# Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE									
<ul> <li>New report</li> <li>Amended report If amended, provide filing date of report that is being amended 2018 07 16 (YYYY-MM-DD)</li> </ul>									
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)									
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 Ascent Industries Corp.									
Previous full legal name									
If the issuer's name changed in the last 12 months, provide most recent previous legal name.									
Website www.ascentindustriescorp.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 code325412									
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 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       0       4       4       0       9         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 investi	ment fund, provide the following information.									
a) Investment fund ma	inager information									
Full legal name										
Firm NRD number	(if applicable)									
If the investment fund man	nt 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 <sup>1</sup>										
<sup>1</sup> 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									
	CUSIP number, provide below (first 6 digits only)									
.,	CUSIP number									
If the investment fund is pub	licly 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 name										
f) Net asset value (NA	V) of the investment fund									
-	nvestment 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 - INFORM	ATION A	BOUT THE DISTRIBUT	ION							
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										
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)										
b) Distribution da	te(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       2018       06       19         End date       2018       06       19										
		ΥΥΥΥ ΜΜ [	DD			YY	ΥΥ	MM DD		
c) Detailed purch	aser inform	nation								
Complete Schedule	1 of this fo	orm for each purchaser	and attac	h the sche	dule to t	the cor	npleted	report.		
d) Types of secur	ities distrib	outed								
Instructions for how t	o indicate th	for all distributions that tak ne security code. If providing ded in item 7d must reconci	the CUSIP r	umber, indic	ate the fu	ıll 9-digi	it CUSIP n	umber assigned	to the security	-
								Canadian \$	;	
Security code CUSIP r (if appli		Description of security		Numbe securi		Single or lowest price		Highest price Total ar		ınt
UBS	sha	its (consisting of comn ares and common sha chase warrants)		29,244	,986.00		0.4000		11,697,99	94.40
e) Details of right	s and conv	vertible/exchangeable se	curities							
		s) were distributed, provide t version ratio and describe an							xchangeable se	curities
	erlying	Exercise price		ry date	Conver		igeuble se	curity.		
	ity code	(Canadian \$)		- MM-DD)	ratio		Descri	be other items (if	applicable)	
W N T C	MS	Lowest Highest 0.0500	2020	0-06-19						
				0010						
		on by jurisdiction and exe		urchasers fo	r each iur	isdiction	of Canac	la and foreian iu	risdiction when	го л
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.								а		
Province country	or	Exempt	ion relied on			Numb purcha		Total amou	nt (Canadian \$)	
British Colu	umbia	NI 45-106 2.3 [Accre	dited inve	estor]			178		8,579,980	).40
British Colu	umbia	NI 45-106 2.5 [Family associates]	y, friends	and busin	iess		41		1,001,330	).40
Alberta	a	NI 45-106 2.3 [Accre	dited inve	estor]			4		337,500	).00
Alberta	a	NI 45-106 2.5 [Family associates]	y, friends	and busin	iess		1		19,500	).00
Manitol	ba	NI 45-106 2.5 [Family associates]	y, friends	and busin	iess		2		30,000	).00
Ontari	C	NI 45-106 2.3 [Accre	dited inve	estor]			20		860,954	1.00
Québe	с	NI 45-106 2.3 [Accre	dited inve	estor]		4 440,002.			2.00	

	Total number of unique purchasers <sup>2</sup>	259	
	urities distributed	11,697,994.40	
United States	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	6	292,727.20
Australia	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	10,000.40
United Kingdom	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	25,000.00
Indonesia	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	101,000.00

<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.<sup>3</sup> 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>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 - COMPENSATIO	ON INFORMATION								
	person (as defined in NI 45-106) to v <b>ete additional copies of this page</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.     33									
a) Name of person com	pensated and registration statu	IS							
Indicate whether the perso	on compensated is a registrant.	V No	Yes						
If the person compensated is	s an individual, provide the name of	the individual.							
Full legal name of indi	vidual Bui	F	leu	Thi Kim					
	Family name	First give	en name Seco	ndary given names					
If the person compensated	is not an individual, provide the follo	owing information.							
Full legal name	e of non-individual								
I	Firm NRD number		(if app	licable)					
Indicate whether the perso	n compensated facilitated the distrib	ution through a funding	portal or an internet-base	ed portal. 🗹 No 🗌 Yes					
b) Business contact info	ormation								
If a firm NRD number is not	provided in Item 8 (a), provide the b	ousiness contact informa	tion of the person being co	ompensated.					
Street address	2556 Sapphire Place								
Municipality	Coquitlam		Province/State	British Columbia					
Country	Canada		Postal code/Zip code	V3E 2Z1					
Email address	buiheu727@yahoo.com		Telephone number	6047820270					
c) Relationship to issue	r or investment fund manager								
Indicate the person's relation	nship with the issuer or investment fu the meaning of "control" in section 1								
Connect with the iss	uer or investment fund manager		Insider of the issuer (oth	ner than an investment fund)					
Director or officer of	the investment fund or investment f	fund manager	Employee of the issuer	or investment fund manager					
None of the above		_							
d) Compensation detail	S								
Canadian dollars. Include ca services incidental to the dist	isation paid, or to be paid, to the per sh commissions, securities-based con ribution, such as clerical, printing, le gements with the directors, officers o	mpensation, gifts, discou gal or accounting servic	nts or other compensation es. An issuer is not require	. Do not report payments for d to ask for details about, or report					
Cash commissions p	aid 4,500.00	Security codes	Security code 1	Security code 2 Security code 3					
Value of all securit distributed		-							
compensati	on <sup>4</sup>								
Describe	terms of warrants, options or other	rights							
Other compensation	on <sup>5</sup> De	scribe							
Total compensation p	aid 4,500.00								
Check box if the p	erson will or may receive any defen	red compensation (des	cribe the terms below)						
additional securities of the	ue of all securities distributed as cor issuer. Indicate the security codes for e additional securities of the issuer.	for all securities distribut							

