Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9486873

ITEM 1 - REPORT TYPE										
New report										
Amended report If amended, provide filing date of report that is being amended 2021 05 18 (YYYY-MM-DD)										
ITEM 2 - PARTY CERTIFY	ING THE	REPORT	Г							
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.										
Investment fund issuer										
✓ Issuer (other than	an inves	ment fur	nd)							
ITEM 3 - ISSUER NAME										
Provide the following information					invest	ment fu	ınd, abou	it the fund.		
	Full legal name 1242455 B.C. Ltd.									
Previous full le	Previous full legal name									
If the issuer's name cho	If the issuer's name changed in the last 12 months, provide most recent previous legal name.									
	Website							(if applicabl	e)	
If the issuer has a legal entity id	dentifier, pro	vide below.	Refer t	o Part B c	of the I	nstructi	ons for th	ne definition o	of "legal entity identifier".	
Legal entity	identifier									
If two or more issuers distribute	ed a single so	ecurity, prov	vide the	full legal	name	(s) of th	e co-issu	er(s) other th	an the issuer named abov	<i>'e</i> .
Full legal name(s) of co-	-issuer(s)							(if applicable	e)	
ITEM 4 - UNDERWRITER	INFORM	ATION								
If an underwriter is completing	the report, p	provide the	underw	riter's full	legal	name a	nd firm N	NRD number.		
Full legal name										
Firm NRD number (if applicable)										
If the underwriter does not have	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.									
Street address										
Municipality			Province/State							7
Country						Pos	tal code	/Zip code		
Telephone number								Website		(if applicable)

ITEM 5 - ISSUER INFORMATION									
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.									
a) Primary industry									
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.									
NAICS industry code 5 2 6 9 8 9									
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.									
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 ✓ Yes If yes, provide SEDAR profile number 0 0 5 2 2 4 4									
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

ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii								
Full legal name								
Firm 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 Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD								
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If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number								
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								
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 \$).								
\$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

purch conne	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.											
a)	a) Currency											
Select	Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.											
✓ C	ana	dian	dolla	r	US dollar Euro Other (describe)							
b)	b) Distribution date(s)											
State as bo	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 2021 05 07 End date 2021 05 07											
						YYYY	MM DD		 У		MM DD	
c)	Deta	ailed	purc	hase	r info	rmation						
			-				h purchaser and	attach the schedul	e to the	e complet	ed report.	
	-					ributed	-			•	•	
Provi	de th	e follo	owing	infor	matio	n for all distributi		er security basis. Refer t CUSIP number assigned				ow to indicate the
											Canadian \$	
	Security code CUSIP number (if applicable) Description of security			Number of securities		ingle or lowest price	Highest price	Total amount				
SUBSubscription Receipts at \$0.50 per Subscription Receipt.					13,289,000.	00	0.5000		6,644,500.00			
e)	Det	ails o	of righ	nts ai	nd co	nvertible/excha	angeable securitie	es				
								cise price and expiry da terms for each convert				exchangeable securities
exch	vertib angea urity c	able		iderlyii urity c			se price adian \$) Highest	Expiry date (YYYY- MM-DD)	Conve rat		Describe other i	tems (if applicable)
S	0.5000						co ao fu pi co	onversion, wi dditional cons irther action o urchaser, sha	tion receipt upon thout payment of sideration or on the part of the all receive one e in the capital of			
f) (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.												
			ince o untry	r			Exemption relied	d on		er of unique ² urchasers	2ª Total a	mount (Canadian \$)
	Brit	ish (-	mbia	1	NI 45-106 2	.3 [Accredited ir	nvestor]			04	2,423,500.00
		Alb	erta			NI 45-106 2	.3 [Accredited ir	nvestor]	1		8	155,000.00
		Man				NI 45-106 2	.3 [Accredited ir	vestor]	1		1	5,000.00

NI 45-106 2.3 [Accredited investor]

Ontario

3,591,500.00

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Germany	NI 45-106 2.3 [Accredited investor]	9	324,500.00				
Monaco	NI 45-106 2.3 [Accredited investor]	30,000.00					
Netherlands	NI 45-106 2.3 [Accredited investor]	1	10,000.00				
Panama	NI 45-106 2.3 [Accredited investor]	1	50,000.00				
Bahamas	NI 45-106 2.3 [Accredited investor]	1	20,000.00				
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	25,000.00				
Austria	NI 45-106 2.3 [Accredited investor]	1	10,000.00				
	6,644,500.00						
	Total number of unique purchasers ^{2b} 180						

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

^{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)

TEM 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with

the distribution.	Complete additional copies of this page if more than one person was, or will be, compensated.

