# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9469477

| ITEM 1 - REPORT TYPE   |  |              |           |             |          |            |            |                 |                             |                        |
|--|--|--------------|-----------|-------------|----------|------------|------------|-----------------|-----------------------------|------------------------|
| New report   |  |              |           |             |          |            |            |                 |                             |                        |
| Amended report   | If amer  | nded, pro    | vide fi   | iling dat   | te of    | report     | that is    | being ame       | ended 2021 05 0             | (YYYY-MM-DD)           |
| ITEM 2 - PARTY CERTIFYI  | NG THE   | REPOR        | Т         |             |          |            |            |                 |                             |                        |
| Indicate the party certifying the r<br>Instrument 81-106 Investment Fu |  |              |           |             |          |            |            |                 | vestment fund, refer to se  | ection 1.1 of National |
| Investment fund iss  | suer   |              |           |             |          |            |            |                 |                             |                        |
| ✓ Issuer (other than a   | an inves   | tment fu     | nd)       |             |          |            |            |                 |                             |                        |
|  |  |              | ,         |             |          |            |            |                 |                             |                        |
|  |  |              |           |             |          |            |            |                 |                             |                        |
| ITEM 3 - ISSUER NAME A   |  |              |           |             |          |            |            |                 |                             |                        |
| Provide the following information                                      |  |              |           |             | invest   | tment fu   | ınd, abou  | t the fund.     |                             |                        |
| -  | gal name Lobe Sciences Ltd.  |              |           |             |          |            |            |                 |                             |                        |
| Previous full leg  | Previous full legal name GreenStar Biosciences Corp.   |              |           |             |          |            |            |                 |                             |                        |
| If the issuer's name char  | If the issuer's name changed in the last 12 months, provide most recent previous legal name. |              |           |             |          |            |            |                 |                             |                        |
| ,  | Website www.lobesciences.com (if applicable)   |              |           |             |          |            |            |                 |                             |                        |
| If the issuer has a legal entity ide                                   | entifier <u>,</u> pro  | ovide below  | . Refer t | to Part B   | of the l | Instructio | ons for th | ne definition o | of "legal entity identifier | <i>"</i>               |
| Legal entity ic  | dentifier  |              |           |             |          |            |            |                 |                             |                        |
| If two or more issuers distributed                                     | a single s   | ecurity, pro | vide the  | e full lega | l name   | e(s) of th | e co-issu  | er(s) other th  | an the issuer named abo     | ove.                   |
| Full legal name(s) of co-is  | ssuer(s)   |              |           |             |          |            |            | (if applicabl   | e)                          |                        |
|  |  |              |           |             |          |            |            |                 |                             |                        |
| ITEM 4 - UNDERWRITER I   | NFORM  | IATION       |           |             |          |            |            |                 |                             |                        |
| If an underwriter is completing th                                     | he report,   | provide the  | underw    | riter's ful | l legal  | name a     | nd firm N  | NRD number.     |                             |                        |
| Full legal name  |  |              |           |             |          |            |            |                 |                             |                        |
| Firm NRD number  |  |              |           |             |          |            | (if app    | licable)        |                             |                        |
| If the underwriter does not have                                       | a firm NR  | D number,    | provide   | the head    | office   | contact    | informati  | ion of the un   | derwriter.                  |                        |
| Street address   |  |              |           |             |          |            |            |                 |                             |                        |
| Municipality   |  |              |           |             |          |            | Provi      | nce/State       |                             |                        |
| Country  |  |              |           |             |          | Pos        | tal code   | /Zip code       |                             |                        |
| Telephone number   |  |              |           |             |          |            |            | Website         | L                           | (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 3 2 4 9 0   |
| If the issuer is in the <b>mining industry</b> , 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  |
|   |
| 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 Ves If yes, provide SEDAR profile number 0 0 0 3 2 6 1 7   |
| 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.   |
| 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     | \$5M to under \$25M | □ \$25M to under \$100M |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | S1B or over             |