a) Name of person com	pensated and regi	stration status								
Indicate whether the person compensated is a registrant. Vo Vo										
If the person compensated is an individual, provide the name of the individual.										
Full legal name of indi										
	Far	mily name		First given name	Э	Seco	ondary given r	names		
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual 1103264 BC Ltd.										
Firm NRD number (if applicable)										
Indicate whether the person	n compensated facilite	ated the distribution	on through a	funding portal	or an inte	• ernet-bas	ed portal.	$\checkmark$	No 🗌	Yes
b) Business contact info	ormation									
If a firm NRD number is not	provided in Item 8 (a,	), provide the busi	ness contact	information of	the persor	n being c	ompensated.			
Street address	10312 - 164A Stre	eet								
Municipality	Surrey				Province	e/State	British C	olumb	ia	
Country	Canada			Posta	l code/Zi	p code	V4N 5M	4		
Email address	mattchow01@gm	ail.com		Tele	ephone n	umber	7788782	201		
c) Relationship to issue							1100102	201		
Indicate the person's relation		-	l manager (se	lect all that ap	ply). Refer	to the n	neaning of "c	onnecte	ed" in Pa	rt
B(2) of the Instructions and a	•	-	5	•						
Connect with the iss	uer or investment fur	nd manager		Inside	er of the is	suer (ot	her than an i	nvestm	ent fund	)
Director or officer of	the investment fund	or investment fun	d manager	Empl	oyee of th	e issuer	or investme	nt fund	manage	r
None of the above										
d) Compensation detail	S									
Provide details of all compen Canadian dollars. Include ca services incidental to the dist on, internal allocation arrang	sh commissions, secur ribution, such as cleri	ities-based compe cal, printing, legal	ensation, gifts ! or accountin	, discounts or o g services. An i	other comp issuer is no	pensation ot require	n. Do not rep ed to ask for	ort pay	ments fo	r
Cash commissions p	aid		Security	rodes	Security	code 1	Security co	de 2	Security c	ode 3
Value of all securit			Occurry		CN		W N	т		
distributed compensati	.,0	00.00								
Describe	terms of warrants, or	btions or other rig	exerci	common sha sable into on 9, 2020.						iring
Other compensation	on⁵	Descr	ibe							
Total compensation p	aid 1,8	00.00								
Check box if the p	erson will or may rec	eive any deferred	l compensatio	on (describe th	e terms b	elow)				
<sup>4</sup> Provide the aggregate value additional securities of the last of the las										
rights exercisable to acquir	e additional securities	s of the issuer.								

a) Name of person com	pensated and	d registration	status								
Indicate whether the person compensated is a registrant. V No Yes											
If the person compensated is an individual, provide the name of the individual.											
Full legal name of individual Crichton					Stephan						
		Family name		First	given name		Se	condary giv	en names		
If the person compensated is not an individual, provide the following information.											
Full legal name of non-individual											
Firm NRD number (if applicable)											
										] Yes	
b) Business contact info	-	1						p		-	
If a firm NRD number is not j	provided in Ite	m 8 (a), provide	the business	contact infor	mation of t	the pers	son being	compensa	ted.		
Street address	305 - 1850 l	Lorne Street									
Municipality	Vancouver					Provir	ce/State	Britis	n Colurr	nbia	
Country	Canada			]	Postal	code/	Zip code	• V5T 1	C9		
		calprofiling.co	m	1			numbe		649723		
								60476	549723		
c) Relationship to issuer Indicate the person's relation			•	nagor (coloct	all that an	nhu) Bo	for to the	mogning	f "conno	ctod" in Da	
B(2) of the Instructions and the											L
Connect with the issu	er or investm	ent fund manag	ger	[	Inside	r of the	e issuer (o	other than	an inves	tment fund)	)
Director or officer of t	he investment	t fund or invest	ment fund ma	anager	Emplo	oyee of	the issue	er or invest	ment fur	nd manage	r
✓ None of the above											
d) Compensation details	5										
Provide details of all compens											
Canadian dollars. Include cas services incidental to the distr											
on, internal allocation arrang										, -	- 1
Cash commissions pa	aid		,	Security code	as (	Secur	ity code 1	Security	code 2	Security c	ode 3
Value of all securitie			·			С	M S	WN	νТ	, , , , , , , , , , , , , , , , , , ,	
distributed a compensatio		600.00			l						
Describe	terms of warra	ants, options or	other rights	1,500 con	nmon sha	re pur	chase w	arrants. e	ach wa	rrant is	
				exercisab June 19, 2	le into one						ring
Other compensatio	n <sup>5</sup>		Describe								
Total compensation pa	aid	600.00									
Check box if the pe	erson will or m	ay receive any	deferred con	npensation (d	describe the	e terms	s below)				
<sup>4</sup> Provide the aggregate valu	e of all securit	ties distributed a	as compensa	tion, <u>excludi</u>	ng options,	warrai	nts or oth	er rights ex	ercisabl	e to acquire	 e
additional securities of the is	ssuer. Indicate	e the security co curities of the is	odes for all se	ecurities distr	ibuted as c	compen	sation, <u>ir</u>	<u>cluding</u> op	tions, wa	arrants or o	ther

a) Name of person com	pensated and regi	stration 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 ind										
	Far	mily name		First given name	Э	Seco	ondary given	names		
If the person compensated is not an individual, provide the following information.										
Full legal name of non-individual Agacin Investments Ltd.										
Firm NRD number (if applicable)										
Indicate whether the perso	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.									
b) Business contact info	·						•			_
If a firm NRD number is not	provided in Item 8 (a,	), provide the busir	ness contact	information of	the persor	n being c	ompensatea	Ι.		
Street address	6226 Dunsmuir C	rescent								
Municipality	Richmond				Province	e/State	British C	Columb	oia	
Country	Canada			Posta	l code/Zij	p code	V7C 5R	6		
Email address	tagacinski@agac	in.com		Tele	ephone n	umber	604537 <sup>2</sup>	1557		
c) Relationship to issue	r or investment fun	d manager								
Indicate the person's relation			-	-			-	connect	ted" in Pa	vrt
B(2) of the Instructions and	-		f NI 45-106 j		-	-				
	uer or investment fur	-					her than an			
Director or officer of	the investment fund	or investment fund	d manager	Empl	oyee of th	e issuer	or investme	ent fund	l manage	er
✓ None of the above										
d) Compensation detail										
Provide details of all comper Canadian dollars. Include ca services incidental to the dist on, internal allocation arrang	sh commissions, secur tribution, such as cleri	ities-based compe cal, printing, legal	nsation, gifts or accountin	, discounts or o g services. An i	other comp issuer is no	pensation ot require	n. Do not rep ed to ask for	port pay	/ments fo	r
Cash commissions p	paid		Security	rodes	Security	code 1	Security co	de 2	Security of	code 3
Value of all securit			Occurry	.00003	СМ		W N	т		
distributed compensati	0,0	70.00								
Describe	terms of warrants, op	btions or other righ	exerci	5 common sh sable into on 9, 2020.						iring
Other compensati	on⁵	Descri	be							
Total compensation p	aid 5,9	70.00								
Check box if the p	erson will or may rec	eive any deferred	compensatio	on (describe th	ne terms b	elow)				
<sup>4</sup> Provide the aggregate value additional securities of the securi										
rights exercisable to acquir					2011001100		<u>ading</u> option			

