# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9445364

ITEM 1 - REPORT TYPE										
New report										
Amended report If amended, provide filing date of report that is being amended 2021 04 14 (YYYY-MM-DD)										
ITEM 2 - PARTY CERTIFYIN	g the	REPOR <sup>-</sup>	Г							
	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 issu	er									
✓ Issuer (other than an	invest	ment fur	nd)							
			,							
				_						
Item 3 - Issuer Name an	ID OTH	HER IDEI	NTIFIE	RS						
Provide the following information of			-							
Full legal	name	Advanc	ed Pro	oteome	Ther	apeuti	cs Cor	rporation		
Previous full legal	Previous full legal name									
If the issuer's name change	If the issuer's name changed in the last 12 months, provide most recent previous legal name.									
W	ebsite	www.ac	lvance	edproted	ome.	com		(if applicabl	e)	
If the issuer has a legal entity ident	ifier <u>,</u> pro	vide below	. Refer t	o Part B c	f the l	Instructio	ons for t	he definition o	of "legal entity identifier"	
Legal entity ide	ntifier	NA								
If two or more issuers distributed a	single se	curity, pro	vide the	full legal	name	(s) of th	e co-issu	ıer(s) other th	an the issuer named abo	ve.
Full legal name(s) of co-iss	uer(s)							(if applicable	e)	
ITEM 4 - UNDERWRITER IN	FORM	ATION								
If an underwriter is completing the	report, p	rovide the	underw	riter's full	legal	name a	nd firm l	NRD number.		_
Full legal name										
Firm NRD number							(if app	olicable)		
If the underwriter does not have a f	firm NRE	) number, p	orovide	the head o	office	contact	informat	tion of the un	derwriter.	
Street address										
Municipality							Prov	ince/State		
Country						Pos	tal code	e/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 0
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
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.
<ul> <li>Mortgages</li> <li>Real estate</li> <li>Commercial/business debt</li> <li>Consumer debt</li> <li>Private companies</li> <li>Cryptoassets</li> </ul>
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       If yes, provide SEDAR profile number       0       0       2       4       4       8       5
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation     Image: Provide the second secon
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							
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  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

If an issuer located outside of Canada completes a dist purchasers resident in that jurisdiction of Canada only connection with the distribution, which must be disclos Schedule 1 of the report.	. Do not include in	n Item 7 securities issu	ied as payment of o	commissions or fi	inder's fees in		
a) Currency							
Select the currency or currencies in which the distribut	ion was made. All	dollar amounts provi	ded in the report m	nust be in Canadi	an dollars.		
Canadian dollar US dollar	Euro	Other (descril	be)				
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 date       2021       04       05         YYYY       MM       DD       YYYY       MM							
c) Detailed purchaser information							
Complete Schedule 1 of this form for each p	urchaser and at	ttach the schedule	e to the complet	ed report.			
d) Types of securities distributed							
Provide the following information for all distributions security code. If providing the CUSIP number, indicate					ow to indicate the		
				Canadian \$			
Security code CUSIP number (if applicable) Description of s	Description of security		Single or lowest price	Highest price	Total amount		
Warrant to purchase	common share and one rant to purchase one common re at \$0.27 for 12 months n closing.		00 0.2050	0.2050	866,344.97		
e) Details of rights and convertible/exchange	eable securities						
If any rights (e.g. warrants, options) were distributed, p were distributed, provide the conversion ratio and des			-		exchangeable securities		
Convertible / exchangeable Underlying Exercise pl convitu and Canadian (Canadian		Expiry date	Conversion				
security code security code Lowest	Highest	(YYYY- MM-DD)	ratio	Describe other i	items (if applicable)		
W         N         T         C         M         S         0.2700	0.2700	2021-04-13	1:1				
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 or	n	Number of unique purchasers	<sup>28</sup> Total a	mount (Canadian \$)		
British Columbia NI 45-106 2.3 [/	Accredited inve	estor]		10	269,985.00		
Manitoba NI 45-106 2.3 [/	Accredited inve	estor]		2	71,750.00		
Australia NI 45-106 2.3 [/	Accredited inve	estor]		6	440,750.00		
Germany NI 45-106 2.3 [/	y NI 45-106 2.3 [Accredited invest			3	51,250.00		
United Kingdom NI 45-106 2.3 [/	Accredited inve	estor]		1	32,609.97		
	Total	dollar amount of s	ecurities distribut	ed	866,344.97		
T	otal number of u	inique purchasers <sup>21</sup>		22			

<sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

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

#### 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.<sup>3</sup> If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

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

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

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

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

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

Ітем 8 - Со	MPENSATIO	N INFORMATION		
		rson (as defined in NI 45-106) to whom the issuer directly provides, o <b>itional copies of this page if more than one person was, or will</b>	,	
Indicate whet	her any compens	ation was paid, or will be paid, in connection with the distribution.		
🗌 No	✓ Yes	If yes, indicate number of persons compensated.	3	

a) Name of person comper	nsated and registra	ation status							
Indicate whether the person comp	pensated is a registra	nt.	🗌 No	$\checkmark$	Yes				
If the person compensated is an ir	ndividual, provide the	name of the indiv	idual.						
Full legal name of individ	ual								
	Fa	nily name	I	First given na	ame	Secor	ndary given names		
If the person compensated is not a	If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual PI Financial Corp.									
Firm NRD number 5 2 9 0 (if applicable)									
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.									
b) Business contact inform	ation								
If a firm NRD number is not provi	ded in Item 8 (a), pro	vide the business o	ontact informat	tion of the <sub>l</sub>	person being co	ompensated.			
Street address								]	
Municipality				Р	rovince/State	Э		ĺ	
Country				Postal c	ode/Zip code	э		1	
Email address				Telep	hone numbe	r		Ī	
c) Relationship to issuer or	investment fund r	nanager	-						
Indicate the person's relationship the Instructions and the meaning							nnected" in Part B(2) of	f	
Connect with the issuer					-		investment fund)		
		-		_					
Director or officer of the	investment fund or	nvestment tuna m			ee of the issue	er of investme	ent fund manager		
✓ None of the above									
d) Compensation details									
Provide details of all compensation Canadian dollars. Include cash cor incidental to the distribution, such allocation arrangements with the d	nmissions, securities- as clerical, printing,	based compensation legal or accounting	on, gifts, discour services. An iss	nts or other suer is not r	compensatior equired to ask	n. Do not repor	rt payments for services		
Cash commissions paid	21,598	.80			Security code 1	Security co	ode 2 Security code 3	1	
Value of all securities distributed as compensation <sup>4</sup>			Security codes		W N T			]	
	ms of warrants, optic	ons or other rights	131,700 Fir months fror		rants to purc	hase a shar	re at \$0.27 for 12	]	
Other compensation⁵		Describe		in clocking				l	
Total compensation paid									
Check box if the pers	on will or may receiv	e any deferred co	mpensation (de	escribe the	terms below)				
								]	
<sup>4</sup> Provide the aggregate value of a additional securities of the issuel rights exercisable to acquire add <sup>5</sup> Do not include deferred comper	r. Indicate the securit litional securities of ti	y codes for all sec	ion, <u>excluding</u> c curities distribut	options, wai ted as comp	rrants or other pensation, <u>incl</u>	rights exercis l <u>uding</u> options,	sable to acquire ;, warrants or other		

a) Name of person comp	pensated and registration	on status								
Indicate whether the person co	mpensated is a registrant.		✓ No	Yes						
If the person compensated is a	n individual, provide the no	me of the indivi	dual.							
Full legal name of indiv	vidual									
	Family	' name	Firs	t given name		Secondary given names				
If the person compensated is n	-	-								
Full legal name	of non-individual 100	75919 MB LTI	).							
F	Firm NRD number (if applicable)									
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact info	rmation									
If a firm NRD number is not pr	ovided in Item 8 (a), provid	e the business co	ontact informatior	n of the person b	eing com	pensated.				
Street address	880 Nottingham Ave									
Municipality	Winnipeg			Province	/State	Manitoba				
Country	Canada		F	Postal code/Zip	o code	R2K 2E1				
Email address	matt.p.mckillop@icloud	d.com		Telephone n	umber					
c) Relationship to issuer	or investment fund ma	nager	1							
Indicate the person's relationsh the Instructions and the meani						ning of "connected" in Part B(2) of				
	uer or investment fund ma		· · ·			er than an investment fund)				
		-								
	the investment fund or inve	estment rund ma		Employee of the		or investment fund manager				
✓ None of the above										
d) Compensation details										
						ribution. Provide all amounts in To not report payments for services				
	ich as clerical, printing, leg	al or accounting	services. An issue	r is not required	to ask for	details about, or report on, internal				
Cash commissions pa	-	7	inaiviauai compe	insuled by the iss	uer.					
		<b>′</b> ] ¬		Security W N		Security code 2 Security code 3				
Value of all securitididistributed as compensation			Security codes	WN						
Describe	terms of warrants, options	or other rights	30,000 Finder for a period of			e a common share at \$0.27 ng.				
Other compensation	on <sup>5</sup>	Describe								
Total compensation pa	aid 4,920.00		L							
Check box if the pe	erson will or may receive a	」 ny deferred con	pensation (desci	ribe the terms be	elow)					
<sup>4</sup> Provide the aggregate value additional securities of the iss rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the security c additional securities of the l	odes for all secu								

