Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9613691

ITEM 1 - REPORT TYPE						
☐ New report	☐ New report					
Amended report If amended, provide filing date of report that is being amended 2021 10 12 (YYYY-MM-DD)						
ITEM 2 - PARTY CERTIFYING THE	E REPORT					
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	nadas Bisclosare and the comp	umon policy to 141 of 166.				
✓ Issuer (other than an investment of the state of th	stment fund)					
Underwriter	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	THE DESIGNATION					
ITEM 3 - ISSUER NAME AND OT						
Provide the following information about the						
Full legal name						
Previous full legal name Triangle Industries Ltd.						
If the issuer's name changed in the last 12 months, provide most recent previous legal name.						
Website		(if applical	ole)			
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 identifier						
If two or more issuers distributed a single :	security, provide the full legal no	nme(s) of the co-issuer(s) other t	han the issuer named above.			
Full legal name(s) of co-issuer(s)		(if applical	ole)			
Item 4 - Underwriter Information						
If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number.						
Full legal name						
Firm NRD number (if applicable)						
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.						
Street address						
Municipality		Province/State				
Country		Postal code/Zip code				
Telephone number		Website		(if applicable)		

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				
AlcS industry code				
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production				
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				
Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets Number of employees Number of employees:				
Cryptoassets Number of employees				
Number of employees:				
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 0 9 1 5 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation The postal year-end The postal year-end The postal year-end The postal year-end No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.				
Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 0 9 1 5 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation Financial year-end MM DD Financial year-end 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.				
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Country Telephone number Date of formation and financial year-end Pinancial year-end MMM DD Financial year-end MMM DD Financial year-end YYYY MM DD Financial year-end YYYY MM DD Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.				
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Tyyyy MM DD Financial year-end 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.				
Street address Street address Municipality Country Postal code/Zip code Telephone number Date of formation and financial year-end Date of formation The postal code/Zip code Telephone number Financial year-end MM DD Financial year-end MM DD The porting 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.				
Street address Province/State Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end 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.				
Municipality Country Telephone number Date of formation and financial year-end The phone number Date of formation Telephone number Financial year-end MMM DD Financial year-end MMM DD Street 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.				
Country Telephone number e) Date of formation and financial year-end Date of formation YYYY MM DD Financial year-end 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.				
e) Date of formation and financial year-end Date of formation Financial year-end 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.				
Date of formation YYYY MM DD Financial year-end 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.				
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.				
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.				
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
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	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	nicipality Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund tha	it most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strate	gies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
☐ Is a UCITs Fund¹	☐ Is a UCITs Fund¹					
¹ Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective 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 MM DD					
d) Reporting issuer st	atus of the investment fund					
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.						
AII	AB BC MB NB NL NT					
☐ NS ☐	NU ON PE QC SK T					
e) Public listing status	s of the investment fund					
If the investment fund has a CUSIP number, provide below (first 6 digits only)						
CUSIP number						
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
Exchange name						
-	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 \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:					
	YYYY MM DD					

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

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 date 2021 09 15

YYYY MM DD

End date 2021 09 21

c) Detailed purchaser information

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

d) Types of securities distributed

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

							Canadian \$	
Security CUSIP number (if applicable)			Description of security	Number of securities	Single or lowest price	Highest price	Total amount	
U	В	S	230266	Units. Each Unit consists of one common share sand one common share purchase warrant.	10,752,000.00	0.2500	0.2500	2,688,000.00
U	В	s	230266	Units. Each unit consists of one common share and one share purchase warrant.	1,210,000.00	0.2500	0.2500	302,500.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

exc	Convertible / exchangeable security code		Underlying security code			Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest			
W	N	Т	С	М	S	0.7500	0.7500	2021-09-15	1:1	Each warrant is exercisable for one common share at a price of \$0.75 per common share for a period of 2 years.
W	N	Т	С	М	S	0.7500	0.7500	2023-09-21	1:1	Each warrant is exercisable for one common share at price of \$0.75 per common share for a period of 2 years.