a) Name of person compensated and registration status									
Indicate whether the person compensated is a registrant. V No Yes									
If the person compensated is an individual, provide the name of the individual.									
Full legal name of individual Forgeron Brent									
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. 🗹 No 🗌 Yes	S								
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 106 - 155 12th Street, East									
Municipality North Vancouver Province/State British Columbia	J								
Country Canada Postal code/Zip code V7L 2L3									
Email address bfogeron@gmail.com Telephone number 7782293250									
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.									
Cash commissions paid     2,100.00       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	1								
Other compensation <sup>5</sup> Describe	ĺ								
Total compensation paid 2,100.00	1								
Check box if the person will or may receive any deferred compensation (describe the terms below)									

a) Name of person compens	sated and registration status			
Indicate whether the person cor	mpensated is a registrant.	✓ No	Yes	
If the person compensated is an ir	ndividual, provide the name of the ir	ndividual.		
Full legal name of individua	al Galbaransingh	Na	avin	
	Family name	First give	en name Se	econdary given names
If the person compensated is not	t an individual, provide the following	information.		
Full legal name of n	non-individual			
Firm	NRD number		(if ap	oplicable)
Indicate whether the person com	npensated facilitated the distribution	through a funding	portal or an internet-be	ased portal. 🗹 No 🔲 Yes
b) Business contact informat	tion			
If a firm NRD number is not provi	ided in Item 8 (a), provide the busine	ss contact informa	tion of the person being	compensated.
Street address 199	022 - 71 Avenue			
Municipality Lan	ngley		Province/State	e British Columbia
Country Car	nada		Postal code/Zip code	9 V2Y 3H3
Email address nav	ring@shaw.ca		Telephone numbe	r 7782421935
c) Relationship to issuer or in	nvestment fund manager			
	with the issuer or investment fund m meaning of "control" in section 1.4 of			
	r investment fund manager			other than an investment fund)
Director or officer of the in	nvestment fund or investment fund	manager	Employee of the issue	er or investment fund manager
✓ None of the above				
d) Compensation details				
Canadian dollars. Include cash cor services incidental to the distributi	mmissions, securities-based compen	sation, gifts, discou r accounting servic	nts or other compensati es. An issuer is not requ	ired to ask for details about, or report
Cash commissions paid	12,900.00	Security codes	Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation⁴		,		
Describe terms	s of warrants, options or other right	6		
Other compensation <sup>5</sup>	Describ	e		
Total compensation paid	12,900.00			
<sup>4</sup> Provide the aggregate value of a	n will or may receive any deferred c all securities distributed as compen r. Indicate the security codes for all	sation, <u>excluding</u> of	options, warrants or oth	

a) Name of person com	pensated and registra	ation status								
Indicate whether the perso	n compensated is a regi	strant.	✓ No		Yes					
If the person compensated is	an individual, provide th	ne name of the ind	ividual.							
Full legal name of indiv	/idual									
	Family	name	First give	en name		Seco	ndary given i	names	;	
If the person compensated i	s not an individual, prov	ide the following i	nformation.							
Full legal name	of non-individual G	ame Seven Cor	sulting Inc.							
F	irm NRD number				(	if app	licable)			
Indicate whether the person	compensated facilitated	the distribution ti	hrough a funding	portal or	an intern	et-base	ed portal.	$\checkmark$	No [	Yes
b) Business contact info	rmation			<u>.</u>			-			_
If a firm NRD number is not	provided in Item 8 (a), pi	rovide the business	contact informa	tion of the	e person b	eing co	ompensated			
Street address	27588 - 27A Avenue	•								
Municipality	Langley		]	Pr	rovince/S	State	British C	olum	nbia	
Country	Canada		]	Postal co	ode/Zip o	code	V4W 0C	4		
Email address	dranderson@outlool	k.com	-	Teleph	none nun	nber	6048373	3699		
c) Relationship to issuer	or investment fund n	nanager					<b>-</b>			
Indicate the person's relation B(2) of the Instructions and t	ship with the issuer or in	vestment fund ma						conne	cted" in Pa	nrt
	uer or investment fund n			-	-	-	ner than an	inves	tment func	4)
Director or officer of t	the investment fund or in	nvestment fund m	anager	Employe	ee of the i	ssuer	or investme	nt fur	nd manage	er
None of the above										
d) Compensation details	3									
Provide details of all compens Canadian dollars. Include cas services incidental to the distr on, internal allocation arrang	h commissions, securitie ibution, such as clerical,	s-based compensa printing, legal or o	tion, gifts, discou accounting service	nts or othe es. An issu	er comper ıer is not r	nsation require	n. Do not rep ed to ask for	ort p	ayments fo	or
Cash commissions pa	aid		Security codes	3	Security co	de 1	Security co	de 2	Security	code 3
Value of all securitie					СМ	s	W N	т		
distributed a compensation	22,170.	.00								
Describe	terms of warrants, optio	ns or other rights	55,440 comn exercisable ii June 19, 202	nto one c						biring
Other compensation	n⁵	Describe								
Total compensation pa	aid 22,176.	00								
Check box if the pe	erson will or may receive	e any deferred cor	npensation (deso	cribe the t	erms belo	ow)				
<sup>4</sup> Provide the aggregate valu additional securities of the is rights exercisable to acquire	ssuer. Indicate the secu	rity codes for all se								

