Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9910003

| 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 CERTIF | YING THE | Report | | | | | | |
| Indicate the party certifying th Instrument 81-106 Investment | | | | | restment fund, refer to section | on 1.1 of National | | |
| Investment fund | issuer | | | | | | | |
| Suer (other that | n an investi | ment fund) | | | | | | |
| ✓ Underwriter | | | | | | | | |
| | | | | | | | | |
| ITEM 3 - ISSUER NAME | | | unstrument fund ab | out the fund | | | | |
| Provide the following information | г | Cove Mortgage Ltd. | vestment juna, ab | out the juna. | | | | |
| | - | | | | | | | |
| Previous full le | | | | | | | | |
| If the issuer's name ch | nanged in the | last 12 months, provide most | recent previous leg | gal name. | | | | |
| | Website covemortgage.com (if applicable) | | | | | | | |
| If the issuer has a legal entity | identifier, prov | vide below. Refer to Part B of t | the Instructions for | the definition | of "legal entity identifier". | | | |
| Legal entity | / identifier | | | | | | | |
| If two or more issuers distribut | ted a single se | curity, provide the full legal n | ame(s) of the co-is | suer(s) other th | an the issuer named above. | | | |
| Full legal name(s) of co | o-issuer(s) | | | (if applicabl | e) | | | |
| | | | | | | | | |
| ITEM 4 - UNDERWRITE | | | | | | | | |
| If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number. | | | | | | | | |
| Full legal name Cove Mortgage Ltd. | | | | | | | | |
| 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 | 415-145 C | 415-145 Chadwick Crt | | | | | | |
| Municipality | North Van | couver | Pro | vince/State | British Columbia | | | |
| Country | Canada | | Postal co | de/Zip code | V7M 3K1 | | | |
| Telephone number | 60492981 | 56 | | Website | covemortgage.com | (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 5 2 3 9 9 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 | | | | | |
| Cryptoassets | | | | | |
| 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 | | | | | |
| If the issuer does not have SEDAR profile complete item 5(d) - (h). | | | | | |
| d) Head office address | | | | | |
| Street address 415-145 Chadwick Court Province/State British Columbia | | | | | |
| Municipality North Vancouver Postal code/Zip code V7M 3K1 | | | | | |
| Country Canada Telephone number 6049298156 | | | | | |
| e) Date of formation and financial year-end | | | | | |
| Date of formation 1976 05 28 Financial year-end 12 31 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 | | | | | |
| 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 | S5M to under \$25M | □ \$25M to under \$100M |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | \$1B or over |

| If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number 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 Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th |
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| 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 |
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| CUSIP number |
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| name of an exchanae and not a tradina facility such as, for example, an automated tradina system |
| |
| Exchange name |
| f) Net asset value (NAV) of the investment fund |
| Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$). |
| L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M |
| \$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation: |

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

| purchasers resident in that jurisdie | ada completes a distribution in a jurisc ction of Canada only. Do not include in which must be disclosed in Item 8. The | n Item 7 securities issued | d as payment of co | ommissions or fir | nder's fees in |
|--|--|---|--|---|-----------------------------------|
| a) Currency | | | | | |
| Select the currency or currencies in | n which the distribution was made. All | dollar amounts provide | ed in the report m | ust be in Canadia | an dollars. |
| ✓ Canadian dollar | US dollar 🔄 Euro | Other (describe |) | | |
| b) Distribution date(s) | | | | | |
| | | | ous basis, include | | |
| | YYYY MM DD | | | | |
| c) Detailed purchaser infor | | | | | |
| · · | s form for each purchaser and a | ttach the schedule t | to the complete | ed report. | |
| d) Types of securities distr | - | | | | |
| , , | for all distributions reported on a per s | socurity basis Pofor to l | Part A(12) of the l | astructions for he | w to indicate the |
| | SIP number, indicate the full 9-digit CU | | | | |
| | | | | Canadian \$ | |
| Security code CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount |
| S M G Mort | tgage | 1.00 |) 150,000.00 00 | 150,000.00 00 | 150,000.00 |
| e) Details of rights and cor | nvertible/exchangeable securities | | | | |
| | ns) were distributed, provide the exercise version ratio and describe any other ten | | | | xchangeable securities |
| Convertible / exchangeable security code Underlying security code | Exercise price (Canadian \$) Lowest Highest | Expiry date (YYYY- MM-DD) | Conversion ratio | Describe other it | ems (if applicable) |
| | | | | | |
| | tion by jurisdiction and exemption | | | | · // / |
| purchaser resides and for each ex distribution in a jurisdiction of Ca This table requires a separate line purchaser resides, if a purchaser r jurisdiction. | ecurities distributed and the number of remption relied on in Canada for that d inada, include distributions to purchase reitem for: (i) each jurisdiction where a p resides in a jurisdiction of Canada, and tate the province or territory, otherwise | istribution. However, if ers resident in that jurisc purchaser resides, (ii) ec (iii) each exemption rel | an issuer located o diction of Canada ach exemption reli | outside of Canad only. ed on in the juris | la completes a diction where a |
| Province or country | Exemption relied or | n | Number of unique ²⁵ purchasers | Total an | nount (Canadian \$) |
| British Columbia | Other | | | 2 | 150,000.00 |
| | Total | dollar amount of sec | urities distribute | ed | 150,000.00 |
| | Total number of u | inique purchasers ^{2b} | | 2 | |
| ^{2a} In calculating the number of u | nique purchasers per row, count each p | ourchaser only once. Joi | nt purchasers may | , be counted as a | one purchaser. |
| - | r of unique purchasers to which the issue | - | | | |

^{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.

