# Form 45-106F1 Report of Exempt Distribution

## IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

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 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 an investment fund)								
Underwriter								
January Name and Original Institutions								
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS								
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.								
Full legal name Reliq Health Technologies Inc.								
Previous full legal name Moseda Technologies Inc.								
If the issuer's name changed in the last 12 months, provide most recent previous legal name.								
Website www.reliqhealth.com (if applicable)								
If the issuer has a legal entity identifier. provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".								
Legal entity identifier								
Item 4 - Underwriter Information								
If an underwriter is completing the report, provide the underwriter's full legal name and firm National Registration Database (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)								

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 corresponds to the issuer's primary business activity.  For more information on finding the NAICS industry code go to <b>Statistics Canada's NAICS industry search tool.</b>
NAICS industry code 5 4 1 5 1 4
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.      Exploration  Development  Production
Is the issuer's primary business is to invest all or substantially all of its assets in any of the following? If yes, select all that apply.  Mortgages Real estate Commerial/business debt Consumer debt Private companies
b) 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 2 2 9 7 5  If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end 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.
│
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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.
Exchange name(s):
h) Size of issuer's assets
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full 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 investment fund, provide the following information.									
a) Investment fund ma	anager information								
Full legal name									
Firm NRD number	(if applicable)								
If the investment fund ma	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 Province/State								
Country	Postal code/Zip code								
Telephone number	Website (if applicable)								
b) Type of investment	fund								
Type of investment fund tha	t most accurately identifies the issuer (select only one) .								
☐ Money market	☐ Equity ☐ Fixed income								
☐ Balanced	Alternative strategies Other (describe)								
Indicate whether one or boti	h of the following apply to the investment fund .								
☐ Invests primarily in	other investment fund issuers								
☐ Is a UCITs Fund¹									
	ve Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) re 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 format									
d) Reporting issuer st	YYYY MM DD MM DD  atus of the investment fund								
, 1									
	orting issuer in any jurisdication of Canada? No Yes  of Canada in which the investment fund is a reporting issuer.								
All	AB BC MB NB NL NT								
□ NS □	NU ON PE QC SK TT								
e) Public listing status	s of the investment fund								
If the investment fund has a	CUSIP number, provide below (first 6 digits only)								
	CUSIP number								
	olicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for for and received a listing, which excludes, for example, automated trading systems.								
Exchange nam	es								
f) Net asset value (NA	AV) of the investment fund								
Select the NAV range of the	investment fund as of the date of the most recent NAV calculation (Canadian \$).  \$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, which should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. 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) 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 End date 2017 04 21 2017 04 26 MM חח MM DD YYYY Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed

Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A 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. The information included in item 7d must reconcile to item 7f. For examples on how to report convertible securities, see our <u>Frequently Asked Questions</u>.

				Canadian \$		
Security code	CUSIP number (if applicable)	I Description of security		Single or lowest Highest price Total price		Total amount
CVD	320728	Convertible Debenture	12.00	0.0000	0.0000	762,304.97

#### 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.

Security code		Underlying security code																																													Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
					Lowest					Highest																																									
C		V	D	U	В	S	0.1300	0.1300	2019-04-21		CVD accrues interest at 8% per annum, converts into Units at \$0.13. Each Unit consists of 1 Common Share ("CS") and 1/2 Share Purchase Warrant ("SPW"). Each Full SPW entitles the holder to purchase 1 additional CS of the Company at CAD\$0.20 for 3 years.																																								

#### 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 purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	4	391,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	1	40,000.00
United States	NI 45-106 2.3 [Accredited investor]	5	231,304.97
Marshall Islands	NI 45-106 2.3 [Accredited investor]	1	50,000.00

Paraguay	50,000.00		
	762,304.97		
	Total number of unique purchasers <sup>2</sup>	12	

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

#### g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. 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)			

ITEM 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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
No   ✓ Yes If yes, indicate number of persons compensated. 2							
a) Name of person 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 PI Financial Corp.							
Firm NRD number 5 2 9 0 (if applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🕡 No 🔲 Ye	es:						
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	1						
Email address Telephone number	<u> </u>						
c) Relationship to issuer or investment fund manager	J						
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 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 8,000.00 Security codes Security code 1 Security code 2 Security code 3							
Value of all securities distributed as compensation <sup>4</sup>							
·	1						
Describe terms of warrants, options or other rights							
	ว่						
Other compensation <sup>5</sup> Describe	j						
Other compensation <sup>5</sup> Describe	j						
Other compensation 5 Describe  Total compensation paid 8,000.00	j ]						