a) Name of person compe	ensated and registratio	n status								
Indicate whether the person	compensated is a registra	nt.	✓ No		Yes					
If the person compensated is a	n individual, provide the n	ame of the ind	ividual.							
Full legal name of individ	dual									
	Family nam	ne	First gi	ven name		Seco	ondary given	names		
If the person compensated is	not an individual, provide	the following i	nformation.							
Full legal name of	of non-individual Griffi	n Global Con	sulting Ltd.							
Fir	m NRD number					(if app	licable)			
Indicate whether the person c	compensated facilitated the	e distribution th	hrough a fundin	Ig portal o	or an inte	<b>-</b> ernet-bas	ed portal.	$\checkmark$	] No [	Yes
b) Business contact inforr	nation		-	-						_
If a firm NRD number is not pr	ovided in Item 8 (a), provi	de the business	contact inform	ation of t	he perso	n being c	ompensatea	1.		
Street address 2	210 - 1085 Homer Stree	et								
Municipality	/ancouver		]	ł	Provinc	e/State	British C	Colum	ibia	
Country C	Canada		]	Postal	code/Zi	p code	V6Z 1B	1		
Email address	lonniemega@hotmail.c	om	-	Tele	phone r	umber	6048573	3176		
c) Relationship to issuer of	or investment fund mar	ager								
Indicate the person's relationsh	nip with the issuer or inves	tment fund ma						conne	cted" in Pa	t
B(2) of the Instructions and the	-		1 45-106 for the	_	-	-		invort	mont fund	N N
	er or investment fund man	-		-			her than an			
	e investment fund or inve	simeni iunu ma			iyee or tr	le issuer	or investme	intrun	iu manage	
✓   None of the above										
d) Compensation details	tion noid on to be noid to	the newson ide	ntified in Items (		mastian	with the	distribution	Drevi	de all anne	unte in
Provide details of all compensa Canadian dollars. Include cash services incidental to the distrib on, internal allocation arranger	commissions, securities-bo pution, such as clerical, prin	nsed compensa nting, legal or c	tion, gifts, disco accounting serve	unts or ot ices. An is	ther com	pensation ot require	n. Do not rep ed to ask for	port po	ayments for	-
Cash commissions pair	d		Security codes	ſ	Security	code 1	Security co	ode 2	Security c	ode 3
Value of all securities					C N	1 S	W N	т		
distributed as compensation	72,001.20			L	I					
Describe te	rms of warrants, options o	or other rights	107,078 cor exercisable June 19, 20	into one						
Other compensation	5	Describe								
Total compensation paid	d 42,831.20									
Check box if the pers	son will or may receive an	y deferred cor	npensation (de	scribe the	e terms b	elow)				
<sup>4</sup> Provide the aggregate value										
additional securities of the iss rights exercisable to acquire a			cunu <del>e</del> s uistribl	ueu as Cl	ompensa	11011, <u>111C</u>	<u>aanig</u> optiol	115, Wa	nianis of C	ulei

a) Name of person com	pensated and regi	stration status												
Indicate whether the perso	on compensated is a r	egistrant.		V No	)		Yes	\$						
If the person compensated is	an individual, provid	e the name of th	ne indiv	vidual.										
Full legal name of indiv	vidual	Yeoman			Pa	ul								
	Far	nily name			First giver	n name			Seco	ndary giv	en names	3		
If the person compensated	is not an individual, p	rovide the follow	ving in	formatio	n.									
Full legal name	e of non-individual													
F	Firm NRD number							(	if appl	icable)				
Indicate whether the persor	n compensated facilite	nted the distribut	tion th	rough a	funding į	portal c	or an i	nterne	et-base	ed porta	l. 🔽	No		] Yes
b) Business contact info	ormation													
If a firm NRD number is not	provided in Item 8 (a,	, provide the bu	siness	contact i	nformati	ion of t	he per	son b	eing co	ompenso	ited.			
Street address	24021 Hill Avenue	9												
Municipality	Maple Ridge					F	Provir	nce/S	State	Britis	h Colun	nbia		
Country	Canada				F	Postal	code	/Zip c	code	V2W	1Z9			
Email address	pyeoman123@gc	oglemail.c				Telep	ohone	e nun	nber	7789	875444			
c) Relationship to issue	om	d manager												
Indicate the person's relation		-	nd mar	naaer (se	lect all th	hat ann	lv) Re	ofer to	the m	eanina i	of "conne	ected" i	n Par	t
B(2) of the Instructions and t				-			-			-			in r un	
Connect with the issu	uer or investment fur	d manager				Inside	r of the	e issu	er (oth	er than	an inves	tment	fund)	
Director or officer of	the investment fund	or investment fu	nd ma	nager		Emplo	yee of	f the is	ssuer	or inves	tment fui	nd mar	nager	
✓ None of the above														
d) Compensation details	3													
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	h commissions, secur ribution, such as cleri	ities-based comp cal, printing, lego	pensat al or a	ion, gifts, ccounting	discoun g service:	ts or ot s. An is.	ther co suer is	omper s not r	nsation require	. Do not d to ask	report p for detai	aymen	ts for	
Cash commissions p	aid		c	ecurity o	endes	Γ	Secu	rity coo	de 1	Securit	y code 2	Secu	rity co	ode 3
Value of all securiti				county t	,0003		с	M	S		N T			
distributed compensatio	T	50.00				L								
-	terms of warrants, op	ptions or other ri	ghts	exercis		to one					each wa rice of \$			ring
Other compensation	on⁵	Desc	cribe											
Total compensation pa	aid 4	50.00												
Check box if the pe	erson will or may rec	eive any deferre	d com	pensatio	on (desci	ribe the	e term	s belo	ow)					
<sup>4</sup> Provide the aggregate valuational securities of the is additional securities of the is rights exercisable to acquire <sup>5</sup> Do not include deferred control of the security	ssuer. Indicate the se additional securities	ecurity codes for												

