensation pa	nid :	2,500.00									
Check box if the pe	Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the s dditional securiti	security codes for all s									

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	TERS OF THE ISS	SUER								
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.												
Indicate whether the issuer is any o	Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).											
Reporting issuer in any juris	sdiction 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	f foreign public issue	er										
Issuer distributing only eligi	ble foreign securitie	s and the distribution	on is to permitted clie	ents only ⁷				_				
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (c). Proceed to Item	10.								
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. If the issuer is none of the above, check this box and complete Item 9(a) - (c).												
a) Directors, executive officers and promoters of the issuer												
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or 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	non-individi resident jurisdictio individu			tionship to issuer ect all that apply)					
		D • • •	Todd	Province or	,	D	0	Р				
h) Promotor information	Custock	Daniel	1000	British Columb	ıa 	✓	✓	✓				
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		tionship one or bo						
				Province or country	D		C)				
c) Residential address of eac	h individual											
Complete Schedule 2 of this form	providing the full	residential address	for each individue	ıl listed in Item 9	(a) and (h)	and att	ach to t	he				

 $completed\ report.\ Schedule\ 2\ also\ requires\ information\ to\ be\ provided\ about\ control\ persons.$

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	Uriel Gas Holdings Corp.										
Full legal name	Custock										
	Family name		Secondary given names								
Title	President, Secretary, and Dire	President, Secretary, and Director									
Telephone number	6043152534	Email address	danielcu	danielcustock@gmail.com							
Signature	"Daniel Custock"	Date	2022	08	03						
			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	Benton	Jennifer			Title	Legal Assistant					
	Family name	First given name	Secondary	given names	•						
Name of company	Owen Bird Law Corpora	tion									
Telephone number	6046975623	F	Email address	jbenton@ov	venbird.c	om					

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.