Indicate whether any compensation was paid, or will be paid, in connection with the distribution.

No No

✓ Yes

If yes, indicate number of persons compensated.

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a) Name of person comp	ensated and regis	tration	status							
Indicate whether the person con	npensated is a regist	rant.			🗌 No		\checkmark	Yes		
If the person compensated is an individual, provide the name of the individual.										
Full legal name of indiv	Full legal name of individual									
		Family n	ame			Firs	t given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	de the f	following	inforı	mation.					
Full legal name of non-individual Research Capital Corporation										
Firm NRD number 3 0 7 0 (if applicable)										
Indicate whether the person con	npensated facilitated	the dis	tribution	throu	gh a fund	ng port	al or ar	n interne	et-based p	portal. 🖌 No 🗌 Yes
b) Business contact infor	b) Business contact information									
If a firm NRD number is not pro	vided in Item 8 (a), p	orovide t	the busine	ess co	ntact info	rmation	of the	person b	peing con	npensated.
Street address										
Municipality							P	rovince	e/State	
Country						Ρ	ostal o	code/Zi	p code	
Email address							Telep	hone n	number	
c) Relationship to issuer	or investment fund	d mana	ager							
	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 "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 issu	er or investment fun	d mana	ger				Insider	of the is	suer (oth	ner than an investment fund)
Director or officer of the	ne investment fund o	or inves	tment fun	nd ma	nager		Employ	vee of th	e issuer	or investment fund manager
✓ None of the above										
d) Compensation details										
Provide details of all compensati Canadian dollars. Include cash c	ommissions, securitie ch as clerical, printing	es-based g, legal	d compen or accour	satio nting :	n, gifts, dis services. A	counts n issuer	or othe is not i	r compe required	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	id 218,20	65.00					Γ	Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation				S	Security co	des		O P	РТ	
Describe terms of warrants, options or other rights Research Capital Corp. received 436,530 non-transferable compensation options at 7% of the number of Subscription Receipts sold under the Offering at an exercise price of \$0.50 for a 24 month period from the closing date.										
Other compensation	٦ ⁵		Descr	ribe						
Total compensation pa	id 218,26	65.00								
Check box if the pe	rson will or may rece	eive any	/ deferred	d com	pensatior	(descr	ibe the	terms b	elow)	
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp.	er. Indicate the secu Iditional securities o	irity cod	les for all							

a) Name of person comp	ensated and regis	tration	status							
Indicate whether the person cor	mpensated is a regist	rant.			No		\checkmark	Yes		
If the person compensated is an individual, provide the name of the individual.										
Full legal name of indiv	Full legal name of individual									
		Family na	ame			Firs	t given n	ame		Secondary given names
If the person compensated is no	ot an individual, prov	ide the f	following i	nforn	nation.					
Full legal name of non-individual Richardson Wealth Limited										
Firm NRD number 2 1 9 7 0 (if applicable)										
Indicate whether the person cor	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.									
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), p	orovide t	the busine	ss coi	ntact info	matior	n of the	person Ł	peing com	npensated.
Street address										
Municipality							Р	rovince	e/State	
Country						F	Postal c	code/Zi	p code	
Email address							Telep	hone n	umber	
c) Relationship to issuer	or investment fun	d mana	ager							
	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 issu	er or investment fun	d mana	ger				Insider	of the is	suer (oth	ner than an investment fund)
Director or officer of t	he investment fund o	or invest	tment fund	d mai	nager		Employ	vee of th	e issuer	or investment fund manager
✓ None of the above										
d) Compensation details										
Canadian dollars. Include cash c incidental to the distribution, su	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	nid 107,1	25.00						Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensatio				S	ecurity co	des		O P		
Describe terms of warrants, options or other rights Richardson Wealth Limited received 214,250 non-transferable compensation options at 5% of the number of Subscription Receipts sold under the Offering at an exercise price of \$0.50 for a 24 month period from the closing date.										
Other compensation	n⁵		Descri	ibe						
Total compensation pa	id 107,12	25.00			L					
Check box if the person will or may receive any deferred compensation (describe the terms below)										
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.										

