Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9241210

TEM 1 - REPORT TYPE										
New report									[]]]	1
Amended report	If amer	nded, pro	ovide f	iling da	ite of	report	that is be	ing ame	ended 2020 09 15	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIF	YING THE	REPOR	т							
Indicate the party certifying th Instrument 81-106 Investment									restment fund, refer to sect	ion 1.1 of National
Investment fund issuer										
✓ Issuer (other than an investment fund)										
Item 3 - Issuer Name and Other Identifiers										
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.										
Full le	egal name	TAAT L	ifestyl	e & We	ellnes	s Ltd.				
Previous full le	egal name									
If the issuer's name ch	nanged in the	e last 12 ma	onths, pi	rovide m	ost rece	ent previ	ous legal na	ıme.		
	Website						(if	applicabl	e)	
If the issuer has a legal entity	identifier <u>,</u> pro	vide below	. Refer t	to Part B	of the l	Instructio	ons for the a	lefinition o	of "legal entity identifier".	
Legal entity	v identifier									
If two or more issuers distribut	ed a single s	ecurity, pro	vide the	e full lego	ıl name	e(s) of the	e co-issuer(s	5) other th	an the issuer named above	2
Full legal name(s) of co	o-issuer(s)						(if	applicable	e)	
ITEM 4 - UNDERWRITE	r Inform	IATION								
If an underwriter is completing	If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number.									
Full legal name										
Firm NRD number	RD number (if applicable)									
If the underwriter does not hav	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.									
Street address	Street address									
Municipality		Province/State								
Country						Post	tal code/Zi	p code		
Telephone number	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 9 9 9 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.									
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.									
Mortgages Real estate Commercial/business debt Consumer debt Private companies									
Cryptoassets									
b) Number of employees									
Number of employees: 🗹 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more									
c) SEDAR profile number									
Does the issuer have a SEDAR profile?									
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 2 4 5 8 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									
f) Reporting issuer status									
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes									
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.									
AII AB BC MB NB NL NT									
NS NU ON PE QC SK YT									
g) Public listing status									
If the issuer has a CUSIP number, provide below (first 6 digits only)									
CUSIP number									
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.									
Exchange name									
h) Size of issuer's assets									
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.									

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	\$1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name								
Full legal name								
Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State								
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 County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C								
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CUSIP number								
name of an exchange and not a trading facility such as, for example, an automated trading system								
name of an exchange and not a trading facility such as, for example, an automated trading system.								
Exchange name								
f) Net asset value (NAV) of the investment fund								
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).								
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M								
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:								

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

	Tem 7 - INFORMATION ABOUT THE DISTRIBUTION											
purc conr	If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.											
a)	a) Currency											
Selec	t the	currer	ncy or	curre	encies	in which the dist	ribution was made.	All dollar amounts provid	ded in the re	eport mus	st be in Canadi	an dollars.
√ (✓ Canadian dollar US dollar Euro Other (describe)											
b)	Dist	ributi	on d	ate(s	;)							
State as b	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.											
				S	tart da	^{ite} 2020	08 28	End da	^{ate} 2020	30 0	3 28	
						YYYY	MM DD		YYYY	/ MN	M DD	
c)	Deta	ailed	purc	hase	r info	rmation						
Con	nplet	e Scl	nedu	le 1 d	of thi	s form for eac	h purchaser and	d attach the schedule	to the co	mpleted	d report.	
d)	Тур	es of	sec	uritie	s dist	ributed						
								per security basis. Refer to				ow to indicate the
secu	rity co	de. If	provi	ding t	the CU	ISIP number, ind	icate the full 9-digit	CUSIP number assigned	to the secur	rity being	distributed.	
											Canadian \$	
	urity ode		SIP nu applica			Description	n of security	Number of securities	Single lowe pric	st	Highest price	Total amount
υ	вs	8	740	2T	com	h unit consis mon share a re purchase	nd 1/2 of one	3,719,005.0	0 0.	7000		2,603,303.50
e)	Deta	ails o	f rigł	nts ar	nd co	nvertible/excha	angeable securiti	es				
								rcise price and expiry date r terms for each convertil				xchangeable securities
exc	nvertib nangea curity c	able		iderlyir urity c			ise price adian \$) Highest	Expiry date (YYYY- MM-DD)	Conversior ratio	n	Describe other i	tems (if applicable)
W	N	т	С	Μ	S	1.0000		1 2021-08-28	1:1 Subject to an acceleration provision if the shares have a closing price of \$1.25 or greater for 5 consecutive trading days, the Company may accelerate the expiry date by giving notice and the warrants will expire within 30 days.			shares have a f \$1.25 or onsecutive ne Company e the expiry date e and the
f)	Sum	mary	of t	he di	stribu	tion by jurisdic	tion and exempti	on				
 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 Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction. 												
	arisuli		nce o		.uuu, :		-	vise state the country.	Number of	uniaue ²⁸	.	
			intry				Exemption relie	aon	nurch		l l otal ar	mount (Canadian \$)