| ITEM 6 - INVESTMENT          | FUND ISSUER INFORMATION  |
|------------------------------|--|
| If the issuer is an 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 mane  | 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        | t fund   |
| Type of investment fund the  | nt most accurately identifies the issuer (select only one) .   |
| Money market                 | Equity Fixed income Balanced   |
| Alternative strateg          | jies 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 Fund              |  |
|                              | tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union<br>ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. |
| c) Date of formation a       | nd financial year-end of the investment fund   |
| Date of forma                | tion Financial year-end  |
| d) Departing issues at       | YYYY MM DD MM DD   |
|                              | atus of the investment fund  |
|                              | porting issuer in any jurisdication of Canada? No Yes  |
|                              | s of Canada in which the investment fund is a reporting issuer.  |
|                              |  |
|                              | 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   |
|                              | blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the<br>not a trading facility such as, for example, an automated trading system.                                     |
| Exchange n                   | ame  |
| f) Net asset value (NA       | AV) of the investment fund   |
| Select the NAV range of the  | investment fund as of the date of the most recent NAV calculation (Canadian \$).   |
| \$0 to under \$5M            | S5M to under \$25M \$25M to under \$100M   |
| \$100M to under \$50         | 0M S500M 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 Car<br>purchasers resident in that jurisdi<br>connection with the distribution, w<br>Schedule 1 of the report.   | ada completes a<br>ction of Canada d   | distribution in a jur<br>only. Do not include  | in Item 7 securities issu  | ed as payment o   | of commissions or                                    | finder's fees in          |
|--|--|--|--|---|--|---------------------------|
| a) Currency  |  |  |  |   |  |                           |
| Select the currency or currencies i  | n which the distr  | ibution was made. A  | ll dollar amounts provid   | ded in the report   | must be in Cana                                      | dian dollars.             |
| ✓ Canadian dollar  | US dollar  | 🗌 Euro   | Other (describ   | e)  |  |                           |
| b) Distribution date(s)  |  |  |  |   |  |                           |
| State the distribution start and er<br>as both the start and end dates. If<br>distribution period covered by the   | f the report is bei  | -  |  | -   |  |                           |
| Start da   | <sup>te</sup> 2021   | 05 03  | End da   | <sup>ate</sup> 2021                                       | 05 03  |                           |
|  | YYYY   | MM DD  |  | YYYY  | MM DD  | _                         |
| c) Detailed purchaser infor  | mation   |  |  |   |  |                           |
| Complete Schedule 1 of this  | s form for eac   | h purchaser and  | attach the schedule  | to the compl  | eted report.   |                           |
| d) Types of securities distr   | ibuted   |  |  |   |  |                           |
| Provide the following information security code. If providing the CU   |  |  |  |   |  | how to indicate the       |
|  |  |  | _  |   | Canadiar   | ו \$                      |
| Security<br>code CUSIP number<br>(if applicable)   | Description  | of security  | Number of securities   | Single or<br>lowest<br>price                              | Highest price  | Total amount              |
| C M S Con  | nmon shares  |  | 17,500,000.0   | 0.000   | 0.000  | 0 0.00                    |
| e) Details of rights and cor   | nvertible/excha  | ngeable securitie  | S  |   |  |                           |
| If any rights (e.g. warrants, optior<br>were distributed, provide the con  |  |  |  |   |  | e/exchangeable securities |
| Convertible /<br>exchangeable<br>security code Security code   |  | se price<br>dian \$)<br>Highest  | Expiry date<br>(YYYY- MM-DD)   | Conversion<br>ratio                                       | Describe othe  | er items (if applicable)  |
|  |  |  |  |   |  |                           |
| f) Summary of the distribut  | tion by jurisdict  | ion and exemptio   | n  |   |  |                           |
| State the total dollar amount of s<br>purchaser resides and for each ex<br>distribution in a jurisdiction of Ca<br>This table requires a separate line<br>purchaser resides, if a purchaser r<br>jurisdiction.<br>For jurisdictions within Canada, s | emption relied or<br>Inada, include dis<br>2 item for: (i) each<br>resides in a jurisd | n in Canada for that<br>tributions to purcha<br>n jurisdiction where o<br>iction of Canada, an | distribution. However, i<br>sers resident in that juri<br>a purchaser resides, (ii)<br>d (iii) each exemption re | if an issuer locate<br>sdiction of Cana<br>each exemption | ed outside of Can<br>da only.<br>relied on in the ju | ada completes a           |
| Province or country  |  | Exemption relied   | on   | Number of unique purchasers                               |  | l amount (Canadian \$)    |
| British Columbia   | NI 45-106 2.   | 12 [Asset acqui  | sition]  |   | 1  | 0.00                      |
| Ontario  | Ontario NI 45-106 2.3 [Accredited investor] 1  |  |  |   |  | 0.00                      |
| British Columbia   | British Columbia NI 45-106 2.3 [Accredited investor] 1                                 |  |  |   |  | 0.00                      |
|  | l<br>  | Tot  | al dollar amount of se   | ecurities distrib   | outed  | 0.00                      |
|  |  | Total number of  | f unique purchasers <sup>2b</sup>  |   | 3  |                           |
| <sup>2a</sup> In calculating the number of u   | nique purchasers   | per row, count each  | purchaser only once. Jo  | pint purchasers n   | nay be counted a                                     | s one purchaser.          |

