Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE									
New report	nded, provide filing date	of report that is being am	ended 2017 11 10 (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 invest 	stment fund)								
	,								
	_								
ITEM 3 - ISSUER NAME AND OTH									
Provide the following information about the									
Full legal name	Green 2 Blue Energy (Corp.							
Previous full legal name	Brigade Resource Cor	р.							
If the issuer's name changed in	the last 12 months, provide mo	ost recent previous legal name.							
Website			(if applicable)						
If the issuer has a legal entity identifier, pro	vide below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".						
Legal entity identifier									
ITEM 4 - UNDERWRITER INFORM	ATION								
If an underwriter is completing the report, p		aal name and firm National Rea	istration Database (NRD) number						
		garmanne ana farm National neg							
Full legal name									
Firm NRD number		(if applicable)							
If the underwriter does not have a firm NRL	D number, provide the head off	ice contact information of the u	nderwriter.						
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 code3219999								
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. Image: Im								
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 Yes If yes, provide SEDAR profile number 0 0 3 7 3 9 1								
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								
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								
S100M to under \$500M S500M 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	inager information									
Full legal name										
Firm NRD number	(if applicable)									
If the investment fund man	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									
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 Collectiv directives that allow collective	re 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									
	orting 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. AB BC MB NL NT									
e) Public listing status	NU ON PE QC SK YT 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 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										
f) Net asset value (NA	V) 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	S5M to under \$25M \$25M to under \$100M									
\$100M to under \$500										
	YYYY MM DD									

ITEM 7 - INFORMATION AB	BOUT THE DISTRIBUTIC	DN	TEM 7 - INFORMATION ABOUT THE DISTRIBUTION							
purchasers resident in that jurisdiction	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 in	formation provided in Item 7 i	must reco	ncile with the	e inform	nation pr	ovided in S	chedule 1 of the	report.		
a) Currency										
Select the currency or currencies in w	which the distribution was mad	de. All dol	lar amounts	provide	d in the	report mus	t be in Canadian	dollars.		
✓ Canadian dollar	US dollar Euro	C	Other ((descril	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 2017 11 10 End date 2017 11 10										
	YYYY MM DD				Y	YYY I	MM DD			
c) Detailed purchaser inform	ation									
Complete Schedule 1 of this fo	orm for each purchaser ar	nd attac	h the sche	dule to	o the co	ompleted	report.			
d) Types of securities distrib	uted									
Instructions for how to indicate th	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</u> Asked Questions									
							Canadian \$			
Security code CUSIP number (if applicable)	Description of security		Numbe securi		6	ingle or owest price	Highest price	Total amount		
U B S sha	ts comprised of one cor re and one common sh chase warrant.		10,436	6,700.C	00	0.1000	0.1000	1,043,670.00		
e) Details of rights and conv	ertible/exchangeable secu	rities								
If any rights (e.g. warrants, options were distributed, provide the conv								changeable securities		
	Exercise price					lingeuble se	curity.			
Security Underlying code security code	(Canadian \$)		ry date - MM-DD)		ersion atio					
	Lowest Highest									
W N T C M S	WNTCMS0.10000.20001:1Each warrant entitles the holder thereof to purchase one common share at an exercise price of \$0.10 per share for a period of 12 months from distribution and thereafter at \$0.20 per share until 24 months from distribution.									
f) Summary of the distributio		-								
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					ber of hasers	Total amour	nt (Canadian \$)		
British Columbia	NI 45-106 2.3 [Accredit	ted inve	estor]		Purc	6		189,000.00		

British ColumbiaNI 45-106 2.3 [Accredited investor]6189,000.00British ColumbiaNI 45-106 2.5 [Family, friends and business
associates]33146,120.00QuébecNI 45-106 2.3 [Accredited investor]1186,000.00AlbertaNI 45-106 2.3 [Accredited investor]4144,000.00

Alberta	NI 45-106 2.5 [Family, friends and business associates]	3	13,000.00
Nova Scotia	NI 45-106 2.5 [Family, friends and business associates]	1	6,000.00
Belgium	NI 45-106 2.3 [Accredited investor]	6	50,000.00
Germany	NI 45-106 2.3 [Accredited investor]	1	50,000.00
Hungary	NI 45-106 2.3 [Accredited investor]	22	184,550.00
Netherlands	NI 45-106 2.3 [Accredited investor]	25	175,000.00
	Total dollar amount of sec	urities distributed	1,043,670.00
	Total number of unique purchasers ²	112	