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique ² purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	12	1,076,750.00

	2,990,500.00		
Bermuda NI 45-106 2.3 [Accredited investor]		1	250,000.00
Bermuda Distributions to purchasers outside of loc jurisdiction (BC, AB, NB)		1	200,000.00
United Arab Emirates	United Arab Emirates NI 45-106 2.3 [Accredited investor]		100,000.00
Québec	NI 45-106 2.3 [Accredited investor]	2	30,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	24	1,308,750.00
Manitoba NI 45-106 2.3 [Accredited investor]		1	25,000.00

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

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

Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No Yes If yes, indicate number of persons compensated.	ITEM 8 - COMPENSATION INFORMATION					
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.					
	No ✓ Yes If yes, indicate number of persons compensated. 3					

a) Name of person compensated and registration status												
Indicate whether the person compensated is a registrant. No Yes												
If the person compensated is an individual, provide the name of the individual.												
Full legal name of individual												
		Family na	me		First	given na	ame		;	Secondary	given name	S
If the person compensated is not an individual, provide the following information.												
Full legal name of non-individual Canaccord Genui												
Firm NRD number 9 0 0 (if applicable)												
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.												
b) Business contact information												
If a firm NRD number is not pro	ovided in Item 8	(a), provide th	ne business c	ontact info	mation	of the p	erson be	ing cor	npensat	red.		
Street address												
Municipality						Pi	rovince/	State				
Country]	Р	ostal c	ode/Zip	code				
Email address				1		Telepl	hone nu	ımber				
c) Relationship to issuer	or investment	fund manag	ger									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager None of the above												
d) Compensation details												
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. Cash commissions paid 22,875.00												
·							Security c	T		ity code 2	Security of	code 3
Value of all securitie distributed as compensatio				Security co	des		С	S	W	N T		
Describe terms of warrants, options or other rights 104,700 warrants exercisable to purchase up to 104,700 common shares at a price of \$0.75 per share for a period of 2 years.												
Other compensatio	n ⁵		Describe									
Total compensation pa	Total compensation paid 22,875.00											
Check box if the pe	rson will or may	receive any	deferred cor	npensatior	(descri	be the t	terms be	low)				
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp	uer. Indicate the dditional securit	security code	es for all sec	on, <u>excludi</u> urities disti	<u>ng</u> optio ibuted a	ns, wai as comp	rrants or Densation	other ri n, <u>includ</u>	ights ex <u>ding</u> opi	ercisable tions, wari	to acquire ants or oth	her

a) Name of person compensated and registration status									
Indicate whether the person compensated is a registrant. No Ves									
If the person compensated is an individual, provide the name of the individual.									
Full legal name of individual									
	Family name	First given r	name	Secondary (given names				
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual Haywood Securities Inc.									
Firm NRD number 1 6 3 0 (if applicable)									
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes									
b) Business contact information									
If a firm NRD number is not provided in Ite	m 8 (a), provide the business co	ontact information of the	person being co	ompensated.					
Street address									
Municipality		F	Province/State)					
Country		Postal	code/Zip code	,					
Email address		Telep	hone number	r					
c) Relationship to issuer or investr	ent fund manager	-							
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.									
Connect with the issuer or invest		· · · · <u>—</u>	•	 other than an invest	tment fund)				
Director or officer of the investment		_		er or investment fun					
<u></u>	ant fund of investment fund the	anagei Employ	ree or the issue	i oi ilivesillelli iuli	iu managei				
✓ None of the above									
d) Compensation details									
Provide details of all compensation paid, or Canadian dollars. Include cash commission.									
incidental to the distribution, such as clerical	al, printing, legal or accounting	services. An issuer is not	required to ask						
allocation arrangements with the directors,		-individual compensated l	by the issuer.						
Cash commissions paid	9,000.00		Security code 1	Security code 2	Security code 3				
Value of all securities distributed as compensation⁴	;	Security codes							
Other compensation ⁵	Describe								
Total compensation paid	9,000.00								
Check box if the person will or		npensation (describe the	terms below)						
		(11111111111111111111111111111111111111							
⁴ Provide the aggregate value of all securi additional securities of the issuer. Indicate	e the security codes for all secu								
rights exercisable to acquire additional se ⁵ Do not include deferred compensation.	cunties of the issuer.								

