# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8783855

ITEM 1 - REPORT TYPE									
New report									
Amended report If an	ended, provide filing date	of report that is being am	ended 2021 10 14	(YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYING T	HE REPORT								
Indicate the party certifying the report ( Instrument 81-106 Investment Fund Co			vestment fund, refer to secti	on 1.1 of National					
Investment fund issuer									
✓ Issuer (other than an inv	estment fund)								
Item 3 - Issuer Name and O									
Provide the following information abou	[								
Full legal nan	Pivot Pharmaceuticals	Inc.							
Previous full legal nan	Neurokine Pharmaceu	iticals Inc.							
If the issuer's name changed in	the last 12 months, provide most	recent previous legal name.							
Webs	te pivotpharma.com	(if applicab	le)						
If the issuer has a legal entity identifier,	provide below. Refer to Part B of	the Instructions for the definition	of "legal entity identifier".						
Legal entity identified	۶r								
If two or more issuers distributed a sing	e security, provide the full legal n	name(s) of the co-issuer(s) other th	nan the issuer named above	<u>.</u>					
Full legal name(s) of co-issuer	s)	(if applicab	le)						
ITEM 4 - UNDERWRITER INFO	RMATION								
If an underwriter is completing the repo	rt, provide the underwriter's full l	egal name and firm NRD number	:	1					
Full legal name				]					
Firm NRD number		(if applicable)							
If the underwriter does not have a firm	NRD number, provide the head of	fice contact information of the ur	nderwriter.						
Street address									
Municipality		Province/State							
Country		Postal code/Zip code							
Telephone number		Website		(if applicable)					

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 3 2 5 4 1 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
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 Ves If yes, provide SEDAR profile number 0 0 0 2 9 8 0 1
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
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.           All         AB         BC         MB         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	\$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
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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Date of formation Financial year-end   YYYY MM   Financial year-end MM MM DD  MM DD MM Pes MB
d) Reporting issuer status of the investment fund     Is the investment fund a reporting issuer in any jurisdication of Canada?     No   Yes     If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.     All   AB   BC   MB   NB   NL   NS   NU   ON   PE   QC   SK   YT      If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the
d) Reporting issuer status of the investment fund   Is the investment fund a reporting issuer in any jurisdication of Canada?   Is the investment fund a reporting issuer in any jurisdication of Canada?   No   If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.   All AB   NS NU   ON PE   QC SK   If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the
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CUSIP number
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 \$).
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 \qquad \\text{to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}
\$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**

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) Currency										
Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.										
✓ Canadian dollar □ US dollar □ Euro □ Other (describe)										
b) Distribution date(s)	-		``	•						
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.										
Start of	late 2019	04 08	End	date	2019	04	08			
	YYYY	MM DD			YYYY	MM	DD			
c) Detailed purchaser inf	ormation									
Complete Schedule 1 of th	nis form for eacl	h purchaser and	l attach the schedu	le to t	the comple	eted re	eport.			
d) Types of securities dis	stributed									
Provide the following informati security code. If providing the C								ow to indicate the		
							Canadian \$			
Security CUSIP number (if applicable)	Description	of security	Number of securities		Single or lowest price	Hig	hest price	Total amount		
UBS			6,350,000.	00	0.2000	0		1,270,000.00		
e) Details of rights and c	onvertible/excha	ngeable securitie	es							
If any rights (e.g. warrants, opti were distributed, provide the co								exchangeable securities		
Convertible / exchangeable security code Underlying security code		e price dian \$) Highest	Expiry date (YYYY- MM-DD)	Co	nversion ratio	Des	scribe other i	items (if applicable)		
UBSWNT	0.3000	ingrioti	2022-03-16	1:1						
f) Summary of the distrib	ution by jurisdict	ion and exempti	on	. <u> </u>						
<ul> <li>f) Summary of the distribution by jurisdiction and exemption</li> <li>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.</li> <li>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.</li> <li>For jurisdictions within Canada, state the province or territory, otherwise state the country.</li> </ul>										
Province or country		Exemption relie	d on	Nu	Imber of uniqu purchasers	Ie <sup>2ġ</sup>	Total a	mount (Canadian \$)		
British Columbia	NI 45-106 2.	3 [Accredited in	nvestor]			10		470,000.00		
Hong Kong	NI 45-106 2.	10 [Minimum a	mount investment	]		1		800,000.00		
		То	tal dollar amount of s	securi	ities distribu	uted		1,270,000.00		
		Total number of	of unique purchasers	2 <sub>b</sub>		11				
<ul> <li><sup>2a</sup> In calculating the number of</li> <li><sup>2b</sup> In calculating the total number</li> </ul>		-	. ,	-		-				