country	Exemption relied on	purchasers	Total amount (Canadian \$)
Bahamas	NI 45-106 2.3 [Accredited investor]	3	56,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	1	35,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	6	272,199.20

British Columbia	NI 45-106 2.14 [Securities for debt]	1	560,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	15	1,564,499.30
Québec	NI 45-106 2.3 [Accredited investor]	1	10,000.20
Costa Rica	NI 45-106 2.3 [Accredited investor]	1	21,000.00
United States	NI 45-106 2.3 [Accredited investor]	2	84,604.80
	2,603,303.50		
	Total number of unique purchasers ^{2b}	30	

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

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

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

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

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

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

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

ITEM 8 - COMPENSATION	INFORMATION
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•	Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.								
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.									
No No	✓ Yes	If yes, indicate number of persons compensated.	6						

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 individu	ıal											
		Family na	me		First	given na	ame		Seco	ndary given	names	
If the person compensated is not an individual, provide the following information.												
Full legal name of non-individual Leede Jones Gable Inc.												
Firm NRD number 5 7 7 0 (if applicable)												
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves												
b) Business contact information												
If a firm NRD number is not provid	led in Item 8 (a), p	orovide th	ne business co	ontact infor	rmation	of the p	person b	eing com	pensated.			
Street address												
Municipality						Р	rovince	/State				
Country					P	ostal c	ode/Zip	o code				
Email address						Telepl	hone n	umber				
c) Relationship to issuer or i	investment fund	d 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 of				, ,		-	-		er than an	investmen	t fund)	
Director or officer of the i	nvestment fund o	or investr	nent fund ma	anager		Employ	ee of the	e issuer o	or investme	ent fund ma	anager	
✓ None of the above				-							-	
d) Compensation details												
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such c	a) 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	3,0*	11.99					Security	code 1	Security co	ode 2 Se	curity code	3
Value of all securities distributed as compensation ⁴			S	Security co	des		W N	Т				
Describe term	Describe terms of warrants, options or other rights August 28, 2021 subject to an acceleration provision.											
Other compensation ⁵			Describe						<u></u>			
Total compensation paid]
Check box if the person will or may receive any deferred compensation (describe the terms below)												
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.												