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	✓ No	□ Y	′es				
If the person compensated is ar	individual, provide	the name of the indivi	dual.						
Full legal name of indiv	ridual								
		Family name	Firs	st given nam	ne	Secondary	given names		
If the person compensated is no	ot an individual, prov	ide the following infor	mation.						
Full legal name	of non-individual	Konkera Holdings	Pty. Ltd.						
F	Firm NRD number (if applicable)								
Indicate whether the person co	mpensated facilitated	d the distribution throu	igh a funding por	tal or an in	nternet-based p	oortal. 🗸	] No 🗌	] Yes	
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business co	ontact information	n of the pe	rson being con	npensated.			
Street address	PO Box 1311								
Municipality	Subiaco PO			Pro	vince/State	Western Aus	tralia		
Country	Australia		] F	Postal coo	de/Zip code	6008			
Email address	ecranston@konk	era.com.au		Telepho	one number				
c) Relationship to issuer	or investment fun	d manager							
Indicate the person's relationsh the Instructions and the meanin Connect with the issu	ng of "control" in sec	tion 1.4 of NI 45-106 f	or the purposes o	f completir	ng this section.	nning of "connect ner than an inves			
		-							
Director or officer of t	he investment fund	or investment fund ma	anager	Employee	e of the issuer	or investment fur	id manager		
✓ None of the above									
d) Compensation details									
Provide details of all compensat Canadian dollars. Include cash o incidental to the distribution, su allocation arrangements with th Cash commissions pa	commissions, securit ch as clerical, printin e directors, officers c	ies-based compensatio g, legal or accounting	n, gifts, discounts services. An issue	or other co r is not req	ompensation. I juired to ask fo	Do not report pay	ments for se	ervices	
				Se	ecurity code 1	Security code 2	Security co	de 3	
Value of all securitie distributed as compensatio		5	Security codes	W	NT				
Describe t	Describe terms of warrants, options or other rights 319,884 Finders Warrants to purchase units (consisting of one share and one share purchase warrant exercisable at \$0.27 until April 13, 2022) at \$0.205 until April 13, 2022.								
Other compensatio	n <sup>5</sup>	Describe							
Total compensation pa	id								
Check box if the pe	rson will or may rec	eive any deferred con	pensation (desc	ribe the ter	rms below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an <sup>5</sup> Do not include deferred comp	ier. Indicate the sec dditional securities o	urity codes for all secu						¥r	
	crisau011.								

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 of the following (select the one that applies - if more than one applies, select only one).										
<ul> <li>Reporting issuer in any juris</li> </ul>	diction of Canada									
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>										
Provide name of reporting issuer										
Wholly owned subsidiary of	Wholly owned subsidiary of a foreign public issuer <sup>6</sup>									
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 <sup>7</sup>				_		
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	:). Proceed to Item	10.						
<sup>6</sup> 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. <sup>7</sup> 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		onship to issuer ct 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	Rela (select o	elationship to promoter to one or both if applicable		oter licable)		
				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	Advanced Protome Therapeutics Corp.								
Full legal name	Woodward	Paul	J	John Courtney					
	Family name	First given name		Secondary given names					
Title	President & CEO								
Telephone number	6048978025	Email address	paul@conation.ca						
Signature	"Paul Woodward"	Date	2021	04	23				
			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				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	nail address		

#### Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information
  pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory
  authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of
  the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and
  business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the
  security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.