Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9369696

ITEM 1 - REPORT TYPE					
✓ New report					
Amended report	If amended	l, provide filing date	of report that is being am	ended	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIF	ING THE RE	PORT			
Indicate the party certifying the Instrument 81-106 Investment			arding whether an issuer is an inv anion policy to NI 81-106.	vestment fund, refer to section	on 1.1 of National
Investment fund i	ssuer				
✓ Issuer (other than	an investme	nt fund)			
ITEM 3 - ISSUER NAME	AND OTHER	IDENTIFIERS			
Provide the following informat		-	vestment fund, about the fund.		
Full legal name Medivolve Inc.					
Previous full legal name					
If the issuer's name ch	anged in the last	12 months, provide most	recent previous legal name.		
	Website		(if applicab	le)	
If the issuer has a legal entity i	dentifier, provide	below. Refer to Part B of	the Instructions for the definition	of "legal entity identifier".	
Legal entity	identifier				
If two or more issuers distribut	ed a single securit	ty, provide the full legal n	ame(s) of the co-issuer(s) other th	nan the issuer named above	
Full legal name(s) of co	-issuer(s)		(if applicab	le)	
ITEM 4 - UNDERWRITE		ON			
If an underwriter is completing	the report, provid	de the underwriter's full le	gal name and firm NRD number		-
Full legal name					
Firm NRD number			(if applicable)		
If the underwriter does not hav	e a firm NRD nun	nber, provide the head of	fice contact information of the ur	nderwriter.	
Street address					
Municipality			Province/State		
Country			Postal code/Zip code		
Telephone number			Website		(if applicable)

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 5 4 1 7 1 5
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✓ YesIf yes, provide SEDAR profile number00024436
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	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th
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Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad to
\$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

purchasers resident in that jurisdi	nada completes a distribution in a iction of Canada only. Do not inclu which must be disclosed in Item 8.	de in Item 7 securities issu	ed as payment of c	commissions or f	inder's fees in
a) Currency					
Select the currency or currencies i	in which the distribution was made	e. All dollar amounts provid	ded in the report m	nust be in Canad	ian dollars.
Canadian dollar	US dollar 🗌 Euro	Other (describ	be)		
b) Distribution date(s)					
as both the start and end dates. If distribution period covered by the		ties distributed on a contin	nuous basis, include		
Start da	2021 01 20	End da	2021	01 26	
	YYYY MM DD		YYYY	MM DD	
c) Detailed purchaser info					
• •	s form for each purchaser ar	a attach the scheaule	to the complet	ea report.	
d) Types of securities distr					
	n for all distributions reported on a ISIP number, indicate the full 9-dig				now to indicate the
	-	-	-		
			Single or	Canadian S	
Security code (if applicable)	Description of security	Number of securities	lowest	Highest price	Total amount
	consists of one common	20,000,000.0	0 0.2500		5,000,000.00
	re and one half share chase warrant price \$0.40				
	iry 24 months				
e) Details of rights and cor	nvertible/exchangeable securi	ties	•	•	<u> </u>
	ns) were distributed, provide the ex		-	•	exchangeable securities
Convertible / Underlying	Exercise price	Expiry date	Conversion	ecurity.	
security code security code	(Canadian \$)	(YYYY- MM-DD)	ratio	Describe other	items (if applicable)
	Lowest Highest				
f) Summary of the distribut	tion by jurisdiction and exemp	tion			
	securities distributed and the numb		urisdiction of Cana	da and foreian i	urisdiction where a
purchaser resides and for each ex distribution in a jurisdiction of Ca This table requires a separate line purchaser resides, if a purchaser i jurisdiction.	centules distributed and the name comption relied on in Canada for the anada, include distributions to purce e item for: (i) each jurisdiction whe resides in a jurisdiction of Canada, state the province or territory, othe	hat distribution. However, i chasers resident in that juri re a purchaser resides, (ii) and (iii) each exemption re	if an issuer located isdiction of Canada each exemption rel	outside of Cana only. lied on in the jur	da completes a isdiction where a
Province or country	Exemption rel	ied on	Number of unique purchasers	²⁰ Total a	mount (Canadian \$)
Ontario	NI 45-106 2.3 [Accredited investor]		:	28 2,752,500	
British Columbia	NI 45-106 2.3 [Accredited investor]		5 160		160,000.00
Alberta	NI 45-106 2.3 [Accredited	investor]		1	25,000.00
Germany	NI 45-106 2.3 [Accredited	investor]		1	200,000.00
Aruba	NI 45-106 2.3 [Accredited	investor]		1	12,500.00
Bahamas	NI 45-106 2.3 [Accredited	investor]		3	700,000.00
Cayman Islands	NI 45-106 2.3 [Accredited	investor]		2	1,100,000.00