a) Name of person comp	ensated and regis	tration	status							
Indicate whether the person con	npensated is a regist	rant.			🗌 No		\checkmark	Yes		
If the person compensated is an	individual, provide a	he nam	e of the i	ndivid	lual.					
Full legal name of indiv	dual									
		Family n	ame			Firs	t given r	name		Secondary given names
If the person compensated is no	t an individual, prov	ide the f	following	infori	mation.					
Full legal name	of non-individual	Canad	ccord G	enuit	y Corp.					
Fi	rm NRD number	9	0	0					(if app	licable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves										
b) Business contact infor	mation									
If a firm NRD number is not pro	vided in Item 8 (a), p	orovide t	the busin	ess co	ntact info	rmation	n of the	person b	peing con	npensated.
Street address										
Municipality							F	Province	e/State	
Country						Ρ	ostal o	code/Zi	p code	
Email address							Telep	ohone r	number	
c) Relationship to issuer	or investment fund	d mana	ager							
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 th	ie investment fund (or inves	tment fur	nd ma	nager		Employ	ee of th	e issuer	or investment fund manager
None of the above										
d) Compensation details										
	ommissions, securiti h as clerical, printin	es-based g, legal	d comper or accoui	nsatio nting	n, gifts, dis services. A	counts n issuer	or othe r is not	r compe required	nsation. I to ask fo	tribution. Provide all amounts in Do not report payments for services or details about, or report on, internal
Cash commissions pa	id 38,7	50.00						Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation				S	Security co	odes		0 F		
Describe te	erms of warrants, op	otions o	r other rig	ghts	compen Receipt	sation s sold	option under	ns at 5% the Off	6 of the ering at	77,500 non-transferable number of Subscription an exercise price of \$0.50 ing date.
Other compensation) ⁵		Desc	ribe						
Total compensation pa	id 38,7	50.00								
Check box if the per	son will or may rec	eive any	/ deferred	d com	pensatior	ı (descr	ibe the	terms b	elow)	
⁴ Provide the aggregate value of additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- security of the security of the secu	er. Indicate the secu Iditional securities c	irity cod	les for all							

a) Name of person comp	ensated and regis	tration	status							
Indicate whether the person cor	npensated is a regist	rant.			🗌 No		\checkmark	Yes		
If the person compensated is an	individual, provide	he nam	e of the ind	divid	lual.					
Full legal name of indiv	idual									
		Family na	ame			First	t given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the f	following ir	nforr	mation.					
Full legal name	of non-individual	Echel	on Wealth	h Pa	artners In	C.				
Fi	rm NRD number	3	2	4	2	0			(if appl	icable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes										
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), p	orovide t	the busines	ss co	ntact info	mation	of the	person b	peing com	npensated.
Street address										
Municipality							P	rovince	e/State	
Country						Ρ	ostal o	code/Zij	p code	
Email address							Telep	hone n	number	
c) Relationship to issuer	or investment fun	d mana	ager							
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 "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 issu	er or investment fun	d mana	ger				Insider	of the is	suer (oth	er than an investment fund)
Director or officer of the	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										
	ommissions, securiti ch as clerical, printin	es-based g, legal	d compense or account	atioi ing :	n, gifts, dis services. A	counts n issuer	or othe r is not i	r compei required	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	[00.00					Г	Security		Security code 2 Security code 3
Value of all securitie distributed as compensatio				S	Security co	des		0 P		
Describe t	erms of warrants, or	otions or	r other righ	nts	compen Receipt	sation s sold	option under	ns at 5% the Off	6 of the ering at	ved 6,400 non-transferable number of Subscription an exercise price of \$0.50 ing date.
Other compensation	n ⁵		Descrit	be						
Total compensation pa	id 3,20	00.00								
Check box if the pe	rson will or may reco	eive any	deferred	com	pensation	(descr	ibe the	terms b	elow)	
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	er. Indicate the secu dditional securities o	irity cod	les for all s							

