# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9174637

ITEM 1 - REPORT TYPE						
□ New report						
✓ Amended report If ame	Amended report If amended, provide filing date of report that is being amended 2020 07 10 (YYYY-MM-DD)					
·	•					
ITEM 2 - PARTY CERTIFYING TH	E REPORT					
Indicate the party certifying the report (sel Instrument 81-106 Investment Fund Conti			restment fund, refer to sectio	n 1.1 of National		
☐ Investment fund issuer	,	, ,				
✓ Issuer (other than an investigation)	stment fund)					
Underwriter						
ITEM 3 - ISSUER NAME AND OT	THED IDENTIFIEDS					
Provide the following information about the		vestment fund, about the fund				
Full legal name		vestment fand, about the fand.				
Previous full legal name		iviediflow fric.				
If the issuer's name changed in th		recent previous legal name				
Website		-				
		(if applicabl				
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".			
Legal entity identifier						
If two or more issuers distributed a single:						
Full legal name(s) of co-issuer(s)		(if applicabl	e)			
ITEM 4 - UNDERWRITER INFORM	MATION					
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD number.				
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/State				
Country		Postal code/Zip code				
Telephone number		Website		(if applicable)		

If the issuer is an investment fund, do not complete item 5. Proceed to Item 6.   Reprinary industry	Item 5 - Issuer Information
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	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
All CS industry code	a) Primary industry
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    Number of employees   V 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 5 0 0 5 4    If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address   Province/State    Municipality   Postal code/Zip code    Country   Postal code/Zip code    Country   Telephone number    Date of formation and financial year-end    Date of formation and financial year-end    Province/State   Postal code/Zip code    Telephone number    Phase of formation and financial year-end    Amount   Postal code/Zip code    Telephone number   Province/State    Amount   Province/State    Amount   Province/State    Province/State   Postal code/Zip code    Telephone number   Province/State    Amount   Province/State    Province/State   Postal code/Zip code    Telephone number   Province/State    Amount   Province/Sta	
mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production	NAICS industry code 4 4 6 1 1 0
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	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages   Real estate   Commercial/business debt   Consumer debt   Private companies   Cryptoassets	
Cryptoassets  b) Number of employees  Number of employees:	
Number of employees:	
c) SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 5 0 0 5 4  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Province/State Postal code/Zip code Country Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end  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 NB NL NT	b) Number of employees
Does the issuer have a SEDAR profile?  No	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
If yes, provide SEDAR profile number 0 0 0 5 0 0 5 4  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Postal code/Zip code  Telephone number   Date of formation and financial year-end  YYYY MM DD  Financial year-end  MM DD  Financial year-end  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 NB NB NL NT	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Province/State  Postal code/Zip code  Country  Telephone number  e) Date of formation and financial year-end  Date of formation  Tyyyy MM DD  Financial year-end  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.  All AB BC MB NB NB NL NT	Does the issuer have a SEDAR profile?
d) Head office address  Street address	No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 5 0 0 5 4
Street address	
Municipality Postal code/Zip code Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end 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.  All AB BC MB NB NB NL NT	d) Head office address
Country  Telephone number  Date of formation and financial year-end  Date of formation  Financial year-end  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.  All AB BC MB NB NL NT	Street address Province/State
e) Date of formation and financial year-end  Date of formation Financial year-end  YYYYY MM DD  Financial year-end  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.  All AB BC MB NB NB NL NT	Municipality Postal code/Zip code
Date of formation	Country Telephone number
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	e) Date of formation and financial year-end
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	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  All AB BC MB NB NL NT	f) Reporting issuer status
AII AB BC MB NB NL NT	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.
□ NS         □ NU         □ ON         □ PE         □ QC         □ SK         □ YT	AII AB BC MB NB NL NT
	□ NS         □ NU         □ ON         □ PE         □ QC         □ SK         □ YT
g) Public listing status	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	Exchange name
h) Size of issuer's assets	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	it most accurately identifies the issuer (select only one) .				
Money market	☐ Equity ☐ Fixed income ☐ Balanced				
Alternative strate	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					
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.				
c) Date of formation a	nd financial year-end of the investment fund				
Date of formation Financial year-end MM DD MM DD					
d) Reporting issuer status of the investment fund					
Is the investment fund a rep	orting 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 T				
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 S500M to under \$1B S1B or over Date of NAV calculation:				
	YYYY MM DD				

# **ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION**

US dollar

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.