a) Name of person com	pensated and reg	stration status			
Indicate whether the perso	on compensated is a	registrant.	✓ No	Yes	
If the person compensated is	an individual, provid	le the name of the ind	ividual.		
Full legal name of indi	vidual	Walls	Jerem	y	
	Fa	mily name	First given na	ame Seco	ondary given names
If the person compensated	is not an individual,	provide the following i	nformation.		
Full legal name	e of non-individual				
F	Firm NRD number			(if app	licable)
Indicate whether the perso	n compensated facilit	ated the distribution t	hrough a funding por	tal or an internet-bas	ed portal. 🗹 No 🔲 Yes
b) Business contact info	ormation				
If a firm NRD number is not	provided in Item 8 (d	a), provide the business	contact information	of the person being c	ompensated.
Street address	601 - 938 Howe	Street			
Municipality	Vancouver		]	Province/State	British Columbia
Country	Canada		Pos	tal code/Zip code	V6Z 1N9
Email address	jeremywalls@pro	tonmail.co	- Te	elephone number	6045185951
a) Deletienskin te iseve	m				
c) Relationship to issue		-	nager (select all that	apply) Refer to the m	eaning of "connected" in Part
B(2) of the Instructions and t					
Connect with the iss	uer or investment fu	nd manager	Ins	ider of the issuer (oth	ner than an investment fund)
Director or officer of	the investment fund	or investment fund m	anager 🗌 Em	ployee of the issuer	or investment fund manager
None of the above					
d) Compensation detail	S				
Canadian dollars. Include cas	sh commissions, secu ribution, such as cler	rities-based compensa ical, printing, legal or o	tion, gifts, discounts c accounting services. A	or other compensatior n issuer is not require	d to ask for details about, or report
Cash commissions p	aid		Security codes	Security code 1	Security code 2 Security code 3
Value of all securiti				C M S	W N T
distributed compensati		500.00			
Describe	terms of warrants, c	ptions or other rights			rrants, each warrant is at a price of \$0.50, expiring
Other compensation	on⁵	Describe			
Total compensation p	aid 6	00.00			
Check box if the p	erson will or may rec	eive any deferred cor	npensation (describe	the terms below)	
					rights exercisable to acquire <u>luding</u> options, warrants or other
rights exercisable to acquire 5Do not include deferred co	e additional securitie		connico uisinibuleu a	ы сотрензацон, <u>Ше</u>	aang opaono, wanano or ourer

a) Name of person comp	pensated a	nd registration	status										
Indicate whether the perso	n compensat	ed is a registrant	t.	✓ No		] Yes	6						
If the person compensated is	an individua	l, provide the na	me of the ind	ividual.									
Full legal name of indiv	vidual	Nicholso	n		Marilyn								
		Family name	•	First	given name	!		Seco	ondary giv	en names	;		
If the person compensated is	s not an indiv	vidual, provide th	ne following in	nformation.									
Full legal name	of non-indi	vidual											
F	irm NRD ni	umber					(i	f appl	licable)				
Indicate whether the person	compensate	d facilitated the	distribution th	nrouah a fun	dina portal	or an i	nterne	t-base	ed porta	ι 🔽	7 No		Yes
b) Business contact info		- ,			<u>9</u>						-	<u> </u>	
If a firm NRD number is not p	provided in It	em 8 (a), provide	e the business	contact info	rmation of a	the per	son be	eing co	ompensa	ited.			
Street address	115 - 8720	No. 1 Road											
Municipality	Richmond			]		Provir	nce/S	tate	Britis	h Colur	nbia		
				]	Postal	code/	/Zin c	ode					
	Canada			]			•		V7C				
L		007@gmail.co			Tele	phone	e num	iber	6046	447658			
c) Relationship to issuer			<u> </u>										
Indicate the person's relation. B(2) of the Instructions and th											cted" in	Part	
Connect with the issu	-							-		an inves	tment f	und)	
Director or officer of t	he investme	nt fund or invest	ment fund ma	anager	Emplo	oyee of	f the is	suer	or invest	tment fur	nd mana	ager	
✓ None of the above													
d) Compensation details	i												
Provide details of all compens		r to be paid, to t	he person ide	ntified in Iter	n 8(a) in co	nnectic	on with	n the d	distributi	on. Provi	de all a	moun	ts in
Canadian dollars. Include cash													
services incidental to the distr on, internal allocation arrang											ls aboui	t, or re	port
Cash commissions pa	aid					-	•.		0			•.	
Value of all securitie			:	Security code	es	C	rity coc M	s s		y code 2 N T	Secur	ity coc	e 3
distributed a compensatio	as	9,405.20				U	IVI	3	VV				
		rants, options or	other rights							<u> </u>			
Describe i		ants, options of	other rights	23,513 cc exercisab									ng
				June 19, 3					•				Ŭ
Other compensatio			Describe										
Total compensation pa	lid	9,405.20											
Check box if the pe	erson will or r	may receive any	deferred con	npensation (	describe the	e term	s belo	w)					
<sup>₄</sup> Provide the aggregate value additional securities of the is	e of all secu	ities distributed	as compensa	tion, <u>excludi</u>	ing options,	warra	nts or	other	rights e.	xercisabl	le to act	quire	or
rights exercisable to acquire				ecuniles alsti	ibulea as c	omper	isatiol	ι, <u>ΙΠCΙ</u>	uunig op	JUOIIS, Wa	arrants	UI OT	e/