a) Name of person comp	ensated and regis	tration	status							
Indicate whether the person con	npensated is a regist	rant.			🗌 No		\checkmark	Yes		
If the person compensated is an	individual, provide t	he nam	ne of the i	ndivic	lual.					
Full legal name of indivi	dual									
		amily n	ame			Firs	t given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	de the j	following	inforı	mation.					
Full legal name	of non-individual	Hayw	ood Sec	uritie	es Inc.					
Fi	rm NRD number	1	6	3	0				(if appl	licable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes										
b) Business contact inform	mation									
If a firm NRD number is not pro	vided in Item 8 (a), p	rovide	the busine	ess co	ntact info	rmation	of the	person b	peing com	npensated.
Street address										
Municipality							P	rovince	e/State	
Country						Ρ	ostal o	code/Zij	p code	
Email address							Telep	hone n	umber	
c) Relationship to issuer of	or investment fund	d mana	ager							
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 "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 issue	er or investment fun	d mana	iger				Insider	of the is	suer (oth	ner than an investment fund)
Director or officer of the	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 compensati Canadian dollars. Include cash c	ommissions, securiti h as clerical, printin	es-based J, legal	d compen or accour	satio nting :	n, gifts, dis services. A	counts n issuer	or othe r is not i	r compei required	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	id 10,0	00.00						Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation				S	Security co	des		0 P		
Describe te	erms of warrants, or	tions o	r other rig	ghts	compen Receipt	sation s sold	option under	ns at 5% the Off	6 of the ering at	0,000 non-transferable number of Subscription an exercise price of \$0.50 ing date.
Other compensation	1 ⁵		Desc	ribe						
Total compensation pa	id 10,00	00.00								
Check box if the per	son will or may rece	eive any	/ deferred	d com	pensatior	(descr	ibe the	terms b	elow)	
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- security of the security of the secur	er. Indicate the secu Iditional securities o	irity cod	des for all							

a) Name of person comp	ensated and regis	tration	status							
Indicate whether the person con	npensated is a registr	ant.			No		\checkmark	Yes		
If the person compensated is an	individual, provide ti	he nam	e of the ind	lividuo	al.					
Full legal name of indiv	dual									
	F	amily na	ame			First	t given r	name		Secondary given names
If the person compensated is no	t an individual, provi	de the f	ollowing in	forma	ation.					
Full legal name	of non-individual	Leede	Jones Ga	able	Inc.					
Fi	rm NRD number	5	7	7	0				(if appl	licable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🔽 No 🗌 Yes										
b) Business contact infor	nation									
If a firm NRD number is not pro	vided in Item 8 (a), p	rovide t	he business	s cont	act info	rmation	of the	person b	eing con	npensated.
Street address										
Municipality							F	Province	e/State	
Country						Ρ	ostal	code/Zi	p code	
Email address							Telep	phone n	umber	
c) Relationship to issuer	or investment fund	l 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 issue	-			•	1 1		-	•		ner than an investment fund)
Director or officer of the	Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager									
\checkmark None of the above										
d) Compensation details										
Provide details of all compensati Canadian dollars. Include cash c	ommissions, securitie h as clerical, printing	s-based , legal d	l compensa or accountii	ition, <u>i</u> ng sei	gifts, dis rvices. A	counts n issuer	or othe ⁻ is not	r compe required	nsation. L to ask fo	tribution. Provide all amounts in Do not report payments for services r details about, or report on, internal
Cash commissions pa	id 75	0.00					Г	Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensation	-			Sec	curity co	des		O P		
Describe te	erms of warrants, op	tions or	other right	C F	omper Receipt	sation s sold	optior under	ns at 5% the Off	6 of the ering at	500 non-transferable number of Subscription an exercise price of \$0.50 ing date.
Other compensation	15		Describ	e						
Total compensation pa	id 75	0.00								
Check box if the per	son will or may rece	ive any	deferred c	ompe	ensatior	(descr	ibe the	terms b	elow)	
⁴ Provide the aggregate value of additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- action of the security of the securi	er. Indicate the secu Iditional securities of	rity cod	les for all se							