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 - 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. 4
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 Ricci Anthony
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
Firm NRD number (if applicable)
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 provided in Item 8 (a), provide the business contact information of the person being compensated.
Street address 7284 Braeside Dr
Municipality Burnaby Province/State British Columbia
Country Canada Postal code/Zip code V5A 1E8
Email address tricci8@hotmail.com Telephone number 6042916627
 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 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.
Security codes Security code 1 Security code 2 Security code 3 Value of all securities U B S I
distributed as 5,600.00 compensation ⁴
Describe terms of warrants, options or other rights 56,000 units with the same terms as the units issued to subscribers above.
Other compensation ⁵ Describe
Total compensation paid 5,600.00
Check box if the person will or may receive any deferred compensation (describe the terms below)
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire
additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.

a) Name of person com	pensated and reg	istration status						
Indicate whether the perso	on compensated is a	registrant.	✓ No	Yes				
If the person compensated is	an individual, provi	de the name of the ind	ividual.					
Full legal name of individual McGhie			Scott					
	Fa	amily name	First given na	ame Seco	ndary given names	_		
If the person compensated i	is not an individual,	provide the following i	nformation.					
Full legal name of non-individual								
Firm NRD number (if applicable)								
Indicate whether the person	n compensated facili	tated the distribution t	hrough a funding por	tal or an internet-base	ed portal. 🗹	No 🗌 Yes		
b) Business contact info	rmation							
If a firm NRD number is not	provided in Item 8 (a), provide the busines	contact information	of the person being co	ompensated.			
Street address	201 Meadowview	w Drive, Box 6297						
Municipality	Bonnyville]	Province/State	Alberta			
Country	Canada		- Pos	stal code/Zip code	T9N 2G8			
Email address	smcghie@telusp	lanet.net	ר ד	elephone number	7898121711			
c) Relationship to issuer								
Indicate the person's relation B(2) of the Instructions and t	ship with the issuer	or investment fund ma	-			ed" in Part		
Connect with the issu	-			sider of the issuer (oth		ent fund)		
		-				,		
	ine investment func	l or investment fund m		nployee of the issuer	or investment rund	manager		
None of the above								
d) Compensation details		naid to the newson ide	untified in Items Q(s) in	a composition with the	distribution Drovido	all amounts in		
Provide details of all compens Canadian dollars. Include cas								
services incidental to the distr			-			bout, or report ג		
on, internal allocation arrang		ectors, officers or empl	byees of a non-inalvio	auai compensatea by i	ne issuer.			
Cash commissions pa	aid		Security codes	Security code 1	Security code 2	Security code 3		
Value of all securiti distributed		000.00		U B S				
compensatio	,	000.00						
Describe	terms of warrants, o	options or other rights	40,000 units with subscribers above	n the same terms as	s the units issued	l to		
Other compensation	n ⁵	Describe						
Total compensation pa		00.00						
Check box if the pe		 ceive any deferred cor	npensation (describe	e the terms below)				
⁴ Provide the aggregate valu	e of all securities d	istributed as compensa	ation. excludina ontic	ons. warrants or other	rights exercisable i	to acauire		
additional securities of the is	ssuer. Indicate the s	security codes for all s						
rights exercisable to acquire		es of the issuer.						

a) Name of person com	sated and registration status							
Indicate whether the perso	mpensated is a registrant. 🔽 No 🗌 Yes							
If the person compensated is	ndividual, provide the name of the individual.							
Full legal name of indi	al Mundie Jagjit							
	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								
Firm NRD number (if applicable)								
Indicate whether the persor	ppensated facilitated the distribution through a funding portal or an internet-based portal.	No 🗌 Yes						
b) Business contact info	tion							
If a firm NRD number is not	ded in Item 8 (a), provide the business contact information of the person being compensated.							
Street address	0 Petts Rd							
Municipality	hmond Province/State British Columb	pia						
Country	nada Postal code/Zip code V7A 1J7							
Email address	undie@gmail.com Telephone number 6046495010							
c) Relationship to issue	nvestment fund manager							
	with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connect eaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.	ted" in Part						
Connect with the iss	r investment fund manager Insider of the issuer (other than an investr	nent fund)						
Director or officer of	nvestment fund or investment fund manager Employee of the issuer or investment fund	1 manager						
None of the above								
d) Compensation details								
Canadian dollars. Include cas services incidental to the dist	n paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provid mmissions, securities-based compensation, gifts, discounts or other compensation. Do not report pay on, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details nts with the directors, officers or employees of a non-individual compensated by the issuer.	yments for						
Cash commissions p	Security codes Security code 1 Security code 2	Security code 3						
Value of all securiti distributed compensatio								
Describe	s of warrants, options or other rights 14,000 units with the same terms as the units issue subscribers above.	d to						
Other compensation	Describe							
Total compensation pa	1,400.00							
Check box if the pe	will or may receive any deferred compensation (describe the terms below)							
additional securities of the i	all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable r. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, war litional securities of the issuer.							

