# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9304466

ITEM 1 - REPORT TYPE							
✓ New report							
☐ Amended report If ame	Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)						
ITEM 2 - PARTY CERTIFYING TH	E REPORT						
Indicate the party certifying the report (sel				estment fund, refer to sect	ion 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 investment of the state of th	stment fund)						
Underwriter	anon ana,						
ITEM 3 - ISSUER NAME AND OT							
Provide the following information about th							
Full legal name Grande West Transportation Group Inc.							
Previous full legal name							
If the issuer's name changed in th	e last 12 months, provide most	recent previous leg	al name.				
Website www.grandewest.com (if applicable)							
If the issuer has a legal entity identifier. pr	ovide below. Refer to Part B of t	he 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	ame(s) of the co-iss	uer(s) other th	an the issuer named above	2.		
Full legal name(s) of co-issuer(s)			(if applicable	e)			
ITEM 4 - UNDERWRITER INFORM	MATION						
If an underwriter is completing the report,	provide the underwriter's full le	gal 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		Pro	vince/State		1		
Country		Postal cod	le/Zip code		اً		
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 3 6 1 2 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:
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 3 4 9 6 5
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 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
\$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	(if applicable)			
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.			
Street address				
Municipality	Province/State			
Country	Postal code/Zip code			
Telephone number	Website (if applicable)			
b) Type of investment	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				
<sup>1</sup> 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	s 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 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				
-	AV) of the investment fund			
	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.

00	auto i of the report								
a)	Currency								
Sele	Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.								
<b>√</b>	Canadian dollar US	S dollar		] Euro	Other (describe)				
b)	Distribution date(s)								
as b	e the distribution start and end o oth the start and end dates. If th ribution period covered by the re	e report is b	•	J .	•	,			
	Start date	2020	11	17	End date	2020	11	20	
		YYYY	ММ	DD	•	YYYY	ММ	DD	

#### 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 \$	
S	ecuri code		CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U	В	S		Each Unit is comprised of one common share and one-half of one share purchase warrant. Each whole warrant is exercisable at a price of \$1.50 for two years, subject to certain acceleration provisions.	8,659,118.00	1.0000		8,659,118.00

## 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.

ex	cha	ertibl ingea rity co	able		derlyi			se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)	
							Lowest	Highest				
W	/	N	Т	С	M	S	1.5000				Each whole warrant is subject to an acceleration expiry if the closing price of the Company's common shares exceeds \$1.75 per share for a period of 20 consecutive trading days, at the Company's election.	

### 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 <sup>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	40	1,612,500.00

British Columbia	Investment dealer- exemption (BC, AB, SK, MB, NB)	10	477,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	12	660,000.00
Alberta	Investment dealer- exemption (BC, AB, SK, MB, NB)	25	1,260,000.00
Manitoba	NI 45-106 2.3 [Accredited investor]	1	35,000.00
Saskatchewan	NI 45-106 2.3 [Accredited investor]	3	155,000.00
Saskatchewan	Investment dealer- exemption (BC, AB, SK, MB, NB)	1	100,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	33	2,202,600.00
Ontario	NI 45-106 2.5 [Family, friends and business associates]	4	140,000.00
Québec	NI 45-106 2.3 [Accredited investor]	81	1,703,400.00
United States	NI 45-106 2.3 [Accredited investor]	5	98,618.00
Mongolia	Investment dealer- exemption (BC, AB, SK, MB, NB)	1	115,000.00
Isle of Man	NI 45-106 2.3 [Accredited investor]	1	100,000.00
	Total dollar amount of se	curities distributed	8,659,118.00
	Total number of unique purchasers <sup>2b</sup>	217	

<sup>&</sup>lt;sup>2a</sup> 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	

<sup>&</sup>lt;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)

<sup>&</sup>lt;sup>2b</sup> In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

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.	ITEM 8 - COMPENSATION INFORMATION					
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.						
	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.					
No ✓ Yes If yes, indicate number of persons compensated. 8	No ✓ Yes If yes, indicate number of persons compensated. 8					