a) Name of person com	pensated and regi	stration status							
Indicate whether the person co	ompensated is a regis	trant.	✓ No	Yes					
If the person compensated is an individual, provide the name of the individual.									
Full legal name of indi	ividual								
		Family name	Firs	t given name		Secondary (jiven names		
If the person compensated is not an individual, provide the following information.									
Full legal name	e of non-individual	Blind Ear Capital L	.td.						
I	Firm NRD number (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes									
b) Business contact info	ormation								
If a firm NRD number is not p	rovided in Item 8 (a),	provide the business co	ntact information	of the person	being com	pensated.			
Street address	14023 100 Ave N	IW							
Municipality	Edmonton			Provinc	e/State	Alberta			
Country	Canada		F	Postal code/Zi	ip code	T5N 0J2			
Email address				Telephone i	number	780934000			
c) Relationship to issue	r or investment fun	id manager							
Indicate the person's relations						ning of "connecte	ed" in Part B(2) of		
the Instructions and the mean	ing of "control" in sec	tion 1.4 of NI 45-106 f	or the purposes o	f completing thi	is section.				
Connect with the iss	uer or investment fur	nd manager		Insider of the is	ssuer (oth	er than an invest	ment fund)		
Director or officer of	the investment fund	or investment fund ma	nager	Employee of the	ne issuer o	or investment fun	d manager		
✓ None of the above									
d) Compensation details	S								
Provide details of all compense									
Canadian dollars. Include cash incidental to the distribution, s									
allocation arrangements with t						details about, or	report on, anternat		
Cash commissions p	paid 15,0	00.00		Security	code 1	Security code 2	Security code 3		
Value of all securit	ies		Security codes						
distributed as compensati									
Describe	terms of warrants, o	ptions or other rights							
Other compensation	on ⁵	Describe							
Total compensation p	paid 15,0	00.00							
Check box if the p	erson will or may rec	eive any deferred com	pensation (desc	ribe the terms b	pelow)				
⁴ Provide the aggregate value	of all securities distr	ibuted as compensation	n. excludina onti	ons, warrants o	or other ric	ahts exercisable t	o acquire		
additional securities of the iss rights exercisable to acquire a	suer. Indicate the sec	curity codes for all secu							
Do not include deferred com									

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER					
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.									
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).				
✓ Reporting issuer in any juris	sdiction of Canada								
Foreign public issuer									
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶									
Provide name of reporting issuer									
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_	
Provide name of	foreign public issue	r						7	
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only ⁷				_	
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.					
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.									
If the issuer is none of the	above, check this b	ox and complete	Item 9(a) - (c).						
a) Directors executive officer	e and promoters of	of the issuer							
a) Directors, executive officers and promoters of the issuer Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or									
territory; otherwise state the country.							province		
Organization or company name Family name First given name Secondary given names Secondary given names Business location of non-individual or residentail jurisdiction of individual									
				Province or	country	D	0	Р	
b) Promoter information									
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.									
Organization or company name Family name Family name First given name Secondary given names Residential jurisdiction of individual Relationship to proper individual									
				Province or country	D		C)	
c) Residential address of each individual									
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he	

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	Cult Food Science Corp.								
Full legal name	Rowe								
	Family name	First given name		Seconda	ary given nam	nes			
Title	Director & CFO								
Telephone number	6046872038	Email address	fr@cultfo	odscienc	e.com				
Signature	"Francis Rowe"	2021	10	12					
			YYYY	MM	DD				

TEM 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	Regnier	Andrea			Title	Corporate Advisor			
	Family name	First given name	Secondary	given names					
Name of company	Partum Advisory Service	es Corp.							
Telephone number	6046872038		Email address	aregnier@pa	artumadv	risory.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.