а	g Currency
Se	elect the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

Euro

#### b) Distribution date(s)

✓ Canadian dollar

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.

Other (describe)

Start date	2020	06	30
	YYYY	MM	DD

End date	2020	06	30
	YYYY	MM	DD

#### 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 \$	
Securit code		CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
U B	S	58503  103	Each unit consists of one common share and one-half of one common share purchase warrant	2,181,700.00	1.7500		3,817,975.00

# 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.

e	Convertible / exchangeable security code		Underlying security code			Exercise price (Canadian \$)		Expiry date Conversic (YYYY- MM-DD) ratio		Describe other items (if applicable)	
							Lowest	Highest			
V	/   1	N	Τ	С	М	S	2.6300		2022-12-31		The expiry date of the warrants will be the date which is 24 months from the Issuer's listing on a recognized Canadian or U.S. stock exchange.

#### 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 <sup>28</sup> purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	15	457,100.00
British Columbia	NI 45-106 2.3 [Accredited investor]	49	1,404,025.00
Ontario	NI 45-106 2.3 [Accredited investor]	57	1,828,575.00
Malta	NI 45-106 2.3 [Accredited investor]	1	50,750.00

Paraguay	NI 45-106 2.3 [Accredited investor]	52,500.00	
United Kingdom	NI 45-106 2.3 [Accredited investor]	25,025.00	
	3,817,975.00		
	Total number of unique purchasers <sup>2</sup> b	124	

<sup>&</sup>lt;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.

#### 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	

<sup>&</sup>lt;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)

<sup>&</sup>lt;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.

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

a) Name of person compensated and registration status											
Indicate whether the person con	npensated is a regis	trant.			☐ No		$\checkmark$	Yes			
If the person compensated is an	individual, provide	the nam	e of the	indivia	lual.						
Full legal name of indivi	dual										7
	Family name First given name Secondary given names										
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	Gravit	tas Sec	urities	Inc.						
Fi	rm NRD number	2	6	2	6	0			(if app	licable)	
Indicate whether the person con							tal or an	interne			3
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							P	rovince	/State		
Country						F	ostal c	ode/Zip	code		
Email address							Telep	hone n	umber		
c) Relationship to issuer	or investment fur	ıd mana	ager								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.											
Connect with the issue	er or investment fu	nd mana	ıger				Insider	of the is	suer (oth	ner than an investment fund)	
Director or officer of the investment fund or investment fund manager											
✓ None of the above					Ü		, ,			Ü	
d) Compensation details					C / 1 / 1:						
Canadian dollars. Include cash co	ommissions, securit h as clerical, printii	ies-basei 1g, legal	d compe or accou	nsatioi ınting s	n, gifts, dis services. A	counts n issue	or othei r is not i	comper equired	nsation. I to ask fo	stribution. Provide all amounts in Do not report payments for services or details about, or report on, interna	
Cash commissions pai		40.00	, ,			,				Citd-0	
Value of all securitie	<u> </u>	26.00		S	Security co	odes		Security U N		Security code 2 Security code 3 W N T	
distributed as compensation	'										
Describe te	erms of warrants, o	ptions o	r other ri	ights	109,800 units iss					s issued on same terms as	
						er unit	consis	ting of	one uni	older to purchase units at t share and one-half of one	
Other compensation	5		Des	cribe							
Total compensation pai	d 727,5	66.00									
Check box if the per	son will or may red	eive any	/ deferre	ed com	pensation	(desc	ribe the	terms be	elow)		
<sup>4</sup> Provide the aggregate value o additional securities of the issu- rights exercisable to acquire ad <sup>5</sup> Do not include deferred compe	er. Indicate the sed Iditional securities	curity cod	des for a								