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

TEM 8 - COMPENSATIO	N INFORMATION									
Provide information for each pe the distribution. <b>Complete add</b>								ation in c	onnectio	n with
Indicate whether any compens	ation was paid, or will be	paid, in connecti	on with the distri	bution.						
🗌 No 🖌 Yes	If yes, indicate nu	umber of perso	ons compensat	əd.	3					
a) Name of person comp	ensated and registration	on status								
Indicate whether the person con	npensated is a registrant.		✓ No		Yes					
If the person compensated is an	individual, provide the na	ime of the indivi	tual.							
Full legal name of indiv	idual Esmail		Raheem							
	Family	name	Firs	t given n	ame		Secor	ndary giver	names	
If the person compensated is no	t an individual, provide th	e following infor	mation.							
Full legal name	of non-individual									
Fi	rm NRD number					(if appli	cable)			
Indicate whether the person con	npensated facilitated the a	listribution throu	gh a funding por	tal or an	internet-	based po	ortal.	V N	No 🗌	Yes
b) Business contact infor	mation									
If a firm NRD number is not pro	vided in Item 8 (a), provid	e the business co	ontact information	n of the	person be	ing com	pensated.			
Street address	3065 Bainbridge Ave					-				
Municipality	Burnaby			P	rovince/	State	British C	olumbia		$\neg$
· · L	Canada		F	Postal c	ode/Zip	code	V5A 2S9	)		$\dashv$
, [	raheem.esmail7@gma	il com			hone nu		7783847			$\square$
L							1100011	012		
c) Relationship to issuer										
Indicate the person's relationshi the Instructions and the meaning							ning of "cor	nnected" l	n Part B(	2) Of
Connect with the issu	er or investment fund ma	nager		Insider	of the iss	uer (othe	er than an i	investmer	nt fund)	
Director or officer of the	ne investment fund or inve	estment fund ma	anager	Employ	ee of the	issuer o	r investme	nt fund m	anager	
None of the above										
d) Compensation details										
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securities-bas ch as clerical, printing, lege e directors, officers or emp	sed compensatio al or accounting	n, gifts, discounts services. An issue	or otheı r is not ı	r compens required to	sation. D o ask for	o not repor	t paymen	ts for ser	vices
Cash commissions pa					Security c	ode 1	Security co	de 2 Se	ecurity coc	le 3
Value of all securitie distributed as compensation	27 000 0r	5	Security codes		C M	S	W N	т		
Describe to	erms of warrants, options	or other rights	1:1 at \$0.30 e	xpiring	March 1	6, 2022	2			
Other compensation	n <sup>5</sup> 19,804.00	) Describe	108,000 comr	non sh	ares and	108,00	00 agent v	warrants		
Total compensation pa	id 46,804.00	)								
Check box if the per	rson will or may receive a	iny deferred con	pensation (desc	ribe the	terms bel	low)				
<sup>4</sup> Provide the aggregate value of	f all securities distributed	as comnensativ	n excluding ont	ons wa	rrants or	other ria	hts exercie	ahle to a	cauire	
additional securities of the issu rights exercisable to acquire ac	er. Indicate the security c	odes for all secu								r
<sup>5</sup> Do not include deferred comp										

a) Name of person com	pensated and registi	ration status									
Indicate whether the person co	Indicate whether the person compensated is a registrant. No Yes										
If the person compensated is a	n individual, provide th	e name of the indivi	dual.								
Full legal name of indi	vidual Lai		Brian			Ņ	/ictor				
	Fa	amily name	Fir	st given na	ame		Seco	ondary g	given na	ames	
If the person compensated is n	ot an individual, provid	le the following infor	mation.								
Full legal name	e of non-individual										
F	Firm NRD number					(if app	licable)				
Indicate whether the person co	ompensated facilitated t	the distribution throu	ıgh a funding po	rtal or an	interne	et-based µ	oortal.	$\checkmark$	] No		Yes
b) Business contact info	rmation										
If a firm NRD number is not pr	ovided in Item 8 (a), pro	ovide the business co	ontact informatio	on of the p	person b	peing con	npensated.				
Street address	1146 Pacific Blvd, l	Unit 67									
Municipality	Vancouver			Pi	rovince	e/State	British (	Colum	bia		
Country	Canada		]	Postal c	ode/Zi	p code	V6Z 2X	7			
Email address	brianviclai@gmail.c	com	]	Telepł	hone n	umber	403618	0289			
c) Relationship to issuer	or investment fund	manager									
Indicate the person's relationsh the Instructions and the mean							ning of "co	onnecte	ed″ in F	Part B(2	?) of
	uer or investment fund				-		ner than an	invest	ment f	und)	
	the investment fund or	investment lund ma		Епрюу	ee or th	e issuer	or investme	entiun	u man	ager	
✓ None of the above											
d) Compensation details	3										
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su	commissions, securities uch as clerical, printing,	-based compensatic legal or accounting	n, gifts, discounts services. An issue	s or other er is not r	· compe required	nsation. I to ask fo	Do not repo	rt payr	ments j	for serv	vices
allocation arrangements with t		employees of a non-	inaiviauai compe	ensatea b	y the is:	suer.					
Cash commissions p					Security		Security co	ode 2	Secu	rity code	3
Value of all securiti distributed as compensation	62 500	0.00	Security codes		CN	1 S					
Describe	terms of warrants, opti	ions or other rights									
Other compensation	on <sup>5</sup>	Describe									
Total compensation pa	aid 62,500	0.00									
Check box if the p	erson will or may receiv	ve any deferred con	npensation (desc	cribe the t	terms b	elow)					
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred com	uer. Indicate the secur additional securities of	ity codes for all sect									

