Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9188139

ITEM 1 - REPORT TYPE											
New report											
Amended report	Amended report If amended, provide filing date of report that is being amended 2020 07 29 (YYYY-MM-DD)										
ITEM 2 - PARTY CERTIF	TEM 2 - PARTY CERTIFYING THE REPORT										
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.											
Investment fund issuer											
✓ Issuer (other than	n an inves	tment fu	nd)								
			,								
ITEM 3 - ISSUER NAME	AND OT	HER IDE	NTIFIE	RS							
Provide the following informat			-			-	nd, abou	it the fund.			
Full le	egal name	Icanic E	Brands	s Compa	ıny lı	nc.					
Previous full le	Previous full legal name Integrated Cannabis Company Inc.										
If the issuer's name ch	anged in th	e last 12 ma	onths, pi	rovide mo:	st rece	ent previ	ous lega	l name.			
	Website							(if applicabl	e)		
If the issuer has a legal entity i	dentifier <u>,</u> pr	ovide below	. Refer t	to Part B o	f the l	Instructio	ons for tl	he definition o	of "legal entity identi	ifier".	
Legal entity	dentifier										
If two or more issuers distribut	ed a single s	ecurity, pro	vide the	e full legal	name	e(s) of th	e co-issu	ıer(s) other th	an the issuer named	above.	
Full legal name(s) of co	o-issuer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITE	R INFORM	IATION									
If an underwriter is completing	the report,	provide the	underw	riter's full	legal	name a	nd firm I	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							Provi	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 4 1 8 9 9 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 🗌 50 - 99 🗌 100 - 499 🗌 500 or more							
c) SEDAR profile number							
Does the issuer have a SEDAR profile?							
No✓ YesIf yes, provide SEDAR profile number00034397							
If the issuer does not have SEDAR profile complete item 5(d) - (h).							
d) Head office address							
Street address Province/State							
Municipality Postal code/Zip code							
Country Telephone number							
e) Date of formation and financial year-end							
Date of formation Financial year-end							
YYYY MM DD MM DD							
f) Reporting issuer status							
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes							
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.							
AII AB BC MB NB NL NT							
NS NU ON PE QC SK YT							
g) Public listing status							
If the issuer has a CUSIP number, provide below (first 6 digits only)							
CUSIP number							
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.							
Exchange name							
h) Size of issuer's assets							
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.							

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investing in the investment fund issuers Is a UCIT's Fund's) Understaining for the Collective Investment fund issuers Is a UCIT's Fund's) are investment fund issuers Is a UCIT's Fund's) are investment fund is reporting issuer in any jurkdication of Canada? No
Full legal name
Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad to
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purchasers resident in that jurisd	nada completes a distribution in a jur iction of Canada only. Do not include which must be disclosed in Item 8. Th	in Item 7 securities issu	ued as payment o	of commissions or f	inder's fees in				
a) Currency									
Select the currency or currencies	in which the distribution was made. A	ll dollar amounts prov	ided in the report	must be in Canad	ian dollars.				
Canadian dollar	US dollar Euro	Other (descri	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 2020 07 22 YYYY MM DD YYYY MM DD									
c) Detailed purchaser info	rmation								
Complete Schedule 1 of thi	s form for each purchaser and	attach the schedul	e to the compl	leted report.					
d) Types of securities dist	ributed								
	n for all distributions reported on a pe ISIP number, indicate the full 9-digit (ow to indicate the				
				Canadian	6				
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount				
UBS 45827L sha	U B S 45827L Each unit equals 1 common share and 1 common share purchase warrant.			0 0.2500	1,072,500.00				
e) Details of rights and co	nvertible/exchangeable securitie	S							
	ns) were distributed, provide the exerc				exchangeable securities				
were distributed, provide the cor Convertible / exchangeable security code	Exercise price (Canadian \$) Lowest Highest	Expiry date (YYYY- MM-DD)	Conversion ratio	-	items (if applicable)				
W N T C M S	0.3100	2022-07-22	1:1		Varrants include an ccelerated exercise provision.				
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 uniq purchasers		mount (Canadian \$)				
British Columbia	NI 45-106 2.3 [Accredited in	vestor]		20	468,750.00				
Alberta	NI 45-106 2.3 [Accredited in	vestor]		6	106,250.00				
Ontario	NI 45-106 2.3 [Accredited in	vestor]		4	272,500.00				
United Arab Emirates	NI 45-106 2.3 [Accredited in	vestor]		1	100,000.00				
Québec	NI 45-106 2.3 [Accredited in	vestor]		2	125,000.00				
	Tot	al dollar amount of s	ecurities distrib	outed	1,072,500.00				
	Total number of	unique purchasers ²	b	32					

