Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9440394

ITEM 1 - REPORT TYPE							
✓ New report							
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)							
ITEM 2 - PARTY CERTIFYING TH	e Report						
Indicate the party certifying the report (se			investment fund, refer to sect	ion 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 an inve	stment fund)						
Underwriter	sumoni rama,						
ITEM 3 - ISSUER NAME AND OT							
Provide the following information about t							
Full legal name		nerapeutics Corporation	l				
Previous full legal name	Previous full legal name						
If the issuer's name changed in th	e last 12 months, provide most	recent previous legal name.					
Website www.advancedproteome.com (if applicable)							
If the issuer has a legal entity identifier. p	ovide below. Refer to Part B of t	he Instructions for the definition	on of "legal entity identifier".				
Legal entity identifier	NA						
If two or more issuers distributed a single	security, provide the full legal no	ame(s) of the co-issuer(s) other	than the issuer named above	e.			
Full legal name(s) of co-issuer(s)		(if applic	able)				
	4471011						
ITEM 4 - UNDERWRITER INFOR							
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD numb	er.	¬			
Full legal name							
Firm NRD number (if applicable)							
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.							
Street address							
Municipality		Province/Stat	e				
Country		Postal code/Zip cod	e				
Telephone number		Websit	е	(if applicable)			

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 5 4 1 7 1 0
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies
☐ Cryptoassets
b) Number of employees
Number of employees: ✓ 0 - 49
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No
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
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.
All AB BC MB NB NL NT
□ NS □ NU □ ON □ PE □ QC □ SK □ YT
If the issuer has a CUSIP number, provide below (first 6 digits only) CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an
exchange and not a trading facility such as, for example, an automated trading system. Exchange name
h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION						
If the issuer is an inves	tment fund, provide the following information.						
a) Investment fund ma	anager information						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
Municipality	Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investment	fund						
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .						
Money market	☐ Equity ☐ Fixed income ☐ Balanced						
Alternative strateg	gies Cryptoasset Other (describe)						
Indicate whether one or bot	h of the following apply to the investment fund .						
Invests primarily in	n other investment fund issuers						
☐ Is a UCITs Fund¹							
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	and financial year-end of the investment fund						
Date of forma	Date of formation Financial year-end MM DD MM DD						
d) Reporting issuer st	atus of the investment fund						
Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes							
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.						
☐ AII ☐	AB BC MB NB NL NT						
□ NS □	NU ON PE QC SK YT						
e) Public listing status of the investment fund							
If the investment fund has a CUSIP number, provide below (first 6 digits only)							
CUSIP number							
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's 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							
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 \$).							
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD						

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

a) Currency

Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

✓ Canadian dollar US dollar Euro Other (describe)

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 03 25

YYYY MM DD

End date 2021 03 25

c) Detailed purchaser information

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

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

					Canadian \$	
Security code CUSIP number (if applicable)		Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U B S	007628	One common share and one warrant to purchase one common share at \$0.27 for 12 months from closing.	3,091,000.00	0.2050	0.2050	633,655.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

							,	•	, ,	,
exch	nvertib nangea urity c	able		nderlyi	•		se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest			
W	Ν	Т	С	М	S	0.2700	0.2700	2022-03-25	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 on	Number of unique ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	5	82,000.00
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	2	35,055.00
Alberta	NI 45-106 2.3 [Accredited investor]	2	49,200.00
Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	10,250.00
Manitoba	NI 45-106 2.3 [Accredited investor]	7	421,275.00

Newfoundland and Labrador	1	35,875.00	
	633,655.00		
	Total number of unique purchasers ^{2b}	18	

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

^{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.

TEM 8 - COMPENSATION I	NFORMATIO	N					
Provide information for each person the distribution. Complete addition				•	any compensation in connection with		
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
No ✓ Yes	If yes, indicat	e number of pers	ons compensated.	5			
a) Name of person compens	sated and regist	ration status					
Indicate whether the person compe	nsated is a registr	ant.	☐ No	✓ Yes			
If the person compensated is an inc	lividual, provide th	ne name of the indiv	idual.				
Full legal name of individu	al						
	F	amily name	First give	en name	Secondary given names		
If the person compensated is not ar	individual, provid	de the following info	rmation.				
Full legal name of r	non-individual	Canaccord Genu	ty Corp.				
Firm	NRD number	9 0 0		(if app	olicable)		
Indicate whether the person compe	nsated facilitated	the distribution thro	ugh a funding portal or	r an internet-based	portal. No Yes		
b) Business contact informa	tion						
If a firm NRD number is not provide	ed in Item 8 (a), pi	ovide the business o	ontact information of t	he person being co	mpensated.		
Street address							
Municipality				Province/State			
Country			Posta	al code/Zip code			
Email address			Tel	lephone number			
c) Relationship to issuer or i	nvestment fund	manager					
Indicate the person's relationship w the Instructions and the meaning o					raning of "connected" in Part B(2) of n.		
Connect with the issuer of	r investment fund	l manager	Insid	der of the issuer (ot	ther than an investment fund)		
Director or officer of the in	nvestment fund o	r investment fund m	anager	oloyee of the issuer	r or investment fund manager		
✓ None of the above							
d) Compensation details							
incidental to the distribution, such a allocation arrangements with the di	missions, securitie s clerical, printing rectors, officers or	s-based compensation, legal or accounting employees of a non	on, gifts, discounts or ot services. An issuer is n	ther compensation. ot required to ask f	istribution. Provide all amounts in Do not report payments for services or details about, or report on, internal		
Cash commissions paid	70	1.10		Security code 1	Security code 2 Security code 3		
Value of all securities distributed as compensation ⁴			Security codes				
·	s of warrants, opt	ions or other rights					
Other compensation ⁵		Describe					
Total compensation paid	70	1.10					
Check box if the person 4 Provide the aggregate value of all additional convition of the incurrent	l securities distrib	uted as compensati	ion, <u>excluding</u> options,	warrants or other I	rights exercisable to acquire		
additional securities of the issuer. rights exercisable to acquire additional securities and acquire additional securities of the issuer.			runties alstributed as co	ornpensation, <u>inclu</u>	<u>ruing</u> options, warrants or other		