a) Name of person com	pensated and registratio	n status					
Indicate whether the person co	ompensated is a registrant.		✓ No	Yes			
If the person compensated is a	n individual, provide the na	me of the individ	lual.				
Full legal name of indi	vidual						
	Family	name	Firs	st given name		Secondary	given names
If the person compensated is n	ot an individual, provide the	? following infor	mation.				
Full legal name	e of non-individual GIC	Merchant Bar	k Corporation				
F	Firm NRD number				(if appli	icable)	
Indicate whether the person co	ompensated facilitated the d	istribution throu	gh a funding por	tal or an intern	⊐ et-based p	ortal. 🗸	🛛 No 🗌 Yes
b) Business contact info	ormation						
If a firm NRD number is not p	rovided in Item 8 (a), provide	e the business co	ntact informatio	n of the person	being com	pensated.	
Street address	1700-333 Bay St						
Municipality	Toronto			Provinc	e/State	Ontario	
Country	Canada		Ĩ	Postal code/Z	ip code	M5H 2R2	
Email address				Telephone	number		
c) Relationship to issue	r or investment fund mar	nager					
		4 of NI 45-106 fé nager	or the purposes o	f completing th Insider of the i	<i>is section</i> . ssuer (oth	ning of "connect er than an inves or investment fur	tment fund)
d) Compensation details	6						
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t Cash commissions p	commissions, securities-bas uch as clerical, printing, lega he directors, officers or emp	ed compensation Il or accounting loyees of a non-	n, gifts, discounts services. An issue	or other compo er is not required	ensation. E d to ask for	Do not report pay	ments for services
				Securit	y code 1	Security code 2	Security code 3
Value of all securiti distributed as compensati		S	Security codes				
	terms of warrants, options	J or other rights					
Other compensation	on ⁵	Describe					
Total compensation p	aid]					
Check box if the p	suer. Indicate the security co	as compensatic odes for all secu	n, <u>excluding</u> opt	ions, warrants (or other rig		
⁵ Do not include deferred com	pensation.						

a) Name of person compen	sated and registr	ation status							
Indicate whether the person compe	ensated is a registra	nt.	No No	\checkmark	Yes				
If the person compensated is an inc	dividual, provide the	e name of the indivi	dual.						
Full legal name of individu	ıal								
	Fa	mily name	Firs	st given na	ime	Seco	ondary given nam	es	
If the person compensated is not a	n individual, provid	e the following infor	mation.						
Full legal name of	non-individual	Canaccord Genui	ty Corp.						
Firm	NRD number	9 0 0			(i	f applicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves									
b) Business contact informa	ation								
If a firm NRD number is not provia	led in Item 8 (a), pro	ovide the business co	ontact information	n of the p	erson bein	g compensated.			
Street address									
Municipality				Pr	ovince/S	tate			
Country			F	Postal co	ode/Zip c	ode			
Email address				Teleph	none num	ıber			
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 of				-	-	er (other than an	investment fur	ıd)	
Director or officer of the i	investment fund or	investment fund ma	anager	Employe	e of the is	suer or investme	ent fund manag	jer	
✓ None of the above							-		
d) Compensation details									
Provide details of all compensation Canadian dollars. Include cash com incidental to the distribution, such a allocation arrangements with the d	missions, securities as clerical, printing,	-based compensatic legal or accounting	n, gifts, discounts services. An issue	or other er is not re	compensa equired to	tion. Do not repo ask for details ab	ort payments for	r services	
Cash commissions paid	5,390	0.00		S	Security cod	e 1 Security c	ode 2 Security	code 3	
Value of all securities distributed as compensation ⁴			Security codes	V	N N	Т			
Describe term	ns of warrants, option	ons or other rights				sable at \$1.00 acceleration p		til	
Other compensation ⁵		Describe				<u> </u>			
Total compensation paid]	
Check box if the perso	n will or may receiv	/e any deferred con	npensation (desc	ribe the te	erms belov	w)			
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compension ⁵ Do not include deferred compension.	Indicate the securi tional securities of t	ty codes for all sec	on, <u>excluding</u> opti urities distributed	ions, wari 'as comp	rants or ot ensation, j	her rights exerci including options	sable to acquire s, warrants or o	e ther	