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

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

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

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

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

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

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

ITEM 8 - COMPENSATION	NFORMATION				
Provide information for each person the distribution. Complete addition			• •		, any compensation in connection with sated.
Indicate whether any compensation	on was paid, or will be po	aid, in connecti	on with the distribu	ition.	
No 🖌 Yes	If yes, indicate nur	nber of perso	ns compensated	J. 3	
a) Name of person compens	sated and registration	status			
Indicate whether the person compe	nsated is a registrant.		No No	✓ Yes	
If the person compensated is an inc	lividual, provide the nam	ne of the individ	lual.		
Full legal name of individu	al				
	Family n	ame	First	given name	Secondary given names
If the person compensated is not ar	n individual, provide the	following infor	mation.		
Full legal name of	non-individual Cana	ccord Genuit	y Corp.		
Firm	NRD number 9	0 0		(if a	oplicable)
Indicate whether the person compe	nsated facilitated the dis	tribution throu	gh a funding porta	l or an internet-base	d portal. 🖌 No 🗌 Yes
b) Business contact informa	tion				
If a firm NRD number is not provid	ed in Item 8 (a), provide	the business co	ntact information	of the person being c	ompensated.
Street address					
Municipality				Province/State	e
Country			Po	stal code/Zip code	e
Email address				Telephone numbe	r
c) Relationship to issuer or i	nvestment fund mana	ager			
Indicate the person's relationship w the Instructions and the meaning o					neaning of "connected" in Part B(2) of on.
Connect with the issuer of	or investment fund mana	iger	li 🗌	nsider of the issuer (other than an investment fund)
Director or officer of the i	nvestment fund or inves	tment fund ma	nager 🗌 E	mployee of the issue	er or investment fund manager
\checkmark None of the above					
d) Compensation details					
incidental to the distribution, such a allocation arrangements with the di	missions, securities-base Is clerical, printing, legal rectors, officers or emplo	d compensation or accounting	n, gifts, discounts o services. An issuer	r other compensation is not required to ask	distribution. Provide all amounts in n. Do not report payments for services for details about, or report on, internal
Cash commissions paid	28,000.00			Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴		S	ecurity codes		
Describe term	s of warrants, options o	r other rights			
Other compensation ⁵		Describe			
Total compensation paid	28,000.00				
Check box if the person	n will or may receive any	y deferred com	pensation (descrit	be the terms below)	
^₄ Provide the aggregate value of al					
additional securities of the issuer. rights exercisable to acquire addit.			rities distributed a	s compensation, <u>inc</u>	luding options, warrants or other
⁵ Do not include deferred compens					

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								
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual Fidelity Clearing Canada ULC								
Firm NRD number 2 8 8 8 0 (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves								
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	Ī							
Country Postal code/Zip code	ĺ							
Email address Telephone number	Ì							
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.	f							
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 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 12,000.00 Security code 1 Security code 2 Security code 3								
Value of all securities Security codes								
distributed as compensation ⁴ Describe terms of warrants, options or other rights	٦							
Other compensation ⁵ Describe	ļ							
Total compensation paid 12,000.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								

a) Name of person compo	ensated and registratior	n status							
Indicate whether the person con	npensated is a registrant.		No No	\checkmark	Yes				
If the person compensated is an	individual, provide the nan	ne of the indivic	lual.						
Full legal name of indivi	idual								
	Family r	iame	Fir	st given na	me	Secor	ndary given names		
	If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individual PI Fir	nancial Corp.							
Fi	rm NRD number 5	2 9	0		(if ap	plicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves									
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), provide	the business co	ontact informatio	n of the p	erson being co	mpensated.			
Street address									
Municipality				Pr	ovince/State				
Country				Postal co	ode/Zip code				
Email address				Teleph	ione numbei				
c) Relationship to issuer of	or investment fund man	ager							
Indicate the person's relationshi the Instructions and the meanin							nnected" in Part B(2) of		
Connect with the issue	er or investment fund mana	ager		Insider o	f the issuer (c	ther than an	investment fund)		
Director or officer of th	ne investment fund or inves	stment fund ma	inager	Employe	e of the issue	r or investme	ent fund manager		
✓ None of the above									
d) Compensation details									
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securities-base ch as clerical, printing, legal	d compensation or accounting	n, gifts, discounts services. An issue	s or other o er is not re	compensation equired to ask	Do not repor	rt payments for services		
Cash commissions pai	id 1,250.00			S	Security code 1	Security co	de 2 Security code 3		
Value of all securities distributed as compensatior		S	Security codes						
	erms of warrants, options of	or other rights							
Other compensation	n ⁵	Describe							
Total compensation pai	id 1,250.00]		
Check box if the per	rson will or may receive an	y deferred com	pensation (desc	cribe the te	erms below)				
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the security co Iditional securities of the is	des for all secu							

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER										
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.										
Indicate whether the issuer is any o	f the following (seled	t the one that appli	es - if more than one	applies, select onl	y one).					
✓ Reporting issuer in any jurisdiction of Canada										
Foreign public issuer	Foreign public issuer									
Wholly owned subsidiary of	Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶									
Provide name of reporting issuer										
Wholly owned subsidiary of	a foreign public iss	uer ⁶								
Provide name of	foreign public issue	er								
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	ents only ⁷				_		
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	:). Proceed to Item	10.						
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.										
a) Directors, executive officer	s and promoters	of the issuer								
Provide the following information for territory; otherwise state the country.						tate the	province	or		
Organization or company name	Secondary given Secondary given Relationship to issuer (select 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	itionship one or bo	to promo oth if appl	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	Icanic Brands Company Inc.	anic Brands Company Inc.									
Full legal name	Beukman	Eugene									
	Family name	First given name	•	Secondary given names							
Title	Director & CFO)irector & CFO									
Telephone number	6046872038	Email address	ebeukma	beukman@partumadvisory.co							
Signature	"Eugene Beukman"	Date	2020	07	31						
			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	Ratzlaff	Leanne			Title	Corporate Advisor
	Family name	First given name	Secondary	given names		
Name of company	Partum Advisory Service	es Corp.				
Telephone number	6046872038		Email address	lratzlaff@pa	partumadvisory.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.