a) Name of person compensated and registration status														
Indicate whether the person co	npensated is	a registr	ant.			☐ No		<b>√</b>	Yes					
If the person compensated is ar	individual, į	provide ti	ne name	e of the	individ	dual.								
Full legal name of indiv	idual													
		F	amily na	ıme			Firs	t given r	name		Second	ary give	en names	
If the person compensated is no		· ·		-		mation.								
Full legal name	of non-ind	ividual	PI Fina	ancial (	Corp.									
F	rm NRD n	umber	5	2	9	0				(if app	olicable)			
Indicate whether the person co	mpensated fo	acilitated	the dist	ribution	throu	ıgh a fundi	ng port	al or a	n intern	⊐ et-based	portal.	$\checkmark$	No [	Yes
b) Business contact infor	mation													
If a firm NRD number is not pro	vided in Iter	n 8 (a), p	rovide ti	he busin	ness co	ntact info	mation	of the	person	being co	mpensated.			
Street address														
Municipality								F	Provinc	e/State				
Country							Р	ostal	code/Z	ip code				
Email address								Telep	hone	number				
c) Relationship to issuer	or investm	ent func	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 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  Employee of the issuer or investment fund manager  None of the above														
d) Compensation details														
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the Cash commissions pa	ommissions, ch as clerical e directors, c	securitie I, printing	s-based , legal c employ	compei or accou	nsatio nting	n, gifts, dis services. A	counts n issuer	or othe is not	r comp require by the i	ensation. d to ask f ssuer.	Do not report por details abou	oaymei t, or re <sub>l</sub>	nts for se port on,	ervices internal
·								H		y code 1	Security code	2 S	Security co	ode 3
Value of all securitie distributed as compensatio	I				5	Security co	des	L	W	N T				
Describe t	erms of war	rants, op	tions or	other ri	ghts		f two y	ears.	These	finder's	able at a price warrants are			r a
Other compensatio	n <sup>5</sup>			Desc	cribe									
Total compensation pa	id	126,90	0.00											
Check box if the pe	rson will or ı	may rece	ive any	deferre	d com	npensation	(descr	ibe the	terms	below)				
<sup>4</sup> Provide the aggregate value of														
additional securities of the issurights exercisable to acquire as <sup>5</sup> Do not include deferred comp	dditional sed				II secu	ırıtıes distr	ibuted a	as com	pensat	ion, <u>inclu</u>	<u>raing</u> options, v	rarrant	ts or oth	er

a) Name of person compensated and registration status											
Indicate whether the person cor	mpensated is a re	gistrant.		☐ No		<b>√</b>	Yes				
If the person compensated is an	individual, provi	de the name of the	individ	lual.							
Full legal name of indiv	ridual										
		Family name			First	given n	ame		Secondary	given names	;
If the person compensated is no	ot an individual, p	rovide the following	g infori	mation.							
Full legal name	of non-individu	Mackie Rese	earch (	Capital C	orpora	tion					
F	irm NRD numb	er 3 0	7	0				(if app	olicable)		
Indicate whether the person cor	npensated facilito	ated the distribution	n throu	gh a fundi	ng port	al or ar	interne	t-based	portal. ✓	No [	Yes
b) Business contact infor	mation										
If a firm NRD number is not pro	ovided in Item 8 (	a), provide the busi	ness co	ntact info	mation	of the	person b	eing cor	mpensated.		
Street address											
Municipality						F	rovince	e/State			
Country					Р	ostal o	code/Zip	o code			
Email address						Telep	hone n	umber			$\equiv$
c) Relationship to issuer	or investment f	und 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 investment fund manager  Insider of the issuer (other than an investment fund)  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				C / 1	06.3.1				. 11 . 12 . 5 . 14		
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, secu ch as clerical, prir re directors, office	urities-based compe nting, legal or accou rs or employees of	ensation unting :	n, gifts, dis services. A	counts on issuer	or othe	r compei required	nsation. to ask fo	Do not report pay	ments for s	ervices
Cash commissions pa	36	6,600.00					Security	code 1	Security code 2	Security of	ode 3
Value of all securitie distributed as compensatio			S	Security co	des		W N	Т			
Describe t	erms of warrants	, options or other r	ights		f two y	ears.	These f	inder's	ble at a price of warrants are su		а
Other compensation	n <sup>5</sup>	Des	cribe								
Total compensation pa	id 36	6,600.00									
Check box if the pe	rson will or may	receive any deferre	ed com	pensation	(descri	ibe the	terms be	elow)			
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	ier. Indicate the s dditional securitie	security codes for a									er