a) Name of person com	pensated and	registration status							
Indicate whether the person compensated is a registrant. No Yes									
If the person compensated is	an individual, p	rovide the name of the ind	lividual.						
Full legal name of indiv	/idual	Guarnaccia	Roco	xo					
		Family name	First given i	name Sec	condary given names				
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual									
Firm NRD number (if applicable)									
Indicate whether the person	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
b) Business contact info	rmation								
If a firm NRD number is not	provided in Item	8 (a), provide the busines	s contact informatio	n of the person being	compensated.				
Street address	199 Lasalle S	treet							
Municipality	Val-d'Or		7	Province/State	Québec				
Country	Canada		_ Pc	ostal code/Zip code	J9P 2A4				
Email address	rocco@cable	vision.qc.ca	-	Telephone number	8198566506				
c) Relationship to issuer	or investmen	t fund manager							
Indicate the person's relation B(2) of the Instructions and t	•		U .		meaning of "connected" in Part his section.				
Connect with the issu	-				ther than an investment fund)				
Director or officer of	he investment f	und or investment fund n	nanager 🕅 E	mployee of the issue	r or investment fund manager				
None of the above					Ŭ				
d) Compensation details	6								
Canadian dollars. Include cas	h commissions, sibution, such as	securities-based compense clerical, printing, legal or	ation, gifts, discounts accounting services.	s or other compensatic An issuer is not requir	distribution. Provide all amounts in on. Do not report payments for red to ask for details about, or report v the issuer.				
Cash commissions pa	aid		Security codes	Security code 1	Security code 2 Security code 3				
Value of all securiti distributed compensatio	as	3,680.00	occurry coucs	U B S					
Describe	terms of warran	ts, options or other rights	36,800 units wir subscribers abo		as the units issued to				
Other compensation	n ⁵	Describe							
Total compensation pa	aid	3,860.00							
Check box if the pe	erson will or may	/ receive any deferred co	mpensation (describ	be the terms below)					
	ssuer. Indicate t	he security codes for all s			er rights exercisable to acquire <u>cluding</u> options, warrants or other				

Ітем 9	- DIRECTORS, EXECUTIV	/E OFFICERS A	ND PROMO	TERS OF THE I	SSUER				
If the	issuer is an investment fund, a	lo not complete Ite	em 9. Procced to	o Item 10.					
Indicat	Indicate whether the issuer is any of the following (select all that apply).								
\checkmark	Reporting issuer in any jurisdiction of Canada								
Foreign public issuer									
	Wholly owned subsidiary of a r	eporting issuer in a	ny jurisdiction of	f Canada ⁶					
	Provide name o	of reporting issuer							
	Wholly owned subsidiary of a fe	oreign public issuer	r ⁶						
	Provide name of for	eign public issuer							
	Issuer distributing eligible foreig	on securities only to	permitted clien	ts ⁷					
If the	issuer is at least one of the ab	ove, do not compl	ete Item 9(a) –	(c). Proceed to Ite	m 10.				
securitie ⁷ Check	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) D	Virectors, executive officers a	nd promoters of	the issuer						
	de the following information for ory; otherwise state the country. I						da, sta	te the p	province or
ο	rganization or company name	Family name	First given name	Secondary give names	Business lo non-indivio residen jurisdicti indivio	dual or ntail ion of		ationsh issuer ect all apply)	that
					Province o	r country	D	0	Р
b) P	romoter 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.								
0	Organization or company nameFamily nameFirst given nameSecondary given namesResidential jurisdiction of individualRelationship to promoter (select one or both if applicable)								
					Province or country	D		C)
c) R	esidential address of each ir	ndividual							
Compl	lete Schedule 2 of this form pro	oviding the full res	sidential addre	ss for each individ	lual listed in Ite	m 9(a) and	(b) an	d atta	h 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	Young	Michael		
	Family name	First given name	Secondary give	en names
Title	Chief Financial Officer			
Name of issuer/underwriter/ investment fund manager	Green 2 Blue Energy Corp.			
Telephone number	6044284725	Email address m.young@g2benergy.biz		
Signature	Michael Young	Date 20	17 11	10
		YY	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.

Same as individual certifying the report

Full legal name	Lotz	Jonathan	Christopher	Title Solicitor			
	Family name	First given name	Secondary given names				
Name of company Lotz & Company							
Telephone number 6046990110 Email address jlotz@lotzandco.com				zandco.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.