<sup>2b</sup> 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.<sup>3</sup> 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<br>(Canadian \$) |
|---|-------------------------------|
|   |                               |
| Total net proceeds to the investment fund |                               |

<sup>3</sup>"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<br>other material<br>(YYYY-MM-DD) | Previously filed<br>with or delivered to<br>regulator?<br>(Y/N) | Date previously filed or<br>delivered<br>(YYYY-MM-DD) |
|-------------|---|---|---|
|             |   |   |   |

| ITEM 8 - COMPENSATION   | N INFORMATION   |                                |  |  |  |
|---|---|--------------------------------|--|--|--|
| Provide information for each per the distribution. <b>Complete add</b>  |   |                                |  |  | ny compensation in connection with ed.   |
| Indicate whether any compense   | ation was paid, or will be p  | aid, in connecti               | on with the distribu                             | tion.  |  |
| 🗌 No 🗹 Yes  | If yes, indicate nur  | mber of perso                  | ons compensated                                  | . 1  |  |
| a) Name of person compe   | ensated and registratior  | n status                       |  |  |  |
| Indicate whether the person com   | pensated is a registrant.   |                                | ✓ No   | Yes  |  |
| If the person compensated is an   | individual, provide the nan   | ne of the individ              | lual.  |  |  |
| Full legal name of indivi   | dual  |                                |  |  |  |
|   | Family r  | name                           | First g  | iven name  | Secondary given names  |
| If the person compensated is not  | an individual, provide the  | following infor                | mation.  |  |  |
| Full legal name of  | of non-individual Senta   | a Capital Inc.                 |  |  |  |
| Fir   | m NRD number  |                                |  | (if appli  | cable)   |
| Indicate whether the person com   | pensated facilitated the dis  | stribution throu               | ah a funding portal                              | or an internet-based p                           | ortal. 🗸 No 🗌 Yes  |
| b) Business contact inform  |   |                                |  | · ·  |  |
| If a firm NRD number is not prov  |   | the business co                | ntact information o                              | f the person being com                           | pensated.  |
|   | 153 - 13th Street   |                                |  |  |  |
| <br>Municipality _V   | Vest Vancouver  |                                |  | Province/State                                   | British Columbia   |
|   | Canada  |                                | Po   | stal code/Zip code                               | V7T 2N7  |
| · _   |   |                                |  |  |  |
| Email address   | atarina@triumpadvisor   | s.ca                           |  | Felephone number                                 | 6042185759   |
| c) Relationship to issuer c   | or investment fund man  | ager                           |  |  |  |
| Indicate the person's relationship<br>the Instructions and the meaning  |   |                                |  |  | ning of "connected" in Part B(2) of  |
|   | er or investment fund mana  |                                |  |  | er than an investment fund)  |
| Director or officer of th   | e investment fund or inves  | stment fund ma                 | nager 🗌 Er                                       | mployee of the issuer c                          | or investment fund manager   |
| None of the above   |   |                                |  |  |  |
| d) Compensation details   |   |                                |  |  |  |
| incidental to the distribution, suc<br>allocation arrangements with the | ommissions, securities-base<br>h as clerical, printing, legal<br>e directors, officers or emple | d compensatio<br>or accounting | n, gifts, discounts or<br>services. An issuer is | other compensation. D<br>not required to ask for | ribution. Provide all amounts in<br>10 not report payments for services<br>1 details about, or report on, internal |
| Cash commissions pai  | a   |                                |  | Security code 1                                  | Security code 2 Security code 3  |
| Value of all securities<br>distributed as compensation                  |   | S                              | Security codes                                   | C M S  |  |
| Describe te   | erms of warrants, options of  | or other rights                | 1,400,000 comn                                   | non shares of the Iss                            | suer.  |
| Other compensation  | 5   | Describe                       |  |  |  |
| Total compensation pai  | d 280,000.00  |                                |  |  |  |
| Check box if the per  | son will or may receive an  | y deferred com                 | pensation (describ                               | e the terms below)                               |  |
|   |   |                                |  |  |  |
| <sup>4</sup> Provide the aggregate value of                             | f all securities distributed a  | s compensatio                  | n, <u>excluding</u> option                       | s, warrants or other rid                         | hts exercisable to acquire   |
| additional securities of the issue<br>rights exercisable to acquire ad  |   |                                | rities distributed as                            | compensation, <u>includ</u>                      | ing options, warrants or other   |
| <sup>5</sup> Do not include deferred compe                              |   |                                |  |  |  |