a) Name of person compensated and registration status									
Indicate whether the person cor	mpensated is a regi	istrant.	☐ No	<b>√</b>	Yes				
If the person compensated is an	individual, provide	e the name of the indiv	ridual.						
Full legal name of indiv	ridual							7	
		Family name		First given n	ame	Secondary (	given names		
If the person compensated is no	ot an individual, pro	ovide the following info	ormation.						
Full legal name	of non-individua	Leede Jones Ga	ole Inc.						
F	irm NRD numbe	r 5 7 7	0		(if ap	plicable)			
Indicate whether the person cor	mpensated facilitat	red the distribution thro	ough a funding	portal or an	internet-based	portal. ✓	No Yes	3	
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a)	, provide the business	contact informa	ation of the	person being co	mpensated.			
Street address								ı	
Municipality				Р	rovince/State			ı	
Country			Ī	Postal o	code/Zip code			ı	
Email address			Ī	Telep	hone numbe			ı	
c) Relationship to issuer	or investment fu	ind 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 investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  The purpose of the issuer or investment fund manager  The purpose of the issuer or investment fund manager  The purpose of the issuer or investment fund manager  The purpose of the issuer or investment fund manager									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash coincidental to the distribution, sur allocation arrangements with the Cash commissions page	commissions, secur ch as clerical, print ne directors, officers	ities-based compensati ing, legal or accounting	ion, gifts, discou g services. An is	unts or othei ssuer is not i	r compensation required to ask by the issuer.	Do not report pay for details about, or	ments for services report on, interna		
·					Security code 1	Security code 2	Security code 3		
Value of all securitie distributed as compensatio	I		Security code	s	WNT				
Describe t	erms of warrants,	options or other rights		wo years. •	These finder's	sable at a price of warrants are su			
Other compensation	n <sup>5</sup>	Describe						ı	
Total compensation pa	204,	000.00							
Check box if the pe	rson will or may re	eceive any deferred co	mpensation (d	escribe the	terms below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire according to not include deferred comp	ier. Indicate the se dditional securities	ecurity codes for all sec							

a) Name of person compensated and registration status									
Indicate whether the person co	mpensated is a regi	strant.	☐ No	$\checkmark$	Yes				
If the person compensated is ar	n individual, provide	e the name of the indiv	ridual.						
Full legal name of indiv	ridual								
		Family name	F	irst given n	ame	Secondary	given names		
If the person compensated is no	ot an individual, pro	ovide the following info	rmation.						
Full legal name	of non-individua	Echelon Wealth F	Partners						
F	irm NRD numbei	3 2 4	2 0		(if	applicable)			
Indicate whether the person co	mpensated facilitate	ed the distribution thro	ugh a funding p	ortal or an	internet-bas	sed portal.	✓ No ☐ Yes		
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a),	, provide the business (	contact informati	ion of the	person being	compensated.			
Street address									
Municipality				Р	rovince/Sta	ate			
Country				Postal o	code/Zip co	de			
Email address			Ī	Telep	hone numb	per			
c) Relationship to issuer	or investment fu	nd 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 investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  The purpose of the issuer or investment fund manager  The purpose of the issuer or investment fund manager  The purpose of the issuer or investment fund manager  The purpose of the issuer or investment fund manager									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, surallocation arrangements with the Cash commissions page	ion paid, or to be p commissions, securi ch as clerical, printi ne directors, officers	ties-based compensati ing, legal or accounting	on, gifts, discoun g services. An issi	its or othei uer is not i	r compensation required to assoy the issuer.	on. Do not report pa sk for details about, (	yments for services or report on, internal		
Value of all securitie					Security code W N	1 Security code 2	Security code 3		
distributed as compensatio			Security codes		VV   IV	'			
Describe t	erms of warrants, o	options or other rights		o years.	These finde	isable at a price o er's warrants are s			
Other compensatio	n <sup>5</sup>	Describe							
Total compensation pa	15,9	960.00							
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (des	scribe the	terms below	)			
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire act <sup>5</sup> Do not include deferred comp	uer. Indicate the se dditional securities	curity codes for all sed							