a) Name of person comp	ensated and regi	stration status						
Indicate whether the person co	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 individual								
Family name First given name Secondary given names								
If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individual	Haywood Securit	ies Inc.					
F	irm NRD number	1 6 3	0		(if app	olicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
b) Business contact information								
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business (	contact informati	on of the per	rson being co	mpensated.		
Street address								
Municipality				Pro	vince/State			
Country			1	Postal cod	de/Zip code			
Email address				Telepho	one 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 Part B(2) of								
the Instructions and the meaning							( ) -1	
Connect with the issu	ier or investment fu	nd manager		Insider of	the issuer (ot	her than an inve	stment fund)	
Director or officer of t	he investment fund	or investment fund m	nanager	Employee	of the issuer	or investment fu	ınd manager	
✓ None of the above								
d) Compensation details								
Provide details of all compensations of all compensations of all compensations of the distribution, sure allocation arrangements with the	commissions, securit ch as clerical, printii	ies-based compensati ng, legal or accounting	ion, gifts, discount g services. An issu	ts or other co er is not req	ompensation. Juired to ask f	Do not report pa	yments for services	
Cash commissions pa	aid			Se	ecurity code 1	Security code 2	Security code 3	
Value of all securition distributed as compensation	25 (	053.00	Security codes	W	N T			
Describe t	terms of warrants, c	ptions or other rights	a price of \$1	.75 per uni	it. Each unit	e holder to pur consists of on ice of \$2.73 pe	e unit share	
Other compensation	n <sup>5</sup>	Describe						
Total compensation pa	25,0	053.00						
Check box if the pe	erson will or may red	ceive any deferred co	mpensation (des	cribe the ter	rms below)			
<sup>4</sup> Provide the aggregate value additional securities of the issuights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sed dditional securities	curity codes for all sec						

a) Name of person compensated and registration status											
Indicate whether the person compensated is a registrant.    No   Yes											
If the person compensated is an individual, provide the name of the individual.											
Full legal name of individual											
	Family name First given name Secondary given names								mes		
If the person compensated is not an individual, provide the following information.											
Full legal name	Full legal name of non-individual Canaccord Genuity Corp.										
F	irm NRD number	9 0	0				(if ap	plicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
b) Business contact information											
If a firm NRD number is not pro	ovided in Item 8 (a), <sub>I</sub>	provide the busine	ss contac	ct informatio	n of the	person	being co	mpensated.			
Street address											
Municipality					F	Provinc	e/State				
Country					Postal o	code/Z	ip code				
Email address					Telep	ohone	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 Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager											
None of the above											
d) Compensation details											
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, securiti ch as clerical, printin ne directors, officers c	es-based compens g, legal or accoun	ation, gi ting serv	fts, discounts ices. An issue	s or othe er is not	r comp require	ensation. d to ask f	Do not rep	ort payı	nents f	or services
Cash commissions pa	aid					Securit	y code 1	Security (	code 2	Secur	ity code 3
Value of all securitie distributed as compensatio	120	00.00	Secu	ırity codes		W	N T				
Describe t	erms of warrants, o	otions or other rig	a p an	,800 broke price of \$1. d one-half are.	75 per (	unit. E	ach unit	t consists	of one	unit sl	hare
Other compensation	n <sup>5</sup>	Descr	be								
Total compensation pa	18,9	00.00									
Check box if the pe	rson will or may rec	eive any deferred	compen	sation (desc	ribe the	terms	below)				
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire acus <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities o	urity codes for all									

a) Name of person compensated and registration status									
Indicate whether the person co	mpensated is a regi	strant.	☐ No	✓ Yes					
If the person compensated is ar	n individual, provide	e the name of the indiv	idual.						
Full legal name of indiv	Full legal name of individual								
Family name First given name Secondary given names									
·	If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individua	Raymond James	Ltd.						
F	irm NRD number	8 2 4	0		(if appl	icable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  • No • Yes									
b) Business contact information									
If a firm NRD number is not pro	ovided in Item 8 (a),	, provide the business c	ontact informatio	on of the persor	n being com	pensated.			
Street address									
Municipality				Provin	ce/State				
Country			Ī	Postal code/2	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 Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  None of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.  Cash commissions paid  Security code 1   Security code 2   Security code 3								
Value of all securitie	· · I	103.50	Security codes	W	N T				
distributed as compensation  Describe t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	options or other rights	price of \$1.7	5 per unit. Ea	ch unit co	nolder to purcha nsists of one ur f \$2.73 per warr	nit share and		
Other compensatio	n <sup>5</sup>	Describe							
Total compensation pa	9, 9	103.50							
Check box if the person will or may receive any deferred compensation (describe the terms below)									
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the se dditional securities	curity codes for all sec							

