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 2016 08 04 (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						
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 Neutrisci International Inc.						
Previous full legal name						
If the issuer's name changed in the last 12 months, provide most recent previous legal name.						
Website www.neutrisci.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".						
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 Statistics Canada's NAICS industry search tool . NAICS industry code 3 2 5 4 1 0								
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production Is the issuer's primary business 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: Image: 0 - 49 Image: 50 - 99 Image: 100 - 499 Image: 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 1 5 9 3 8 If the issuer does not have SEDAR profile complete item 5(d) - (h).								
d) Head office address								
Street address 1620 - 609 Granville Street Province/State British Columbia								
Municipality Vancouver Postal code/Zip code V7Y 1C3								
Country Canada Telephone number 7783318505								
e) Date of formation and financial year-end								
Date of formation 2000 07 26 Financial year-end 12 31 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								
g) Public listing status								
If the issuer has a CUSIP number, provide below (first 6 digits only) CUSIP number 4 2 2 5 3 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): Canada - TSX								
Venture								
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								
\$100M to under \$500M \$500M to under \$1B \$1B or over \$1B								

ITEM 6 - INVESTMENT	ITEM 6 - INVESTMENT FUND ISSUER INFORMATION						
If the issuer is an investr	If the issuer is an investment fund, provide the following information.						
a) Investment fund manager information							
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund man	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 that	most accurately identifies the issuer (select only one) .						
Money market	Equity Fixed income						
Balanced	Alternative strategies Other (describe)						
Indicate whether one or both	of the following apply to the investment fund .						
Invests primarily in	other investment fund issuers						
Is a UCITs Fund ¹							
¹ Undertaking for the Collective directives that allow collective	e Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) e investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
	nd financial year-end of the investment fund						
Date of formati							
	YYYY MM DD MM DD						
d) Reporting issuer sta	atus of the investment fund						
	rting issuer in any jurisdication of Canada? 🔲 No 🗌 Yes						
If yes, select the jurisdictions of All	of Canada in which the investment fund is a reporting issuer.						
e) Public listing status	NU ON PE QC SK YT of the investment fund						
	CUSIP number, provide below (first 6 digits only)						
CUSIP number							
If the investment fund 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.							
Exchage names							
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							
	YYYY MM DD						

TEM 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.								
a) Currency	a) Currency							
Select the currency or currencies in	which the distribution was mad	de. All doi	llar amounts	provided ii	n the report mu	st be in Canadiar	n dollars.	
✓ Canadian dollar	US dollar 🛛 Euro	C	Other (describe)			
b) Distribution date(s)								
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date 2016 07 25 YYYY MM DD End date 2016 07 25 YYYY MM DD								
c) Detailed purchaser inform	mation							
Complete Schedule 1 of this f	form for each purchaser ar	nd attac	h the schee	dule to tl	he completed	l report.		
d) Types of securities distril								
Provide the following information Instructions for how to indicate the distributed.								being
						Canadian \$		
Security code CUSIP number (if applicable)	Description of security		Numbe securi		Single or lowest price	Highest price	Total amour	it
UBS64129Y107 %0 en col \$0	its. Each unit consists of mmon share and one ha e common share purcha arrant. Each whole warrant title the holder to purcha mmon share at a price of .18 per share for a period e year from closing.	lf of se nt will se one f	ill		0.1000	0.1000	469,00	0.00
e) Details of rights and conv	vertible/exchangeable secu	rities						
If any rights (e.g. warrants, option							xchangeable sec	urities
were distributed, provide the con Security Code Underlying Security code	Exercise price (Canadian \$) Lowest Highest	Expi	ry date - MM-DD)	Conversi ratio	ion	ribe other items (if a	applicable)	
U B S C M S	0.1800 0.1800	2017	7-07-25		1.00			
f) Summary of the distribution	on by jurisdiction and exem	ption						
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 amou	nt (Canadian \$)	
British Columbia	NI 45-106 2.5 [Family, friends and business associates]			ess	1		20,000.	00
Alberta	NI 45-106 2.3 [Accredit	ted inve	estor]		4	L	90,000.	00
Ontario	NI 45-106 2.3 [Accredit	ted inve	estor]		2		195,000.	00
China	NI 45-106 2.3 [Accredited investor]				1		160,000.	00

	Belgium	1	4,000.00			
		urities distributed	469,000.00			
² In calcu	In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether					