a) Name of person compensated and registration status														
Indicate whether the person cor	npensated is	a registro	ant.			☐ No		<b>√</b>	Yes					
If the person compensated is an	individual, p	rovide th	ne name	e of the	individ	lual.								
Full legal name of indiv	idual													
		F	amily na	ime		•	Firs	t given r	name		Secor	ıdary g	given names	S
If the person compensated is no		-		_										
Full legal name	of non-indiv	idual [	Canac	cord G	enuit	y Corp.								
F	rm NRD nu	mber	9	0	0					(if apı	plicable)			
Indicate whether the person cor	npensated fa	cilitated	the dist	ribution	throu	gh a fund	ng port	al or a	n interi	— net-based	portal.	<b>√</b>	] No [	Yes
b) Business contact infor	mation													
If a firm NRD number is not pro	vided in Item	8 (a), pr	ovide ti	he busir	ness co	ntact info	mation	of the	persor	being co	mpensated.			
Street address														
Municipality								F	Provin	ce/State				
Country							Р	ostal	code/2	Zip code				
Email address								Telep	ohone	number				
c) Relationship to issuer	or investme	nt fund	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 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  Employee of the issuer or investment fund manager														
None of the above														
d) Compensation details														
Provide details of all compensat Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, ch as clerical, e directors, o	securities printing, ficers or	s-based , legal c employ	compe or accou	nsatio Inting	n, gifts, dis services. A	counts n issuer	or othe is not	r comp require	ensation. ed to ask f	Do not repor	t payr	ments for s	ervices
Cash commissions pa	iu	17,22	0.00						Securi	ty code 1	Security cod	de 2	Security of	code 3
Value of all securitie distributed as compensatio	-				5	Security co	des		W	N T				
Describe t	erms of warra	ants, opt	ions or	other ri	ights		f two y	ears.	These	e finder's	ible at a pric warrants a			а
Other compensation	n <sup>5</sup>			Desc	cribe									
Total compensation pa	id	17,22	0.00											
Check box if the pe	rson will or m	ay recei	ve any	deferre	ed com	pensation	(descr	ibe the	terms	below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire as <sup>5</sup> Do not include deferred comp	er. Indicate t Iditional secu	he secui	rity code	es for a										ner

a) Name of person compensated and registration status									
Indicate whether the person co	mpensated is a regi	istrant.	☐ No	$\checkmark$	Yes				
If the person compensated is an	n individual, provide	e the name of the indiv	ridual.						
Full legal name of indiv	vidual								
		Family name	F	irst given n	ame	Secondary (	given names		
If the person compensated is no	ot an individual, pro	ovide the following info	ormation.						
Full legal name	of non-individua	Hampton Securit	ies Ltd.						
F	irm NRD numbe	r 2 8 9	0		(if ap	plicable)			
Indicate whether the person co	mpensated facilitat	ed the distribution thro	ough a funding p	ortal or an	internet-based	l portal. ✓	No 🗌	Yes	
b) Business contact info	rmation								
If a firm NRD number is not pro	ovided in Item 8 (a)	, provide the business o	contact informat	ion of the p	person being co	mpensated.			
Street address									
Municipality				Р	rovince/State				
Country				Postal c	ode/Zip code			一	
Email address			Ī	Telep	hone number	,			
c) Relationship to issuer	or investment fu	ınd 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 investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Those of the issuer or investment fund manager  Those of the issuer or investment fund manager									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the Cash commissions pa	tion paid, or to be p commissions, secur ch as clerical, print ne directors, officers	ities-based compensati ing, legal or accounting	on, gifts, discour g services. An iss	its or othei uer is not r	compensation required to ask by the issuer.	Do not report pay for details about, or	ments for serv report on, int	vices ternal	
Value of all securitie					Security code 1 W N T	Security code 2	Security code	93	
distributed as compensation			Security codes	L	VV   IN   I				
Describe t	erms of warrants,	options or other rights		o years. <sup>-</sup>	These finder's	e at a price of \$1. s warrants are su			
Other compensation	n <sup>5</sup>	Describe							
Total compensation pa	aid	600.00							
Check box if the pe	erson will or may re	eceive any deferred co	mpensation (de	scribe the	terms below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the se dditional securities	ecurity codes for all sec							