a) Name of person comp	ensated and regis	tration	status							
Indicate whether the person con	npensated is a regist	rant.			🗌 No		\checkmark	Yes		
If the person compensated is an	individual, provide a	he nam	ne of the ir	ndivia	lual.					
Full legal name of indiv	idual									
		Family n	ame			Firs	t given n	ame		Secondary given names
If the person compensated is no	t an individual, prov	ide the j	following	inforr	mation.					
Full legal name	of non-individual	Raym	ond Jam	ies L	.td.					
Fi	rm NRD number	8	2	4	0				(if app	licable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes										
b) Business contact infor	mation									
If a firm NRD number is not pro	vided in Item 8 (a), p	orovide	the busine	ss co	ntact info	rmation	of the	person b	peing con	npensated.
Street address										
Municipality							P	rovince	e/State	
Country						Ρ	ostal o	code/Zij	p code	
Email address							Telep	hone n	number	
c) Relationship to issuer	or investment fun	d mana	ager							
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 issu	er or investment fun	d mana	iger				Insider	of the is	suer (oth	ner than an investment fund)
Director or officer of the	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										
Canadian dollars. Include cash c	ommissions, securiti ch as clerical, printin	es-baseo g, legal	d compens or accoun	satior ting s	n, gifts, dis services. A	counts n issuer	or othe r is not i	r compei required	nsation. I to ask fo	tribution. Provide all amounts in Do not report payments for services or details about, or report on, internal
Cash commissions pa	id 13,7	50.00					Г	Security	code 1	Security code 2 Security code 3
Value of all securitie distributed as compensatio				S	Security co	des		0 P		
Describe to	erms of warrants, or	otions o	r other rig	hts	compen Receipt	sation s sold	option under	ns at 5% the Off	6 of the ering at	500 non-transferable number of Subscription an exercise price of \$0.50 ing date.
Other compensation	1 ⁵		Descr	ibe						
Total compensation pa	id 13,7	50.00								
Check box if the per	rson will or may rece	eive any	/ deferred	com	pensatior	(descr	ibe the	terms b	elow)	
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp.	er. Indicate the secu Iditional securities c	irity cod	des for all							

a) Name of person comp	ensated and regis	stration	status							
Indicate whether the person cor	npensated is a regist	rant.			No		\checkmark	Yes		
If the person compensated is an	individual, provide	the nam	e of the i	ndivid	ual.					
Full legal name of indiv	idual									
		Family na	ame			Firs	t given n	ame		Secondary given names
If the person compensated is no	et an individual, prov	ide the f	following	inforn	nation.					
Full legal name	of non-individual	Scotia	a Capital							
F	irm NRD number	3	4	6	0				(if app	licable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), j	orovide t	the busine	ess coi	ntact info	rmation	n of the	person b	being cor	npensated.
Street address										
Municipality							Р	rovince	e/State	
Country						P	ostal c	ode/Zi	p code	
Email address							Telep	hone r	number	
c) Relationship to issuer	or investment fun	d mana	ager							
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 issu	-						-	-		her than an investment fund)
Director or officer of the	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										
Canadian dollars. Include cash c	ommissions, securiti ch as clerical, printin	es-based g, legal	d compen or accour	sation nting s	n, gifts, dis services. A	counts n issuer	or othei r is not i	r compe required	nsation. to ask fo	stribution. Provide all amounts in Do not report payments for services or details about, or report on, internal
Cash commissions pa		00.00						Security		Security code 2 Security code 3
Value of all securitie distributed as compensatio	-			S	ecurity co	des		O F		
Describe t	erms of warrants, or	otions or	r other rig		options	at 5% ring at	of the an ex	numbe ercise	r of Sub	-transferable compensation oscription Receipts sold under \$0.50 for a 24 month period
Other compensation	n ⁵		Desci	ribe						
Total compensation pa	id 12,5	00.00								
Check box if the pe	rson will or may rec	eive any	/ deferred	d com	pensation	(descr	ibe the	terms b	elow)	
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ad ⁵ Do not include deferred comp	er. Indicate the sec dditional securities d	urity cod	les for all							

TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER												
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.												
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 jurisdiction of Canada												
Foreign public issuer												
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶												
Provide nar	ne of reporting issue	ər]				
Wholly owned subsidiary of a foreign public issuer ⁶												
Provide name of	Provide name of foreign public issuer											
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n 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.								
 ⁶An 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. ⁷Check 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 territory; otherwise state the country						tate the p	province	or				
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individu resident jurisdictio individu	ual or ail n of		onship to ct all that					
				Province or	country	D	0	Р				
	Thakur	Karamveer		British Columbi	ia	✓						
b) Promoter information												
If the promoter listed above is not ar within Canada, state the province or												
Organization or company name	Family name	First given name	Secondary given	Residential jurisdiction of individual		itionship one or bo						
				Province or country	D		C)				
				,								

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, 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	1242455 BC Ltd.										
Full legal name	Thakur	Karamveer									
	Family name	First given name		Secondary given names							
Title	Director										
Telephone number	7789873446	Email address	kthakur.v	kur.vcc@gmail.com							
Signature	"Karamveer Thakur"	Date	2021	05	19						
			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.