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 the distribution. Complete additi | | | | - | ny compensation in connection with ed. |
| Indicate whether any compensati | on was paid, or will be pa | aid, in connecti | on with the distribu | ition. | |
| ✓ No 🗌 Yes | If yes, indicate num | nber of perso | ns compensated | 1. | |
| a) Name of person compen | sated and registration | status | | | |
| Indicate whether the person comp | ensated is a registrant. | | 🗌 No | Yes | |
| If the person compensated is an in | dividual, provide the nam | ne of the individ | lual. | | |
| Full legal name of individu | lal | | | | |
| | Family n | ame | First g | given name | Secondary given names |
| If the person compensated is not a | n individual, provide the † | following infor | nation. | | |
| Full legal name of | non-individual | | | | |
| Firm | NRD number | | | (if appli | cable) |
| Indicate whether the person comp | | tribution throu | gh a funding porta | l or an internet-based p | ortal. 🗌 No 🗌 Yes |
| b) Business contact informa | | | | | |
| If a firm NRD number is not provid | led in Item 8 (a), provide t | the business co | ntact information o | of the person being com | pensated. |
| Street address | | | | | |
| Municipality | | | | Province/State | |
| Country | | | Po | stal code/Zip code | |
| Email address | | | - | Telephone number | |
| c) Relationship to issuer or | investment fund mana | ager | | | |
| Indicate the person's relationship w the Instructions and the meaning o | | | | | ning of "connected" in Part B(2) of |
| | or investment fund mana | | · · · | | er than an investment fund) |
| Director or officer of the | investment fund or inves | tment fund ma | nager 🗌 E | mployee of the issuer of | or investment fund manager |
| None of the above | | | | | |
| d) Compensation details | | | | | |
| allocation arrangements with the a | nmissions, securities-based as clerical, printing, legal | d compensation or accounting | n, gifts, discounts o services. An issuer i | r other compensation. D is not required to ask for | |
| Cash commissions paid | | | | Security code 1 | Security code 2 Security code 3 |
| Value of all securities distributed as compensation ⁴ | | S | ecurity codes | | |
| Describe tern | ns of warrants, options of | r other rights | | | |
| Other compensation ⁵ | | Describe | | | |
| Total compensation paid | | | | | |
| Check box if the perso | on will or may receive any | y deferred com | pensation (describ | be the terms below) | |
| | | | | | |
| ⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addi ⁵ Do not include deferred compen- | Indicate the security cod tional securities of the iss | des for all secu | | | |

| ITEM 9 - DIRECTORS, EXECU | UTIVE OFFICERS | SAND PROMOT | ERS OF THE ISS | UER | | | | | |
|---|--|-------------------------|------------------------|---|-----------------------|-----------|--------------------------|----|--|
| If the issuer is an investment fun | If the issuer is an investment fund, do not complete Item 9. Procced to Item 10. | | | | | | | | |
| Indicate whether the issuer is any c | of the following (sele | ct the one that appli | es - if more than one | applies, select onl | y one). | | | | |
| Reporting issuer in any juri | sdiction of Canada | | | | | | | | |
| Foreign public issuer | | | | | | | | | |
| Wholly owned subsidiary o | Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶ | | | | | | | | |
| Provide name of reporting issuer | | | | | | | | | |
| Wholly owned subsidiary o | Wholly owned subsidiary of a foreign public issuer ⁶ | | | | | | | | |
| Provide name o | f foreign public issu | er | | | | | |] | |
| Issuer distributing only elig | ible foreign securitie | es and the distribution | n is to permitted clie | ents only ⁷ | | | | | |
| If the issuer is at least one of the | - | | | - | | | | | |
| securities that are required by law to respectively. ⁷ Check this box if it applies to the c clients. Refer to the definitions of "e | 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 office | rs and promoters | of the issuer | | | | | | | |
| Provide the following information fo territory; otherwise state the country | | | | | | state the | province | or | |
| Organization or company name | Family name | First given name | Secondary given names | Business loc non-individe resident jurisdictio individu | ual or ail n of | | onship to ct all that | | |
| | | | | Province or | country | D | 0 | Р | |
| | Briglio | Heather | Joy | British Columb | ia | ✓ | ✓ | | |
| | Luptak | Caroline | Joyce | British Columb | ia | ✓ | | | |
| | Shivers | Michael | Charles | British Columb | ia | ~ | | | |
| | Schuman | Kurt | | British Columb | ia | ✓ | | | |
| 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 | Residential jurisdiction of individual | | | to promo oth if app | | |
| | | | | Province or country | D | | C |) | |
| | | | | | | | | | |
| c) Residential address of eac | ch individual | | | | | | | | |
| Complete Schedule 2 of this form | providing the full | residential address | s for each individua | l listed in Item 9 | (a) and (b |) and at | tach 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 | Cove Mortgage Ltd. | | | | | | | |
|--|-----------------------------|------------------|--------|-----------|--------------|------|--|--|
| Full legal name | Erickson | Suzanne | | | | | | |
| | Family name | First given name | | Seconda | ary given na | ames | | |
| Title | Mortgage Broker/Underwriter | | | | | | | |
| Telephone number | 6049298156 | Email address | carly@ | covemortg | age.com | | | |
| Signature | Carly Erickson | Date 202 | | 2 08 | 02 | | | |
| | | | 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 | | | | Title | |
|------------------|-------------|------------------|-----------------------|-------|--|
| | Family name | First given name | Secondary given names | _ | |
| Name of company | | | | | |
| Telephone number | | Er | nail address | | |
| | | | | | |

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.