a) Name of person com	pensated an	d registration	status								
Indicate whether the perso	on compensate	ed is a registrant.		✓ No		] Yes					
If the person compensated is	an individual,	provide the nan	ne of the indi	vidual.							
Full legal name of indi	vidual	Jiu		lg	natius						
		Family name		First g	iven name	)	Sec	ondary given	names		
If the person compensated	is not an indivi	idual, provide the	e following ir	formation.							
Full legal name	e of non-indiv	vidual									
F	Firm NRD nu	mber					(if app	licable)			
Indicate whether the persor	n compensated	facilitated the d	listribution th	nrouah a fundii	na portal	or an in	 ternet-has	ed portal	$\checkmark$	No 🗆	∃ Yes
b) Business contact info	·				ig portat						_
If a firm NRD number is not	provided in Ite	em 8 (a), provide	the business	contact inform	nation of	the pers	on being c	ompensated	Ι.		
Street address	2040 Spring	ger Avenue									
Municipality	Burnaby					Provin	ce/State	British C	Colum	oia	
Country	Canada				Postal	code/2	Zip code	V5B 3M	5		
Email address	iggyjiu@yał	100.ca		1	Tele	phone	number	6046713	3179		
c) Relationship to issue			ber								
Indicate the person's relation				nager (select a	ll that ap	ply). Ref	er to the n	neaning of "	connec	ted" in Pa	rt
B(2) of the Instructions and t	he meaning of	f "control" in sect	tion 1.4 of NI	45-106 for the	e purpose	s of com	pleting th	is section.			
Connect with the iss	uer or investm	ent fund manag	er		Inside	er of the	issuer (ot	her than an	investr	ment fund	)
Director or officer of	the investmen	t fund or investn	nent fund ma	anager	Emplo	oyee of	the issuer	or investme	ent fund	d manage	r
None of the above											
d) Compensation details	6										
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	h commissions ribution, such d	s, securities-base as clerical, printi	ed compensati ng, legal or a	tion, gifts, disco ccounting serv	ounts or o ices. An is	other cor ssuer is	npensatio not require	n. Do not rep ed to ask for	port pa	yments fo	r
Cash commissions p	aid			Security codes		Securi	ty code 1	Security co	de 2	Security c	ode 3
Value of all securiti			· · · ·				M S	W N	Т		T
distributed compensation		7,170.00									
Describe	terms of warra	ants, options or o	other rights	17,925 com exercisable June 19, 20	into one						iring
Other compensation	on⁵		Describe								
Total compensation pa	aid	7,170.00									
Check box if the p	erson will or m	ay receive any	deferred con	npensation (de	scribe th	e terms	below)				
<sup>₄</sup> Provide the aggregate valu	e of all securit	ties distributed a	ns compensa	tion, <u>excluding</u>	options,	warran	ts or othe	r rights exer	cisable	to acquir	e
additional securities of the in rights exercisable to acquire				curities distrib	uted as c	compen	sation, <u>inc</u>	luding optio	ns, wai	rrants or c	other

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant. Vo Vo	
If the person compensated is an individual, provide the name of the individual.	
Full legal name of individual   Mehrassa   Ali	
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.	No 🗌 Yes
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 22774 Reid Avenue	
Municipality Maple Ridge Province/State British Columb	oia
Country Canada Postal code/Zip code V2X 4G8	
Email address mehrassa@gmail.com Telephone number 6047626569	
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 "connect 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.	ted" in Part
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment)	ment fund)
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund	d 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. Provid Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report pa services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	yments for
Cash commissions paid 15,885.20 Security codes Security code 1 Security code 2	Security code 3
Value of all securities distributed as compensation <sup>4</sup>	
Describe terms of warrants, options or other rights	
Other compensation <sup>5</sup> Describe	
Total compensation paid 15,885.20	
Check box if the person will or may receive any deferred compensation (describe the terms below) <sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable 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	s an individual, provi	de the name of the ind	ividual.		
Full legal name of indi	ividual	Picard	Annat	pelle	
	Fa	amily name	First given	name Sec	ondary given names
If the person compensated	is not an individual,	provide the following in	nformation.		
Full legal name	e of non-individual				
F	Firm NRD number			(if app	blicable)
Indicate whether the perso	n compensated facili	tated the distribution th	nrough a funding p	ortal or an internet-bas	sed portal. 🔽 No 🗌 Yes
b) Business contact info					
If a firm NRD number is not	provided in Item 8 (	a), provide the business	contact informatio	on of the person being o	compensated.
Street address	2004 - 1775 Que	bec Street			
Municipality	Vancouver			Province/State	British Columbia
Country	Canada		]   P(	ostal code/Zip code	V5T 0E3
Email address			1	Telephone number	
	annabelle.lm.pic	ard@gmail.			7789959758
c) Relationship to issue	r or investment fu	nd manager			
Indicate the person's relation	nship with the issuer	or investment fund ma	nager (select all th	at apply). Refer to the n	neaning of "connected" in Part
B(2) of the Instructions and a	-				
Connect with the iss	uer or investment fu	nd manager		nsider of the issuer (ot	her than an investment fund)
Director or officer of	the investment fund	or investment fund ma	anager 🗌 E	Employee of the issuer	or investment fund manager
✓ None of the above					
d) Compensation detail					
	-				distribution. Provide all amounts in n. Do not report payments for
services incidental to the dist	tribution, such as cler	ical, printing, legal or c	accounting services.	An issuer is not requir	ed to ask for details about, or report
on, internal allocation arrang	gements with the dire	ectors, officers or emplo	yees of a non-indi	vidual compensated by	the issuer.
Cash commissions p	baid 18,0	072.00	Security codes	Security code 1	Security code 2 Security code 3
Value of all securiti distributed					
compensati				<u> </u>	
Describe	terms of warrants, o	options or other rights			
Other compensation	on <sup>5</sup>	Describe			
Total compensation p	aid 18,0	072.00			
Check box if the p	erson will or may re	ceive any deferred con	npensation (descri	be the terms below)	
					r rights exercisable to acquire
additional securities of the rights exercisable to acquir			ecurities distributed	as compensation, <u>inc</u>	cluding options, warrants or other