<ul> <li>a) Name of person com</li> </ul>	pensated and registration status							
Indicate whether the perso	on compensated is a registrant.	□ No [	✓ Yes					
If the person compensated is	s an individual, provide the name of the in	dividual.						
Full legal name of indi	ividual							
	Family name	First given nan	ne Sec	ondary given names				
If the person compensated	is not an individual, provide the following	information.						
Full legal name	e of non-individual Raymond James	s Ltd.						
Firm NRD number (if applicable)								
Indicate whether the person	n compensated facilitated the distribution	through a funding porto	al or an internet-bas	sed portal.  Ves				
b) Business contact info	ormation							
If a firm NRD number is not	provided in Item 8 (a), provide the busine	ss contact information o	f the person being c	compensated.				
Street address	2100-925 Georgia St W							
Municipality	Vancouver		Province/State	British Columbia				
Country	Canada	Posta	al code/Zip code	V6C 3L2				
Email address	brad.brodeur@raymondjam es.ca	Те	lephone number	7805695257				
c) Relationship to issue	er or investment fund manager							
	nship with the issuer or investment fund m the meaning of "control" in section 1.4 of I							
	suer or investment fund manager			her than an investment fund)				
<u></u>	the investment fund or investment fund r	<u> </u>		or investment fund manager				
✓ None of the above			,					
d) Compensation details	S							
Provide details of all compen Canadian dollars. Include cas services incidental to the dist	nsation paid, or to be paid, to the person ic sh commissions, securities-based compens tribution, such as clerical, printing, legal or gements with the directors, officers or emp	sation, gifts, discounts or accounting services. An	other compensation	n. Do not report payments for ed to ask for details about, or report				
Cash commissions p	paid 7,280.00	Security codes	Security code 1	Security code 2 Security code 3				
Value of all securiti distributed compensati	as	,	W N T					
Describe	Describe terms of warrants, options or other rights  Finders Warrants.  Each Finder's Warrant entitles the holder thereof to purchase one (1) additional common share of the Company at an exercise price of CAD\$0.20 on or before April 21, 2018.							
Other compensation	on⁵ Describe							
Total compensation p	7,280.00							
Check box if the p	erson will or may receive any deferred co	ompensation (describe	the terms below)					
additional securities of the I	ue of all securities distributed as compensissuer. Indicate the security codes for allowed additional securities of the issuer.							

ГЕМ	9 - DIRECTORS, EXECUTI	VE OFFICERS A	AND PROMO	TERS OF THE IS	SSUER					
If t	he issuer is an investment fund, o	do not complete I	tem 9. Procced t	o Item 10.						
Ind	icate whether the issuer is any of th	e following (select	all that apply).							
[	Reporting issuer in any jurisdic	tion 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 a f	oreign public issu	er <sup>6</sup>							
	Provide name of for	eign public issuer								
	Issuer distributing eligible forei	gn securities only	to permitted clien	ıts <sup>7</sup>						
<sup>6</sup> An . secu	If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.  6An 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 box and complete Item 9(a) - (c).									
a)	Directors, executive officers a		•	., .,						
	ovide the following information for rritory; otherwise state the country.	each director, exec	cutive officer and p				da, sta	e the p	province o	or
	Organization or company name	Family name	First given name	Secondary give names	Business lo non-individ resider jurisdicti individ	dual or ntail ion of		itionshi issuer ect all apply)	that	
					Province o	r country	D	0	Р	
b)	Promoter information									
	the promoter listed above is not an ithin Canada, state the province or t									
	Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relatio (select one				
					Province or country	D		C	)	
c)	Residential address of each in	ndividual								

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

Telephone number

Provide the following certification and business contact information of an officer or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

#### IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Beukman	Eugene				
	Family name	First given name		Secondary given names		
Title	Director					
Name of issuer/underwriter/ investment fund manager	Reliq Health Technologies Inc					
Telephone number	6046872038	Email address	ebeukma	ebeukman@pendergroup.ca		
Signature	Signed: "Eugene Beukman"	Date	2017	04	28	
			YYYY	MM	DD	

### **ITEM 11- CONTACT PERSON** Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10. Same as individual certifying the report Full legal name Title Secondary given Family name First given name names Name of company Email address

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

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

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

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

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

- 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
- has authorized the indirect collection of the information by the securities regulatory authority or regulator.