United Kingdom	NI 45-106 2.3 [Accredited investor]	1	50,000.00
	Total dollar amount of se	curities distributed	5,000,000.00
	Total number of unique purchasers ^{2b}	42	

^{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	NFORMATION						
Provide information for each person the distribution. Complete addition							in connection with
Indicate whether any compensation	on was paid, or will be po	aid, in connecti	on with the distribution	n.			
No 🗸 Yes	If yes, indicate nun	nber of perso	ons compensated.	1			
a) Name of person compens	sated and registration	status					
Indicate whether the person compe	nsated is a registrant.		No No	🖊 Yes			
If the person compensated is an inc	lividual, provide the nam	ne of the individ	lual.				
Full legal name of individu	al						
	Family n	ame	First give	n name		Secondary	given names
If the person compensated is not ar	n individual, provide the j	following infor	mation.				
Full legal name of	non-individual CANA	ACCORD GE	NUITY CORP				
Firm	NRD number 9	0 0			(if applical	ble)	
Indicate whether the person compe	nsated facilitated the dis	tribution throu	gh a funding portal or	an internet	-based port	al. 🗸	No 🗌 Yes
b) Business contact informa	tion						
If a firm NRD number is not provid	ed in Item 8 (a), provide	the business co	ntact information of th	he person be	ing compe	nsated.	
Street address							
Municipality				Province/	State		
Country		Postal code/Zip code					
Email address			Tel	ephone nu	mber		
c) Relationship to issuer or i	nvestment fund mana	ager					
Indicate the person's relationship w the Instructions and the meaning o						ng of "connect	ed" in Part B(2) of
Connect with the issuer of	or investment fund mana	ager	Insid	ler of the iss	uer (other	than an inves	tment fund)
Director or officer of the i	nvestment fund or inves	tment fund ma	nager 🗌 Emp	loyee of the	issuer or i	nvestment fur	nd manager
✓ 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 di Cash commissions paid	missions, securities-base s clerical, printing, legal	d compensatio or accounting	n, gifts, discounts or ot services. An issuer is no	her compen. ot required t	sation. Do 1 o ask for de	not report pay	ments for services
	230,000.00			Security c	T 1	ecurity code 2	Security code 3
Value of all securities distributed as compensation ⁴		S	Security codes	WN	Т		
Describe term	s of warrants, options o	r other rights					
Other compensation ⁵		Describe	1,160,000 warrant	s \$0.40 ex	piry 24 m	onths	
Total compensation paid	290,000.00						
Check box if the person	n will or may receive any	y deferred com	pensation (describe tl	he terms be	low)		
⁴ Provide the aggregate value of al							
additional securities of the issuer. rights exercisable to acquire addit	ional securities of the iss		rrues alstributed as co	ompensatior	n, <u>including</u>	options, wari	rants or other
⁵ Do not include deferred compens	ation.						

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER				
If the issuer is an investment fund	l, do not complete l	tem 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	diction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada ⁶					
Provide nan	ne of reporting issue	r						
Wholly owned subsidiary of	a foreign public issu	ier ⁶						-
Provide name of	foreign public issue	r]
Issuer distributing only eligi	ole foreign securities	and the distributio	n is to permitted clie	nts only7				-
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d). Proceed to Item	10.				
⁶ An issuer is a wholly owned subsid securities that are required by law to respectively. ⁷ Check this box if it applies to the cu clients. Refer to the definitions of "e	be owned by its dir urrent distribution evo	ectors, are benefic en if the issuer mad	ially owned by the re le previous distributi	porting issuer or t ions of other types	the foreign	public is	ssuer,	
If the issuer is none of the								
a) Directors, executive officer	s and promoters o	of the issuer						
Provide the following information for territory; otherwise state the country.	each director, execu	tive officer and pro				tate the	province	or
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individu resident jurisdictio individu	ation of ual or :ail n of		onship to ct all that	
				Province or	country	D	0	Р
b) Promoter information								
If the promoter listed above is not an within Canada, state the province or								
Organization or company name	Family name	First given name	Secondary given	Residential jurisdiction of individual			to promo oth if appl	
				Province or country	D		С	,
c) Residential address of eac			· · · · · · ·					
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to tl	ne

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	MEDIVOLVE INC.						
Full legal name	ATIN AARON						
	Family name	First given name		Seconda	iry given n	ames	
Title	CORPORATE SECRETARY						
Telephone number	4168612267	Email address	AATIN@	FMRESC	URCES	S.CA	
Signature	Aaron Atin	Date	2021	02	09		
			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	Roque	Wanda			Title	LAW CLERK
	Family name	First given name	Secondary g	iven names		
Name of company	MEDIVOLVE INC.					
Telephone number	4168615906	E	nail address	wroque@fmi	resource	s.ca

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.