a) Name of person comp	ensated and registra	ation status					
Indicate whether the person con	npensated is a registra	nt.	No No	✓ Yes			
If the person compensated is an	individual, provide the	name of the indivi	dual.				
Full legal name of indiv	idual						
	Fai	Family name First given name Secondary given names					
If the person compensated is no	t an individual, provide	e the following infor	mation.				
Full legal name	of non-individual H	laywood Securitie	es Inc.				
Fi	rm NRD number	1 6 3	0		(if app	licable)	
Indicate whether the person con	npensated facilitated th	ne distribution throu	igh a funding port	tal or an inter	 net-based µ	portal. 🗸	🗌 No 🔲 Yes
b) Business contact infor	mation						
If a firm NRD number is not pro	wided in Item 8 (a), pro	wide the business co	ontact information	n of the persor	n being con	npensated.	
Street address							
Municipality				Provin	ce/State		
Country			 F	ostal code/2	Zip code		
Email address				Telephone	number		
c) Relationship to issuer	or investment fund r	nanager	J			<u>_</u>	
Indicate the person's relationshi the Instructions and the meanin	g of "control" in section	n 1.4 of NI 45-106 f	or the purposes of	^c completing t	his section.	-	
	er or investment fund i	-				ner than an inves	·
Director or officer of th	ne investment fund or i	investment fund ma	anager	Employee of	the issuer	or investment fur	nd manager
None of the above							
d) Compensation details							
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securities- ch as clerical, printing, l	based compensatio legal or accounting	n, gifts, discounts services. An issuer	or other comp r is not require	pensation. I ed to ask fo	Do not report pay	ments for services
Cash commissions pa	id 11,515	.00		Secur	ity code 1	Security code 2	Security code 3
Value of all securitie distributed as compensation			Security codes				
	erms of warrants, optic	ons or other rights					
Other compensation	n ⁵	Describe					
Total compensation pa	id						
Check box if the pe	rson will or may receiv	e any deferred con	npensation (descr	ibe the terms	below)		
⁴ Provide the aggregate value c additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred comp	er. Indicate the securit dditional securities of th	ty codes for all secu					

a) Name of person com	pensated and registrat	ion status									
Indicate whether the person co	ompensated is a registrant		✓ No	□ Y	'es						
If the person compensated is a	n individual, provide the r	name of the indivi	dual.								
Full legal name of indi	vidual										
	Fam	ily name	Fir	st given nam	ne		Seco	ndary g	iven na	mes	
If the person compensated is n	ot an individual, provide t	he following infor	mation.								
Full legal name	e of non-individual 30	63625 Nova Sc	otia Ltd.]
F	Firm NRD number				(if	appli	cable)				
Indicate whether the person co	ompensated facilitated the	distribution throu	igh a funding po	rtal or an in	nternet-ba	ised p	ortal.	\checkmark	No	□ Y	es
b) Business contact info	ormation										
If a firm NRD number is not p	rovided in Item 8 (a), prov	ide the business co	ontact informatio	n of the per	rson being	g com	pensated.				
Street address	409-22 Leader Lane										
Municipality	Toronto]	Pro	vince/St	ate	Ontario				
Country	Canada		j	Postal coo	de/Zip co	ode	M5E 0B	2			Ī
Email address				Telepho	one num	ber					Ī
c) Relationship to issue	r or investment fund m	anager	<u></u>								
		1.4 of NI 45-106 ; anager	for the purposes of	of completing	ng this sec the issue	rtion. r (oth	ning of "co er than an or investme	investr	nent fi	und)	of
d) Compensation details	3										
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t Cash commissions p	tion paid, or to be paid, to commissions, securities-b uch as clerical, printing, le he directors, officers or en	ased compensatic gal or accounting nployees of a non-	n, gifts, discounts services. An issue	s or other co er is not req	ompensat juired to d	ion. D Isk for	o not repo	rt payn	nents f	or service	
					ecurity code		Security co	de 2	Secur	ity code 3	\$
Value of all securiti distributed as compensati	1 70 000 (00	Security codes	C	Μ	S					
-	terms of warrants, option	s or other rights									
Other compensation	on ⁵	Describe									
Total compensation p	aid										
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a	suer. Indicate the security additional securities of the	d as compensation	on, <u>excluding</u> opt	tions, warra	ants or oth	her rig					
⁵ Do not include deferred com	pensation.										