Indicate whether the person compensated is a registrant.
Full legal name of individual       Poon       Katy         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       Image: Constraint of the person compensated is not an individual, provide the following information.         Full legal name of non-individual       Image: Constraint of the person compensated facilitated the distribution through a funding portal or an internet-based portal.       Image: Constraint of the person compensated facilitated the distribution through a funding portal or an internet-based portal.       Image: Constraint of the person being compensated.         If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.       Street address       1205 - 1239 W. Georgia Street         Municipality       Vancouver       Province/State       British Columbia         Country       Canada       Postal code/Zip code       V6E 4R8         Email address       kpoon604@gmail.com       Telephone number       6044178328         C)       Relationship to issuer or investment fund manager       Sefer to the meaning of "connected" in Part
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
If the person compensated is not an individual, provide the following information.          Full legal name of non-individual         Firm NRD number         Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.         Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.         Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.         If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.         Street address       1205 - 1239 W. Georgia Street         Municipality       Vancouver         Province/State       British Columbia         Country       Canada         Postal code/Zip code       V6E 4R8         Email address       kpoon604@gmail.com         Telephone number       6044178328         Contry       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
Full legal name of non-individual
Firm NRD number   Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.   Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  I on the person being compensated. If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated. Street address 1205 - 1239 W. Georgia Street Municipality Vancouver Province/State British Columbia Country Canada Postal code/Zip code V6E 4R8 Email address kpoon604@gmail.com Telephone number 6044178328 Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.       Image: No
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       1205 - 1239 W. Georgia Street         Municipality       Vancouver         Province/State       British Columbia         Country       Canada         Email address       kpoon604@gmail.com         C) Relationship to issuer or investment fund manager       (select all that apply). Refer to the meaning of "connected" in Part
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.         Street address       1205 - 1239 W. Georgia Street         Municipality       Vancouver         Province/State       British Columbia         Country       Canada         Email address       kpoon604@gmail.com         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
Street address       1205 - 1239 W. Georgia Street         Municipality       Vancouver         Province/State       British Columbia         Country       Canada         Postal code/Zip code       V6E 4R8         Email address       kpoon604@gmail.com         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
Municipality       Vancouver       Province/State       British Columbia         Country       Canada       Postal code/Zip code       V6E 4R8         Email address       kpoon604@gmail.com       Telephone number       6044178328         c)       Relationship to issuer or investment fund manager       Select all that apply). Refer to the meaning of "connected" in Part
Country       Canada       Postal code/Zip code       V6E 4R8         Email address       kpoon604@gmail.com       Telephone number       6044178328         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
Email address       kpoon604@gmail.com       Telephone number       6044178328         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
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
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 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 600.00 Security codes Security code 1 Security code 2 Security code
Value of all securities distributed as compensation <sup>4</sup>
Describe terms of warrants, options or other rights
Other compensation <sup>5</sup> Describe
Total compensation paid 600.00
Check box if the person will or may receive any deferred compensation (describe the terms below) <sup>4</sup> Provide the aggregate value of 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 security codes for all securities distributed as compensation.

a) Name of person com	pensated a	nd registration	status								
Indicate whether the perso	on compensat	ted is a registran	t.	✓ No		] Yes					
If the person compensated is	an individua	l, provide the na	me of the ind	ividual.							
Full legal name of indi	vidual	Sawtel	I		Tristan						
		Family name	e	Fir	st given name	•	Sec	ondary given	names		
If the person compensated	is not an indi	vidual, provide ti	he following ir	nformation.							
Full legal name	of non-ind	ividual									
F	irm NRD n	umber					(if app	olicable)			
Indicate whether the persor	n compensate	ed facilitated the	distribution th	nrough a fui	nding portal	or an ir	nternet-ba	sed portal.	$\checkmark$	No 🗆	Yes
b) Business contact info	•				571						-
If a firm NRD number is not	provided in It	tem 8 (a), provid	e the business	contact inf	ormation of a	the pers	son being o	compensate	d.		
Street address	2747 Trinit	y Street									
Municipality	Vancouve					Provin	ce/State	British (	Colum	bia	
Country	Canada			]	Postal	code/	Zip code	V5K 1E	6		
Email address		vtell@hotmail.	com	1			number	604317			
								604317	3690		
c) Relationship to issue Indicate the person's relation			-	nagor (colo	t all that an	nhu) Po	for to the r	noaning of '	"conno	tod" in Par	+
B(2) of the Instructions and t									connet		L
Connect with the iss	uer or investr	ment fund mana	ger		Inside	er of the	issuer (ot	her than an	n invest	ment fund)	1
Director or officer of	the investme	nt fund or invest	tment fund ma	anager	Emplo	oyee of	the issuer	or investm	ent fun	d manager	
✓ None of the above											
d) Compensation details	6										
Provide details of all compen											
Canadian dollars. Include cas services incidental to the dist.											
on, internal allocation arrang		•	5 5	0			•			, -	-F
Cash commissions p	aid			Security co	les	Secur	ity code 1	Security c	ode 2	Security co	ode 3
Value of all securiti			·			С	M S	W N	т		
distributed compensation		29,310.00					I	1 1			
Describe	terms of war	rants, options or	other rights	73.275 c	ommon sh	are pu	rchase w	arrants. ea	ach wa	arrant is	
					ole into one						ring
Other compensation	on <sup>5</sup>		Describe	,							
Total compensation pa		29,310.00									
Check box if the pe	erson will or i	may receive any	deferred con	npensation	(describe th	e terms	s below)				
		-									
<sup>₄</sup> Provide the aggregate valu	e of all secu	rities distributed	as compensa	tion, exclud	ling options.	warrai	nts or othe	r rights exe	rcisable	e to acauire	, ,
additional securities of the in rights exercisable to acquire	ssuer. Indica	te the security c	odes for all se	ecurities dis	tributed as c	compen	sation, <u>inc</u>	<u>cluding</u> optic	ons, wa	nrrants or o	ther

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant. V No Yes	
If the person compensated is an individual, provide the name of the individual.	
Full legal name of individual         Swetlikoff         Lorne	
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	٦
Firm NRD number (if applicable)	_
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🛛 🔽 No 🗌	Yes
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.	
Street address 1980 MacKay Avenue	
Municipality North Vancouver Province/State British Columbia	
Country Canada Postal code/Zip code V7P 2M7	
Email address drswetlikoff@telus.net Telephone number 2368888141	
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 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 rep on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	
Cash commissions paid     3,450.00       Security codes     Security code 1       Security code 2     Security code 2	3
Value of all securities distributed as compensation <sup>4</sup>	
Describe terms of warrants, options or other rights	
Other compensation <sup>5</sup> Describe	4
Total compensation paid 3,450.00	
Check box if the person will or may receive any deferred compensation (describe the terms below) <sup>4</sup> Provide the aggregate value of 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, including options, warrants or other	