a) Name of person comp	pensated and registra	tion status									
Indicate whether the person co	mpensated is a registran	t.	✓ No	□ Y	es						
If the person compensated is a	n individual, provide the	name of the indivi	dual.								
Full legal name of indiv	vidual										
	Fan	nily name	Fi	rst given nam	ne	I	Seco	ndary g	iven naı	nes	
If the person compensated is no	ot an individual, provide	the following infor	mation.								
Full legal name	of non-individual	acie Holdings Lir	nited								
F	Firm NRD number					(if appli	cable)				
Indicate whether the person co	mpensated facilitated th	e distribution throu	ugh a funding po	rtal or an ir	nternet-l	based p	ortal.	$\checkmark$	No		Yes
b) Business contact info	rmation										
If a firm NRD number is not pr	ovided in Item 8 (a), prov	vide the business co	ontact informatio	on of the pe	rson bei	ng com	pensated.				
Street address	Room 902, (/F K. Wa	ah Centre, 191 J	lava Road								
Municipality	North Point			Pro	ovince/S	State					
Country	Hong Kong			Postal cod	de/Zip o	code					$\exists$
Email address	lacieholdings@gmai	.com		Telepho	one nur	nber	778954	7786			
c) Relationship to issuer	or investment fund m	nanager	J								
Indicate the person's relationsh the Instructions and the meaning							ning of "co	onnecte	d″ in Po	art B(2	2) of
Connect with the issu	uer or investment fund n	nanager		Insider of	the issu	ier (oth	er than an	investi	ment fu	ınd)	
Director or officer of t	the investment fund or in	vestment fund ma	anager	Employee	e of the i	issuer c	or investme	ent fund	d mana	ıger	
✓ None of the above											
d) Compensation details	6										
Provide details of all compensat Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securities-l Ich as clerical, printing, la he directors, officers or en	based compensatic egal or accounting mployees of a non-	on, gifts, discount services. An issu	s or other co er is not req	ompenso quired to	ation. D ask for	o not repo	rt payn	nents fo	or serv	vices
Cash commissions pa	aid 80,000.	00		Se	ecurity co	de 1	Security co	ode 2	Securi	ty code	e 3
Value of all securitie distributed as compensatio	37 500	00	Security codes	С	М	S					
	terms of warrants, optio	 ns or other rights									
Other compensatio	on <sup>5</sup>	Describe									
Total compensation pa	aid 117,500.	00									]
Check box if the pe	erson will or may receive	any deferred con	npensation (des	cribe the te	rms belo	ow)					
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the security additional securities of th	codes for all secu									

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER						
If the issuer is an investment fund	l, do not complete	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (seled	t the one that appli	es - if more than one	applies, select onl	y one).					
✓ Reporting issuer in any jurisdiction 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	ər								
Wholly owned subsidiary of	Wholly owned subsidiary of a foreign public issuer <sup>6</sup>									
Provide name of	foreign public issue	er								
Issuer distributing only eligi	ble foreign securitie	s 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 com	plete Item 9(a) – (d	:). Proceed to Item	10.						
<sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. <sup>7</sup> 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 officer	s and promoters	of the issuer								
Provide the following information for territory; otherwise state the country.						tate the	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		
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 names	Residential jurisdiction of individual	Rela (select o	itionship one or bo	to promo oth if appl	oter licable)		
				Province or country	D		C	)		
c) Residential address of eac	h individual									

Complete Schedule 2 of this form providing the full residential address for each 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	BetterLife Pharma Inc.									
Full legal name	Ong	g Moira								
	Family name	First given name	•	Seconda	iry given n	ames				
Title	Chief Financial Officer									
Telephone number	6045515178	Email address	mong@a	ltumphar	ma.com					
Signature	M. Ong	Date	2021	11	01					
			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.