a) Name of person com	pensated and registration status			
Indicate whether the person co	ompensated is a registrant.	✓ No	Yes	
If the person compensated is a	n individual, provide the name of the indi	vidual.		
Full legal name of indi	vidual			
	Family name	First give	en name	Secondary given names
If the person compensated is n	not an individual, provide the following inf	ormation.		
Full legal name	e of non-individual Sovereign Banco	orp Ltd.		
F	Firm NRD number		(if app	licable)
Indicate whether the person cc	ompensated facilitated the distribution thr	ough a funding portal or	r an internet-based	portal. 🗸 No 🗌 Yes
b) Business contact info	ormation			
If a firm NRD number is not pr	rovided in Item 8 (a), provide the business	contact information of th	he person being con	npensated.
Street address	Travellers Palm Apartments, Palm	Avenue, Sunset Cres	st	
Municipality	St. James		Province/State	
Country	Barbados	Posta	al code/Zip code	BB24014
Email address		Tel	lephone number	
c) Relationship to issuer	r or investment fund manager			
	hip with the issuer or investment fund mai ing of "control" in section 1.4 of NI 45-106			
Connect with the iss	uer or investment fund manager	Insid	der of the issuer (oth	her than an investment fund)
Director or officer of	the investment fund or investment fund r	nanager 🗌 Emp	loyee of the issuer	or investment fund manager
✓ None of the above				
d) Compensation details	3			
Canadian dollars. Include cash incidental to the distribution, su	ition paid, or to be paid, to the person ider commissions, securities-based compensat uch as clerical, printing, legal or accountin he directors, officers or employees of a no	ion, gifts, discounts or ot g services. An issuer is no	ther compensation. I ot required to ask fo	Do not report payments for services
Cash commissions p	baid 14,700.00		Security code 1	Security code 2 Security code 3
Value of all securiti distributed as compensati	14 700 00	Security codes	C M S	
	terms of warrants, options or other rights	;		
Other compensation	on ⁵ Describe	;		
Total compensation p	aid			
Check box if the p	erson will or may receive any deferred co	ompensation (describe th	he terms below)	
additional securities of the iss	of all securities distributed as compensa suer. Indicate the security codes for all se additional securities of the issuer. pensation.			

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER						
If the issuer is an investment fund	d, do not complete	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (seled	ct the one that appli	es - if more than one	applies, select onl	y one).					
Reporting issuer in any juris	diction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	a reporting issuer i	n any jurisdiction of	Canada ⁶							
Provide nar	ne of reporting issue	ər]		
Wholly owned subsidiary of	a foreign public iss	suer ⁶								
Provide name of foreign public issuer										
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	ents only ⁷						
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (c). Proceed to Item	10.						
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.										
a) Directors, executive officer	s and promoters	of the issuer								
Provide the following information for territory; otherwise state the country.						tate the	province	or		
Organization or company name	Family name	First given name	Secondary given names	non-individu resident jurisdictio	Business location of non-individual or residental		elationship to issuer select all that apply)			
				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 First given name		Secondary given names	Residential jurisdiction of individual		ationship to promoter one or both if applicable)				
				Province or country D		0				
				country						
				country						

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	Taat Lifestyle & Wellness Ltd.							
Full legal name	Dumaresq							
	First given name	·	Secondary given names					
Title	Chief Financial Officer							
Telephone number 6043363195		Email address joel		l@pashleth.com				
Signature	"Joel Dumaresq"	Date	2020	09	28			
			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	Alvarez	Diana			Title	Corporate Advisor
	Family name	First given name	Secondary	given names		
Name of company	Partum Advisory Service	es Corp.				
Telephone number	16046872038		Email address	dalvarez@p	artumad	visory.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.