not include deferred compensation

a) Name of person compe	ensated and registrati	on status						
Indicate whether the person com	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 indivi	dual							
	Famil	y name	Firs	st given na	ame	Seconda	ary given name	es .
If the person compensated is not	an individual, provide ti	he following infor	mation.					
Full legal name o	of non-individual Ha	ywood Securitie	es Inc.					
Fir	m NRD number 1	6 3	0		(if ap	plicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
b) Business contact inform	nation							
If a firm NRD number is not prov	vided in Item 8 (a), provi	de the business co	ontact information	n of the p	erson being co	mpensated.		
Street address								
Municipality				Pr	rovince/State			
Country			F	Postal co	ode/Zip code			
Email address				Teleph	none number			
c) Relationship to issuer of	or investment fund ma	anager						
Indicate the person's relationship the Instructions and the meaning							ected" in Part	: B(2) of
<u></u>	er or investment fund ma				-	". ther than an inv	estment fund	d)
	e investment fund or inv	-	anager \square		·	r or investment		•
✓ None of the above			ў <u></u>	. ,			· ·	
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash continuidental to the distribution, such allocation arrangements with the	ommissions, securities-bo h as clerical, printing, leg	ased compensation	n, gifts, discounts services. An issue	or other r is not re	compensation. equired to ask	Do not report p	payments for .	services
Cash commissions paid	d 4,920.0	0			Security code 1	Security code	2 Security	code 3
Value of all securities distributed as compensation			Security codes					
·	rms of warrants, options	s or other rights	30,000 Finder from closing	s warra	nts exercisal	ole at \$0.27 fo	r 12 months	S
Other compensation	5	Describe	Trom closing					
Total compensation paid	d 4,920.0	0						
Check box if the person will or may receive any deferred compensation (describe the terms below)								
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the security ditional securities of the	codes for all sect	on, <u>excluding</u> opti urities distributed	ions, war as comp	rants or other pensation, <u>inclu</u>	rights exercisal: <u>ıding</u> options, и	ole to acquire varrants or oti	her

a) Name of person compensated and registration status									
Indicate whether the person compensated is a registrant. No Ves									
If the person compensated is an individual, provide the name of the individual.									
Full legal name of individual									
Family name First given name Secondary given na	mes								
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)	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. V No Yes									
b) Business contact information									
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.									
Street address									
Municipality Province/State									
Country Postal code/Zip code									
Email address Telephone number									
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in P the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.	art B(2) of								
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund manager)	und)								
	•								
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager	agei								
None of the above									
d) Compensation details									
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all ame Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments fincidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	or services								
Cash commissions paid 1,640.00 Security code 1 Security code 2 Security code 3	ity code 3								
Value of all securities Security codes									
distributed as compensation ⁴ Describe terms of warrants, options or other rights 10000 Finders Warrants exercisable for one share at \$0.	27 for								
12 months from closing									
Other compensation ⁵ Describe									
Total compensation paid 1,640.00									
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 acquaditional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or	rire								

