Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9332816

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	lf amen	ded, pro	vide fi	ling da	te of	report	that is	being ame	ended		(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYIN	TEM 2 - PARTY CERTIFYING THE REPORT										
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.											
Investment fund issuer											
✓ Issuer (other than ar											
			,								
Item 3 - Issuer Name an	ND OTH	ier Idei	NTIFIE	RS							
Provide the following information	ſ					ment fu	ınd, abou	it the fund.			
Full lega	I name	Happy	Supple	ements	Inc.						
Previous full legal	Previous full legal name Viking Gold Exploration Inc.										
If the issuer's name chang	ged in the	last 12 mc	onths, pr	rovide ma	ost rece	ent previ	ious legal	l name.			
N N	Vebsite							(if applicable	e)		
If the issuer has a legal entity iden	ntifier <u>,</u> prov	vide below	. Refer t	o Part B	of the l	Instructio	ons for th	he definition o	of "legal entit	ty identifier".	
Legal entity ide	entifier										
If two or more issuers distributed o	a single se	curity, pro	vide the	full lega	l name	e(s) of th	e co-issu	er(s) other th	an the issuer	named abo	/e.
Full legal name(s) of co-iss	suer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITER IN	NFORM	ATION									
If an underwriter is completing the	e report, p	rovide the	underw	riter's ful	l legal	name a	nd firm N	NRD number.			
Full legal name											
Firm NRD number	(if applicable)										
If the underwriter does not have a	firm NRD	number, j	orovide	the head	office	contact	informati	ion of the un	derwriter.		
Street address											
Municipality							Provi	ince/State			7
Country						Pos	tal code	e/Zip code			7
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 1 2 1 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.
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 7 9 9
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
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
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

purchasers resident in that jurisdi connection with the distribution, Schedule 1 of the report.	nada completes a distribution in a juri iction of Canada only. Do not include which must be disclosed in Item 8. The	in Item 7 securities issue	d as payment of co	ommissions or fi	nder's fees in				
a) Currency									
Select the currency or currencies i	in which the distribution was made. A	ll dollar amounts provide	ed in the report mu	ıst be in Canadi	an dollars				
Canadian dollar	US dollar Euro	Other (describe	e)						
b) Distribution date(s)									
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.									
Start da	^{te} 2020 12 11	End dat	^e 2020 1	2 11					
	YYYY MM DD		YYYY M	1M DD					
c) Detailed purchaser info	rmation								
Complete Schedule 1 of this	s form for each purchaser and o	attach the schedule	to the complete	ed report.					
d) Types of securities distr	ributed								
	n for all distributions reported on a per ISIP number, indicate the full 9-digit C				ow to indicate the				
				Canadian \$					
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount				
C M S 411395		2,517,000.00	0.2500		629,250.00				
e) Details of rights and cor	nvertible/exchangeable securities	3	· ·						
	ns) were distributed, provide the exercitive and the exercitive and the exercitive and the state of the state and the state of the stat				xchangeable securities				
Convertible / exchangeable Underlying	Exercise price	Expiry date	Conversion						
security code security code	(Canadian \$) Lowest Highest	(YYYY- MM-DD)	ratio	Describe other i	tems (if applicable)				
f) Summary of the distribut	tion by jurisdiction and exemption	n	· · · ·						
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 ar	mount (Canadian \$)				
British Columbia	NI 45-106 2.3 [Accredited inv	vestor]		8	69,250.00				
Ontario	NI 45-106 2.3 [Accredited inv	vestor]		9	335,000.00				
United Kingdom	NI 45-106 2.3 [Accredited inv	vestor]		1	200,000.00				
Germany	NI 45-106 2.3 [Accredited inv	vestor]		1	25,000.00				
	Tota	al dollar amount of sec	curities distribute	ed	629,250.00				
	Total number of	unique purchasers ^{2b}	1	9					
² a In calculating the number of u	unique aurabasars par rous acust acab								

^{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)

Ітем 8 - Со	MPENSATION	INFORMATION	
		on (as defined in NI 45-106) to whom the issuer directly provides, o tional copies of this page if more than one person was, or will	
Indicate whet	her any compensa	tion was paid, or will be paid, in connection with the distribution.	
🗌 No	✓ Yes	If yes, indicate number of persons compensated.	2