| ITEM 9 - DIRECTORS, EXECU  | TIVE OFFICERS  | AND PROMOT                                  | ERS OF THE ISS                                  | UER   |                   |                       |                         |                 |
|--|--|---|---|---|-------------------|-----------------------|-------------------------|-----------------|
| If the issuer is an investment fund  | l, do not complete I   | tem 9. Procced to                           | Item 10.  |   |                   |                       |                         |                 |
| Indicate whether the issuer is any o   | f the following (select  | t the one that appli                        | es - if more than one                           | applies, select onl                         | y one).           |                       |                         |                 |
| <ul><li>Reporting issuer in any juris</li></ul>  | diction of Canada  |   |   |   |                   |                       |                         |                 |
| Foreign public issuer  |  |   |   |   |                   |                       |                         |                 |
| Wholly owned subsidiary of   | a reporting issuer in  | any jurisdiction of                         | Canada <sup>6</sup>                             |   |                   |                       |                         |                 |
| Provide nan  | ne of reporting issue  | r   |   |   |                   |                       |                         | ]               |
| Wholly owned subsidiary of   | a foreign public issu  | ier <sup>6</sup>                            |   |   |                   |                       |                         |                 |
| Provide name of  | foreign public issue   | r   |   |   |                   |                       |                         | ]               |
| Issuer distributing only eligi   | ole foreign securities   | and the distributio                         | n is to permitted clie                          | ents only <sup>7</sup>                      |                   |                       |                         |                 |
| If the issuer is at least one of the   | above, do not comp   | olete Item 9(a) – (d                        | c). Proceed to Item                             | 10.   |                   |                       |                         |                 |
| <sup>6</sup> An issuer is a wholly owned subsid<br>securities that are required by law to<br>respectively.<br><sup>7</sup> Check this box if it applies to the cu<br>clients. Refer to the definitions of "e | be owned by its dir<br>urrent distribution eve   | ectors, are benefic<br>en if the issuer mad | ially owned by the re<br>de previous distributi | eporting issuer or i<br>ions of other types | the foreign       | public is             | suer,                   |                 |
| If the issuer is none of the   |  |   | . ,   |   |                   |                       |                         |                 |
|  |  |   |   |   |                   |                       |                         |                 |
| a) Directors, executive officer  |  |   |   |   | <u> </u>          |                       |                         |                 |
| Provide the following information for territory; otherwise state the country.  |  |   |   |   |                   | tate the              | province                | or              |
| Organization or company name   | 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) |   |   |   |                   |                       |                         |                 |
|  |  |   |   | Province or                                 | country           | D                     | 0                       | Р               |
|  |  |   |   |   |                   |                       |                         |                 |
| b) Promoter information  |  |   |   |   |                   |                       |                         |                 |
| If the promoter listed above is not an within Canada, state the province or  |  |   |   |   |                   |                       |                         |                 |
| Organization or company name   | Family name  | First given name                            | Secondary given _                               | Residential jurisdiction of individual      | Rela<br>(select c | tionship<br>one or bo | to promo<br>oth if appl | oter<br>icable) |
|  |  |   |   | Province or<br>country                      | D                 |                       | С                       |                 |
|  |  |   |   |   |                   |                       |                         |                 |
| c) Residential address of eac  |  | .,  | , ,   | 111 1 11 11 -                               |                   |                       |                         |                 |
| Complete Schedule 2 of this form<br>completed report. Schedule 2 also  |  |   |   |   | (a) and (b)       | and at                | ach to ti               | 1e              |

## **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/<br>investment fund manager/agent | Lobe Sciences Ltd.      |                  |        |            |              |      |
|--|-------------------------|------------------|--------|------------|--------------|------|
| Full legal name  | Young                   | Philip           |        | J.         |              |      |
|  | Family name             | First given name |        | Seconda    | ary given na | imes |
| Title  | Chief Executive Officer |                  |        |            |              |      |
| Telephone number   | 6048349499              | Email address    | info@l | obescience | s.com        |      |
| Signature  | "Philip J. Young"       | Date             | 2021   | 1 05       | 07           |      |
|  |                         |                  | YYYY   | Ý 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  | Mullen            | Sacha            |              |             | Title     | Paralegal |
|------------------|-------------------|------------------|--------------|-------------|-----------|-----------|
|                  | Family name       | First given name | Secondary    | given names |           |           |
| Name of company  | Bennett Jones LLP |                  |              |             |           |           |
| Telephone number | 6048915360        | E                | mail address | mullens@be  | ennettjon | es.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.