a) Name of person compensated and registration status														
Indicate whether the person cor	npensat	ted is a registi	ant.			☐ No		<b>√</b>	Yes					
If the person compensated is an	individ	ual, provide t	he nam	e of the	indivi	dual.								
Full legal name of indiv	idual													
	_	F	amily na	ame			First	given n	ame		Seconda	y given na	mes	
If the person compensated is no		· ·		_										
Full legal name	of non-	-individual	Raymo	ond Jar	nes I	Financial								
Fi	rm NR	D number	8	2	4	0				(if app	olicable)			
Indicate whether the person cor	npensat	ted facilitated	the dist	ribution	throu	ıgh a fundi	ng porto	al or an	interne	t-based	portal.	✓ No		Yes
b) Business contact infor	mation	1												
If a firm NRD number is not pro	vided in	n Item 8 (a), p	rovide t	he busin	ess co	ontact info	mation	of the	person b	eing co	mpensated.			
Street address														
Municipality								Р	Province	e/State				
Country							P	ostal c	code/Zi	p code				
Email address								Telep	hone r	umber				_
c) Relationship to issuer	or inve	stment 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 issuer or investment fund manager  Insider of the issuer (other than an investment fund)														
<u> </u>										,			·	
Director or officer of the	ne inves	stment fund c	r invest	ment fu	nd ma	anager		Employ	ee of th	e issuer	r or investment f	und mana	ager	
None of the above														
d) Compensation details														
Provide details of all compensations and canadian dollars. Include cash coincidental to the distribution, such allocation arrangements with the Cash commissions pa	ommiss ch as cle e directo	ions, securitie erical, printing ors, officers o	s-based , legal (	l compei or accou	nsatio nting	n, gifts, dis services. A	counts c n issuer	or othei is not i	r compe required	nsation. to ask f	Do not report p	ayments f	or serv	vices .
		17,70	70.00						Security	T	Security code 2	Secur	ity code	e 3
Value of all securitie distributed as compensatio					5	Security co	des	L	W	T				
Describe to	erms of	warrants, op	tions or	other ri	ghts		f two y	ears.	These	finder's	ble at a price of warrants are			
Other compensation	n <sup>5</sup>			Desc	ribe									
Total compensation pa	id	14,40	00.00											
Check box if the pe	rson will	ll or may rece	ive any	deferre	d con	npensation	(descri	be the	terms b	elow)				
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	er. Indio Iditional	cate the secu I securities o	rity cod	les for al										

a) Name of person compensated and registration status									
Indicate whether the person co	mpensated is a regi	strant.	☐ No	$\checkmark$	Yes				
If the person compensated is ar	n individual, provide	e the name of the indiv	idual.						
Full legal name of indiv	vidual							]	
		Family name	F	irst given na	ame	Secondary (	given names	_	
If the person compensated is no	•	_							
Full legal name	of non-individua	Haywood Securit	ies Inc.						
F	irm NRD numbe	r 1 6 3	0		(if app	plicable)			
Indicate whether the person co	mpensated facilitate	ed the distribution thro	ugh a funding po	ortal or an	internet-based	portal.	No Yes		
b) Business contact infor	rmation								
If a firm NRD number is not pro	ovided in Item 8 (a),	, provide the business (	contact informati	on of the p	person being co	mpensated.			
Street address									
Municipality				Pi	rovince/State				
Country			Ī	Postal c	ode/Zip code				
Email address			Ī	Telepl	hone number				
c) Relationship to issuer	or investment fu	nd 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 investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Those of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the Cash commissions page 1.5.	tion paid, or to be p commissions, securi ch as clerical, printi ne directors, officers	ities-based compensati ing, legal or accounting	on, gifts, discoun g services. An issu	ts or other uer is not ro pensated b	compensation. equired to ask f y the issuer.	Do not report payı for details about, or	ments for services r report on, internal	l	
·		200.00			Security code 1	Security code 2	Security code 3		
Value of all securitie distributed as compensation			Security codes		W N T				
Describe t	terms of warrants, o	options or other rights		years. T	These finder's	ole at a price of \$ s warrants are su			
Other compensatio	n <sup>5</sup>	Describe							
Total compensation pa	7,2	200.00							
Check box if the pe	erson will or may re	ceive any deferred co	mpensation (des	scribe the t	terms below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the se dditional securities	curity codes for all sec							

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER							
If the issuer is an investment fund	d, do not complete l	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 <sup>6</sup>								
Provide nan	ne of reporting issue	r						7			
Wholly owned subsidiary of	a foreign public issu	uer <sup>6</sup>						_			
Provide name of	foreign public issue	r						7			
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only <sup>7</sup>											
If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.											
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. 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	If the issuer is none of the above, check this box and complete Item 9(a) - (c).										
a) Directors, executive officer	e and promoters of	of the issuer									
Provide the following information for	•		moter of the issuer F	or locations within	Canada s	tate the	nrovince	or			
territory; otherwise state the country.							province				
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to				
				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			to promo				
				Province or country	D		C	)			
c) Residential address of eac	h 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	Grande West Transportation Group Inc.									
Full legal name	McGrath									
	Family name	First given name	'	Seconda	ary given names					
Title	Corporate Secretary									
Telephone number	6046846264	Email address	mcgrath@	@iocorpo	rate.com					
Signature	Marion McGrath	Date	2020	11	26					
			YYYY	MM	DD					

ITEM 11- CONTACT P	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 individua	al certifying the report									
Full legal name				Title						
•	Family name	First given name	Secondary given names							
Name of company										
Telephone number		Er	mail 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.