Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9300761

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If ame	nded, provide filing date	of report that is be	eing ame	ended	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING THI	REPORT				
Indicate the party certifying the report (sell Instrument 81-106 Investment Fund Conti				estment fund, refer to secti	on 1.1 of National
☐ Investment fund issuer	nuous Disclosure und the comp	umon policy to tvi or i	700.		
✓ Issuer (other than an investment of the state of th	stment fund)				
Underwriter	and rand,				
ITEM 3 - ISSUER NAME AND OT					
Provide the following information about th		vestment fund, about t	the fund.		
Full legal name	Empower Clinics Inc.				
Previous full legal name					
If the issuer's name changed in the	e last 12 months, provide most	recent previous legal n	пате.		
Website	www.empowerclinics.c	om (if	f applicable	<u>e</u>)	
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	he Instructions for the	definition o	of "legal entity identifier".	
Legal entity identifier					
If two or more issuers distributed a single s	ecurity, provide the full legal no	nme(s) of the co-issuer((s) other the	an the issuer named above	:
Full legal name(s) of co-issuer(s)		(if	f applicable	e)	
I / II I					
ITEM 4 - UNDERWRITER INFORM					
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRI	D number.		1
Full legal name					
Firm NRD number		(if applica	cable)		
If the underwriter does not have a firm NR	D number, provide the head off	ice contact informatior	n of the und	derwriter.	_
Street address					
Municipality		Provinc	ce/State		
Country		Postal code/Z	Zip code		
Telephone number		1	Website		(if applicable)

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 5 4 1 7 1 0
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
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 2 3 3 1 7
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end
YYYY MM DD 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	
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	nd financial year-end of the investment fund
Date of forma	tion Financial year-end 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	s of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the oot a trading facility such as, for example, an automated trading system.
Exchange on	
-	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.

a)	Currency										
Sele	ct the currency or curr	encies in v	which the dis	stribution	was mad	e. All dollar amounts provided i	n the report	t must be	in Canad	lian dollars.	
✓	Canadian dollar	□ US	6 dollar		Euro	Other (describe)					
b)	Distribution date(s)									
as b		dates. If th	e report is b	,	J.	f for securities distributed on on ities distributed on a continuous	,				:e
	S	Start date	2020	11	09	End date	2020	11	09		

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

MM

d) Types of securities distributed

Detailed purchaser information

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 code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
UNT	001696	EACH UNIT COMPRISES OF ONE COMMON SHARE AND ONE COMMON SHARE PURCHASE WARRANT	24,567,131.00	0.0500	0.0500	1,228,356.55

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.

Convertible / exchangeable security code	Underlying security code		se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
		Lowest	Highest			
WNT	C M S	0.1200				

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 ²⁸ purchasers	Total amount (Canadian \$)
Ontario	NI 45-106 2.3 [Accredited investor]	9	643,357.00
Germany	NI 45-106 2.3 [Accredited investor]	1	275,000.00
Québec	NI 45-106 2.3 [Accredited investor]	4	250,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	1	60,000.00
	Total dollar amount of se	curities distributed	1,228,357.00
	Total number of unique purchasers ² b	15	

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

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. 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)

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. 1

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 individ	ual										
Family name				First giv	/en name	:		Seco	ondary give	n name	S
If the person compensated is not an individual, provide the following information.											
Full legal name of non-individual MACKIE RESEARCH CAPITAL CORP											
Firm NRD number 3 0 7 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 provid	ded in Item 8 (a), ¡	provide the busines	s contact inf	ormation of	the pers	on beir	ng comp	ensated.			
Street address											
Municipality					Prov	ince/S	State				
Country				Pos	tal code	e/Zip d	code				
Email address				Telephone number							
c) Relationship to issuer or investment 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 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 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	88,0	00.00			Sec	urity co	de 1	Security c	ode 2 Se	curity (code 3
Value of all securities distributed as compensation ⁴	35,0	00.00	Security of	codes	W	N	Т				
Describe terms of warrants, options or other rights 1760000 BROKER WARRANTS EXERCISABLE AT \$0.12 FOR 24 MONTHS										FOR	
Other compensation ⁵		Descri		IVIIIO							
Total compensation paid	123,0	00.00									
Check box if the person will or may receive any deferred compensation (describe the terms below)											
⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire addi ⁵ Do not include deferred compen	r. Indicate the sec litional securities o	urity codes for all s									her

TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.									
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).									
✓ Reporting issuer in any 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 issuer ⁶									
Provide name of foreign public issuer									
Issuer distributing only eligible foreign securities and the distribution is to permitted clients 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 box and complete Item 9(a) - (c).									
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									
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. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.									
Organization or company name	Family name	First given name	Secondary given names	non-individ resident jurisdictio	Business location of non-individual or residentail jurisdiction of individual		Relationship to issuer (select all that apply)		
				Province or	Province or country		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	First given name	Secondary given names	Residential jurisdiction of individual	jurisdiction of (select o		ationship to promoter one or both if applicable)		
				Province or country			0		
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	EMPOWER CLINICS INC.							
Full legal name	APPLEBY							
	Family name	First given name		Seconda	ary given na	ames		
Title	CFO							
Telephone number	4164179176	Email address	KAPPLEBY@CFOADVANTAGE			ITAGE.CA		
Signature	KYLE APPLEBY	Date	2020	11	24			
			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	MCAULEY	STEVEN				Title	CEO		
	Family name	First given	name	Secondary	given names	•			
Name of company	EMPOWER CLINICS IN	C							
Telephone number	6047892146] Em	ail address	S.MCAULE	Y@EMP(OWERCLINICS.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.