²In 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 - COMPENSATIC	ON 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 compen	sation was paid, or will be paid, in connecti	on with the distribution.				
🗌 No 🗹 Yes	If yes, indicate number of perso	ons compensated.	2			
a) Name of person com	pensated and registration status					
Indicate whether the perso	on compensated is a registrant.	□ No 🗸] Yes			
If the person compensated is	an individual, provide the name of the ind	ividual.				
Full legal name of indi	vidual					
	Family name	First given name	Seco	ndary given name	es	
If the person compensated	is not an individual, provide the following in	nformation.				
Full legal name	e of non-individual Haywood Securiti	es Inc.				
F	Firm NRD number		(if appl	icable)		
Indicate whether the persor	n compensated facilitated the distribution th	nrough a funding portal	or an internet-base	d portal.	✓ No 🗌 Yes	
b) Business contact info	ormation					
If a firm NRD number is not	provided in Item 8 (a), provide the business	contact information of t	the person being co	mpensated.		
Street address	700-200 Burrard St					
Municipality	Vancouver]	Province/State	British Colu	mbia	
Country	Canada	Postal	code/Zip code	V6C 3L6		
Email address		Tele	phone number	604697710	0	
c) Relationship to issue	r or investment fund manager					
	nship with the issuer or investment fund ma he meaning of "control" in section 1.4 of No				ected" in Part	
Connect with the iss	uer or investment fund manager	Inside	er of the issuer (oth	er than an inve	stment fund)	
Director or officer of	the investment fund or investment fund ma	anager 🗌 Emplo	oyee of the issuer of	or investment fu	und manager	
None of the above						
d) Compensation details	5					
Canadian dollars. Include cas services incidental to the dist.	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 p	aid	Security codes	Security code 1	Security code 2	Security code 3	
Value of all securiti distributed compensatio	as 1,400.00		C M S			
-	terms of warrants, options or other rights					
Other compensation	Describe					
Total compensation pa						
Total compensation paid 1,400.00 Check box if the person will or may receive any deferred compensation (describe the terms below)						
additional securities of the i	e of all securities distributed as compensa ssuer. Indicate the security codes for all se e additional securities of the issuer. mpensation.					

a) Name of person comp	ensated and registration status							
Indicate whether the person compensated is a registrant. 🗌 No 🗹 Yes								
If the person compensated is a	an individual, provide the name of the	individual.						
Full legal name of indivi	idual							
	Family name	First given r	name Seco	ndary given names				
If the person compensated is not an individual, provide the following information.								
Full legal name	Full legal name of non-individual Mackie Research Capital Corporation							
Firm NRD number (if applicable)								
Indicate whether the person	compensated facilitated the distribution	n through a funding po	rtal or an internet-bas	ed portal. 🗹 No 🔲 Yes				
b) Business contact infor	mation							
If a firm NRD number is not p	provided in Item 8 (a), provide the busin	ess contact information	n of the person being co	ompensated.				
Street address	1920-1075 Georgia St W							
Municipality	Vancouver		Province/State	British Columbia				
Country (Canada	Po	stal code/Zip code	V6E 3C9				
Email address			Felephone number	7783734100				
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 Director or officer of the investment fund or investment fund manager								
d) Compensation details								
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 pai		Security codes	Security code 1	Security code 2 Security code 3				
Value of all securitie: distributed as compensatior	^{IS} 17,500.00		C M S					
Describe te	erms of warrants, options or other righ	ts						
Other compensation	n ⁵ Describ	pe						
Total compensation pai	id 17,500.00							
	rson will or may receive any deferred of		,					
additional securities of the iss	e of all securities distributed as compe- suer. Indicate the security codes for al additional securities of the issuer.							

⁵Do not include deferred compensation.

Ιτεμ	ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER								
lf th	If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.								
Indi	Indicate whether the issuer is any of the following (select all that apply).								
✓ Reporting issuer in any jurisdiction of Canada									
Ľ	Foreign public issuer								
Ľ	Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶								
	Provide name of reporting issuer								
Ľ	Wholly owned subsidiary of a f	oreign public issue	r ⁶						
	Provide name of for	eign public issuer							
Ľ	Issuer distributing eligible forei	gn securities only to	o permitted clien	ts ⁷					
lf ti	he issuer is at least one of the ab	ove, do not compl	ete Item 9(a) –	(c). Proceed to Ite	m 10.				
secu ⁷ Che	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 Checck 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 officers a		•						
Pro	ovide the following information for ritory; otherwise state the country.	each director, execu	itive officer and p				ıda, sta	te the p	province or
	Organization or company name	Family name	First given name	Secondary give names	n Business Ic non-indivi reside jurisdict indivio	dual or ntail ion of		ationsh issuer ect all apply)	that
					Province o	r country	D	0	Р
b)	Promoter information		·	·					
, If t	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	Relatio (select one			
					Province or country	D		C	>
c)	Residential address of each in	ndividual							
Con	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 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	Ackerman	Scott	
	Family name	First given name	Secondary given names
Title	CEO		
Name of issuer/underwriter/ investment fund manager	NeutriSci International Inc.		
Telephone number	7783316505	Email address sacker	rman@emprisecapital.com
Signature	/s/ "Scott Ackerman"	Date 201	16 10 07
		YYY	YY 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.

 \checkmark Same as individual certifying the report

Full legal name				Title
	Family name	First given name	Secondary given names	
Name of company				
Telephone number		E	mail address	

Notice - Collection and use of personal information

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

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

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

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

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