a) Name of person compe	ensated and regis	tration	status							
Indicate whether the person com	ppensated is a registi	rant.		🗌 No	v	Yes				
If the person compensated is an	individual, provide t	he nam	e of the indivi	dual.						
Full legal name of indivi	dual									
	ŀ	Family na	ame		First giver	n name		Second	lary given n	ames
If the person compensated is not	an individual, provi	ide the f	following infor	mation.						
Full legal name of	of non-individual	Macki	e Research	Capital Cor	rp.					
Fir	m NRD number	3	0 7	0			(if app	licable)		
Indicate whether the person com	pensated facilitated	the dis	tribution throu	ıgh a funding	portal or	an interne	et-based µ	oortal.	✓ No	Yes
b) Business contact inforr	nation									
If a firm NRD number is not prov	vided in Item 8 (a), p	orovide t	the business co	ontact inform	ation of th	ne person i	being con	npensated.		
Street address										
Municipality						Provinc	e/State			
Country					Posta	l code/Zi	ip code			
Email address					Tele	ephone r	number			
c) Relationship to issuer c	or investment fund	d mana	ager							
Indicate the person's relationship the Instructions and the meaning								ning of "con	nected" in	Part B(2) of
Connect with the issue	-]		-		ner than an in	vestment	fund)
Director or officer of th	e investment fund c	or invest	tment fund ma	anager [Empl	ovee of th	ne issuer	or investmen	t fund mar	nager
✓ None of the above				о I		,				0
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securitie h as clerical, printing	es-based g, legal	d compensatio or accounting	n, gifts, disco services. An i	ounts or otl issuer is no	her compe ot required	ensation. I I to ask fo	Do not report	payments	for services
Cash commissions pai	d 14,00	00.00				Security	code 1	Security code	e 2 Secu	urity code 3
Value of all securities distributed as compensation			5	Security code	es	WN	N T			
	rms of warrants, op	tions or	r other rights	56,000 wa share at \$				rcisable into	one con	nmon
Other compensation	5		Describe		0.20 eau		ecembe	111, 2021		
Total compensation pai	d 14,00	00.00								
Check box if the per	son will or may rece	eive any	deferred con	pensation (describe th	ne terms b	pelow)			
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe- ⁵ Do not include deferred compe-	er. Indicate the secu ditional securities of	irity cod	les for all secu	on, <u>excluding</u> ırities distribi	options, v uted as co	warrants c mpensati	or other rig ion, <u>incluc</u>	ghts exercisa <u>ling</u> options,	ble to acq warrants c	uire vr other

a) Name of person compe	nsated and registra	ation status				
Indicate whether the person comp	pensated is a registra	nt.	🗌 No	\checkmark	Yes	
If the person compensated is an i	ndividual, provide the	name of the indi	vidual.			
Full legal name of individ	lual					
	Fa	mily name		First given n	ame	Secondary given names
If the person compensated is not		-				
Full legal name o	f non-individual	I Financial Corp).			
Firr	m NRD number	5 2 9	0		(if ap	plicable)
Indicate whether the person comp	pensated facilitated th	ne distribution thro	ough a funding	portal or an	internet-based	i portal. 🖌 No 🗌 Yes
b) Business contact inform	nation					
If a firm NRD number is not prov	ided in Item 8 (a), pro	vide the business	contact informa	ition of the p	person being co	ompensated.
Street address						
Municipality				Р	rovince/State	
Country				Postal c	ode/Zip code	
Email address				Telep	hone number	
c) Relationship to issuer of	r investment fund r	nanager				
Indicate the person's relationship the Instructions and the meaning						eaning of "connected" in Part B(2) of
Connect with the issue					-	". ther than an investment fund)
Director or officer of the		-	∟ nanagor Г	_	·	r or investment fund manager
						i or investment fund manager
✓ None of the above						
d) Compensation details				() :		
						listribution. Provide all amounts in . Do not report payments for services
incidental to the distribution, such allocation arrangements with the						for details about, or report on, internal
Cash commissions paid					-	
Value of all securities			e 11	-	Security code 1	Security code 2 Security code 3
distributed as compensation			Security codes	S _		
Describe ter	rms of warrants, optic	ons or other rights			ch warrant exe until Decemb	ercisable into one common er 11, 2021
Other compensation ⁵	;	Describe	•			
Total compensation paid	4,497	.50				
Check box if the pers	on will or may receiv	e any deferred co	mpensation (de	escribe the	terms below)	
⁴ Provide the aggregate value of	all securities distribu	ted as compensat	tion. excluding (options. wa	rrants or other	rights exercisable to acquire
additional securities of the issue rights exercisable to acquire add	r. Indicate the securi	ty codes for all se	curities distribut	ted as com	pensation, <u>inclu</u>	uding options, warrants or other
⁵ Do not include deferred compet						

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER					
If the issuer is an investment fund	l, do not complete	Item 9. Procced to	Item 10.						
Indicate whether the issuer is any o	f the following (seled	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 i	n any jurisdiction of	Canada ⁶						
Provide nan	ne of reporting issue	ər							
Wholly owned subsidiary of	a foreign public iss	uer ⁶							
Provide name of	foreign public issue	er							
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) – (d	:). 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 residentail jurisdiction of individual				
				Province or	country	D	0	Р	
b) Promoter information									
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.									
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Rela (select o	itionship one or bo	to promo oth if appl	o promoter h if applicable)	
				Province or country	D		C)	
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	Happy Supplements Inc.						
Full legal name	Meagher	Patrick		Joseph			
	Family name	First given name	Secondary given names				
Title	CFO						
Telephone number	6046785308	Email address	joseph	eph@rsdcapital.com			
Signature	P. Joseph Meagher	Date	2020) 12	23		
			YYYY	Ύ ΜΜ	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	Cesarone	Carrie			Title	Administrator
	Family name	First given name	Secondary	given names		
Name of company	Happy Supplements Inc.					
Telephone number	6046785308		Email address	carrie@rsdc	apital.co	m

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.