a) Name of person comp	pensated and reg	istration status							
Indicate whether the person co	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 individual									
Family name First given name Secondary given names									
If the person compensated is no	If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individual	Industrial Alliance	Securities Inc.						
F	irm 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.  • No : Yes									
b) Business contact info	b) Business contact information								
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business c	ontact information	n of the person being	compensated.				
Street address									
Municipality				Province/Sta	ite				
Country			j .	Postal code/Zip co	de				
Email address				Telephone numb	per				
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager									
d) Compensation details	}								
Canadian dollars. Include cash	commissions, securions to the directors, officers and	ties-based compensations, legal or accounting or employees of a non	on, gifts, discounts services. An issue	or other compensati r is not required to a: nsated by the issuer.  Security code	e distribution. Provide all amounts in on. Do not report payments for services sk for details about, or report on, internal  1				
distributed as compensation	on <sup>4</sup> 21,	157.50							
Describe ·	terms of warrants, o	options or other rights	a price of \$1.7	75 per unit. Each u	the holder to purchase units at nit consists of one unit share price of \$2.73 per warrant				
Other compensation	n <sup>5</sup>	Describe							
Total compensation pa	21,1	157.50							
Check box if the pe	erson will or may red	ceive any deferred cor	mpensation (desc	ribe the terms below	)				
	uer. Indicate the sec additional securities	curity codes for all sec			er rights exercisable to acquire cluding options, warrants or other				

a) Name of person compensated and registration status								
Indicate whether the person co	mpensated is a reg	istrant.	☐ No	$\checkmark$	Yes			
If the person compensated is ar	n individual, provid	le the name of the indiv	vidual.					
Full legal name of indiv	vidual							
Family name First given name Secondary given names								
If the person compensated is no	If the person compensated is not an individual, provide the following information.							
Full legal name	Full legal name of non-individual Richardson GMP Limited							
F	irm NRD numbe	er 2 1 9	7	0	(if apı	olicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
b) Business contact information								
If a firm NRD number is not pro	ovided in Item 8 (a	), provide the business	contact inform	ation of the p	person being co	mpensated.		
Street address								
Municipality				Р	rovince/State			
Country				Postal o	code/Zip code			
Email address				Telep	hone number			
c) Relationship to issuer	c) Relationship to issuer or investment fund manager							
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager								
None of the above								
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, su	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 amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.							
Value of all securitie	es		Ca avenita v a a da		Security code 1 W N T	Security code 2	Security code 3	
distributed as compensation	on⁴5	,250.00	Security code	#S				
Describe f Other compensatio		options or other rights  Describe	price of \$1 one-half o	1.75 per un	it. Each unit c	holder to purcha onsists of one u of \$2.73 per war	nit share and	
Total compensation pa		,250.00						
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the se dditional securities	ecurity codes for all se						

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISSU	JER					
If the issuer is an investment fun	d, do not complete I	tem 9. Procced to	Item 10.						
Indicate whether the issuer is any o	f the following (select	the one that applie	es - if more than one	applies, select only one).					
Reporting issuer in any juris	sdiction 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	f a foreign public issu	uer <sup>6</sup>							
Provide name o	f foreign public issue	r							
Issuer distributing only eligi	ble foreign securities	and the distributio	n is to permitted clier	nts only <sup>7</sup>					
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item 1	<b>o</b> .					
<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.  [V] If the issuer is none of the above, check this box and complete Item 9(a) - (c).									
a) Directors, executive officer	rs and promoters o	f the issuer							
Provide the following information fo territory; otherwise state the country	r each director, execu	tive officer and pro			, state the	province	or		
Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or residentail jurisdiction of individual		onship to			
				Province or country	D	0	Р		
	Reyhany-Bozorg	Amir	Ali	Ontario	✓	✓			
	Campusano	Felipe		Ontario	✓	✓			
	Besharat	Kia		British Columbia	✓				
	Nassar	Karim		Ontario		✓			
b) Promoter information									
If the promoter listed above is not ar within Canada, state the province or									
	- "		Secondary given		elationship t one or bo				

# Residential address of each individual

Family name

Organization or company name

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.

First given name

Secondary given names

individual

Province or

country

D

0

# **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	Mednow Inc.				
Full legal name	Rehany-Bozorg	/	Ali		
	Family name	First given name	'	Seconda	ry given names
Title	Director				
Telephone number	4168278700	Email address	ali@ca	ırepharmaci	es.ca
Signature	Amir Ali Reyhany-Bozorg Date			07	20
			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	Deans	Brandon			Title	Lawyer		
	Family name	First given name	e Secondary	given names	•			
Name of company	DuMoulin Black LLP							
Telephone number	6046026817		Email address	bdeans@du	ımoulinbl	ack.com		

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

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

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

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

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

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