a) Name of person comper	sated and regis	stration status									
Indicate whether the person comp	ensated is a regist	trant.		☐ No		\checkmark	Yes				
If the person compensated is an in	dividual, provide	the name of the	individ	ual.							
Full legal name of individe	ual										
		Family name			Firs	t given r	name		Second	ary giver	names
If the person compensated is not a	ın individual, prov	vide the followin	g inforr	nation.							
Full legal name of	non-individual	IA Capital M	arkets								
Firm	Firm NRD number 1 5 4 0 0 (if 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 provid	ded in Item 8 (a), _I	provide the busi	ness co	ntact info	rmation	of the	person l	being cor	mpensated.		
Street address											
Municipality						F	Province	e/State			
Country					P	ostal o	code/Zi	p code			
Email address					·			number			
	invoctment fun	d managar				1010					
c) Relationship to issuer or			,				5.6.4	.,			D + D(2) - (
Indicate the person's relationship with the Instructions and the meaning of										естеа" і	n Part B(2) 0†
Connect with the issuer	or investment fur	nd manager				Insider	of the is	ssuer (ot	her than an in	estmer/	nt fund)
Director or officer of the	investment fund	or investment fu	und ma	nager		Employ	ee of th	ne issuer	or investmen	fund m	anager
✓ None of the above											
d) Compensation details											
Provide details of all compensation	naid or to be na	id to the nersor	identit	ied in Iten	n 8(a) ii	ı conne	ection wi	ith the di	stribution Pro	ide all i	amounts in
Canadian dollars. Include cash con	nmissions, securiti	ies-based compe	ensation	n, gifts, dis	counts	or othe	r compe	nsation.	Do not report	oaymen	ts for services
incidental to the distribution, such allocation arrangements with the c									or details aboน	t, or rep	ort on, internal
Cash commissions paid		56.00			,				I o		
\\alian of all accounities	,-						Security	code 1	Security code	2 Se	curity code 3
Value of all securities distributed as compensation ⁴			S	ecurity co	des						
Describe terr	ns of warrants, o	ptions or other i	ights								
Other compensation ⁵		Des	cribe								
Total compensation paid	1,0	56.00									
Check box if the person	on will or may rec	eive any deferre	ed com	pensation	ı (descr	ibe the	terms b	elow)			
_											
<u> </u>											
⁴ Provide the aggregate value of a additional securities of the issuer.											
rights exercisable to acquire addi Do not include deferred compen	itional securities d										
7											

a) Name of person comp	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 indiv	idual.					
Full legal name of indi	vidual						
	Family name	First given name	Secondary given names				
If the person compensated is n	ot an individual, provide the following info	rmation.					
Full legal name	e of non-individual 10075919 MB LT	D.					
Firm NRD number (if applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes							
b) Business contact info	rmation						
If a firm NRD number is not pr	ovided in Item 8 (a), provide the business c	ontact information of the person being con	npensated.				
Street address	880 Nottingham Ave						
Municipality	Winnipeg	Province/State	Manitoba				
Country	Canada	Postal code/Zip code	R2K 2E1				
Email address	matt.p.mckillop@icloud.com	Telephone number	2042916620				
c) Relationship to issuer	or investment fund manager						
	nip with the issuer or investment fund man ing of "control" in section 1.4 of NI 45-106						
	uer or investment fund manager	· · · <u> </u>	ner than an investment fund)				
<u></u>	-		ŕ				
Director or officer of	the investment fund or investment fund m	anager	or investment fund manager				
✓ None of the above							
d) Compensation details	3						
Canadian dollars. Include cash incidental to the distribution, su	tion paid, or to be paid, to the person ident commissions, securities-based compensation In as clerical, printing, legal or accounting the directors, officers or employees of a non	on, gifts, discounts or other compensation. services. An issuer is not required to ask fo	Do not report payments for services				
Cash commissions pa	aid 30,504.00	Security code 1	Security code 2 Security code 3				
Value of all securition distributed as compensation		Security codes					
·	terms of warrants, options or other rights	192,000 Finders' Warrants to buy c closing at \$0.27	ne share for 12 months from				
Other compensation	on ⁵ Describe	Closing at \$0.27					
Total compensation pa							
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 compensati	on excluding options warrants or other re	ahts exercisable to acquire				
additional securities of the iss	uer. Indicate the security codes for all sec additional securities of the issuer.	urities distributed as compensation, <u>includ</u>	ding options, warrants or other				

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER				
If the issuer is an investment fund	d, do not complete l	Item 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	sdiction 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						7
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_
Provide name of	foreign public issue	r						7
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only ⁷				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.								
If the issuer is none of the	above, check this b	oox and complete	Item 9(a) - (c).					
a) Directors executive officer	s and promoters of	of the issuer						
a) Directors, executive officers and promoters of the issuer Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or								
territory; otherwise state the country.							province	
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individe	ual or ail n of		onship to	
				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 names	Residential jurisdiction of individual			to promo	
				Province or country	D		C)
c) Residential address of eac	h individual							
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he

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			John Courtney						
	Family name	First given name	'	Seconda	ary given n	ames				
Title	President & CEO									
Telephone number	6046903797	Email address	paul@	conation.ca	l					
Signature	"Paul Woodward"	Date	202	1 04	08					
			YYYY	Y MM	DD	•				

PERSON				
		3 ,	regulator mo	ay contact with any questions
I certifying the report				
			Title	
Family name	First given name	Secondary given names		
	Er	mail address		
	this report, if different than	ness contact information for the individual that the secuthis report, if different than the individual certifying the all certifying the report Family name First given name	ness contact information for the individual that the securities regulatory authority or this report, if different than the individual certifying the report in Item 10.	ness contact information for the individual that the securities regulatory authority or regulator months report, if different than the individual certifying the report in Item 10. Il certifying the report Title Family name First given name Secondary given names

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.