a) Name of person com	pensated a	nd registration	status									
Indicate whether the perso	on compensa	ted is a registrant.		VN0		] Yes						
If the person compensated is	an individud	l, provide the nan	ne of the indi	vidual.								
Full legal name of indi	vidual	Walsh		V	/illiam							
		Family name		First gi	ven name	)	S	Secon	dary giver	n names	;	
If the person compensated	is not an indi	vidual, provide the	e following ir	formation.								
Full legal name	of non-ind	ividual										
F	rirm NRD n	umber		ΤΤ			(if a	applio	cable)			
Indicate whether the persor	n compensate	d facilitated the a	listribution th	nrouah a fundir	na nortal	or an ir				V	7 No F	∃ Yes
b) Business contact info	•			li o agir a fariad	gportat	<u></u>			, portau	<u> </u>		
, If a firm NRD number is not	provided in li	tem 8 (a), provide	the business	contact inform	ation of	the pers	on bein	g cor	npensate	ed.		
Street address	108 - 1360	Fir Street										
Municipality	White Roc	k				Provin	ce/Stat	te	British	Colum	nbia	
Country	Canada				Postal	code/2	Zip cod	de	V4B 4E	32		
Email address		hotmail.com		1	Tele	phone	numbe	er	604710			
									004710	51414		
c) Relationship to issue Indicate the person's relation				naaer (select al	l that an	nlv) Rei	fer to th	е те	anina of	"conne	cted" in Pa	rt
B(2) of the Instructions and t										conne		70
Connect with the iss	uer or investi	ment fund manag	er		Inside	er of the	issuer	(othe	er than ar	n invest	tment fund	)
Director or officer of	the investme	nt fund or investr	nent fund ma	anager	Emplo	oyee of	the issu	uer o	r investm	nent fur	nd manage	r
✓ None of the above												
d) Compensation details	3											
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	h commissio ribution, such	ns, securities-base as clerical, printi	ed compensati ng, legal or a	tion, gifts, disco ccounting serv	unts or o ices. An is	other coi ssuer is	mpensa not requ	tion. uired	Do not re to ask fo	eport po	ayments fo	r
Cash commissions p	aid		ç	Security codes		Secur	ity code '	1	Security of	code 2	Security of	code 3
Value of all securiti			·			С	M S	S	W N	Т		
distributed compensation		12,900.00					I					
Describe	terms of war	rants, options or	other rights	32,250 com exercisable June 19, 20	into one							iring
Other compensation	on⁵		Describe									
Total compensation pa	aid	12,900.00										
Check box if the p	erson will or	may receive any	deferred con	npensation (de	scribe th	e terms	below)					
<sup>4</sup> Provide the aggregate value	e of all secu	rities distributed a	as compensa	tion, <u>excluding</u>	options,	warrar	nts or oti	her n	ights exe	ercisabl	le to acquii	e
additional securities of the in rights exercisable to acquire				curities distrib	uted as c	compen	sation, <u>I</u>	inclu	<u>ding</u> opti	ons, wa	arrants or d	other

a) Name of person com	pensated an	d registration status				
Indicate whether the perso	n compensate	ed is a registrant.	✓ No	Yes		
If the person compensated is	an individual,	provide the name of the	individual.			
Full legal name of indiv	/idual	Bordeau	Jean		Guy	
		Family name	First given name	e s	Secondary given names	
If the person compensated i	s not an indivi	idual, provide the followin	g information.			
Full legal name	of non-indiv	/idual				
F	irm NRD nu	mber		(if a	applicable)	
Indicate whether the person	compensated	facilitated the distributio	n through a funding portal	or an internet-	based portal. 🗸	] No □ Yes
b) Business contact info	•	,				
If a firm NRD number is not	provided in Ite	em 8 (a), provide the busin	ess contact information of	the person beir	ng compensated.	
Street address	10963 - 241	I Street				
Municipality	Maple Ridg	e		Province/Sta	te British Colum	ıbia
Country	Canada		Posta	l code/Zip cod	de V2W 1H7	
Email address	jgmrbc@gm	nail.com	Tele	ephone numb	er 6048682990	
c) Relationship to issuer	or investme	ent fund manager				
Indicate the person's relation B(2) of the Instructions and the Connect with the issue Director or officer of the None of the above	he meaning of uer or investm	f "control" in section 1.4 o	FNI 45-106 for the purpose	es of completing er of the issuer	-	tment fund)
d) Compensation details	2					
Provide details of all compen- Canadian dollars. Include cas services incidental to the distr on, internal allocation arrang Cash commissions pa	sation paid, or h commissions ribution, such c ements with ti	s, securities-based compe as clerical, printing, legal (	nsation, gifts, discounts or o or accounting services. An	other compensa issuer is not req	ntion. Do not report po uired to ask for detail by the issuer.	ayments for
Value of all securitie distributed a		4 000 00		СМЗ	S W N T	
compensatio		1,800.00				· · · · · · · · · · · · · · · · · · ·
Describe	terms of warra	ants, options or other righ	ts 4,500 common sha exercisable into on June 19, 2020.			
Other compensation	n <sup>5</sup>	Descrit	be			
Total compensation pa	aid	1,800.00				
			compensation (describe th			
<sup>4</sup> Provide the aggregate valu additional securities of the is rights exercisable to acquire	ssuer. Indicate	e the security codes for a				

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   Bryck   Guy	
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. No	Yes
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 43195 Old Orchard Road	
Municipality Chilliwack Province/State British Columbia	
Country Canada Postal code/Zip code V2R 4A6	
Email address gabryck@yahoo.com Telephone number 6049109444	
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 <i>B</i> (2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.	Part
Connect with the issuer or investment fund manager	und)
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund mana	ager
✓ 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 ar Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	s for
Cash commissions paid 3,600.00 Security codes Security code 1 Security code 2 Security	ity code 3
Value of all securities distributed as compensation <sup>4</sup>	
Describe terms of warrants, options or other rights	
Other compensation <sup>5</sup> Describe	
Total compensation paid 3,600.00	
Check box if the person will or may receive any deferred compensation (describe the terms below) <sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding options</u> , warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including options</u> , warrants or other securities of the issuer. Indicate the security codes for all securities distributed as compensation.	

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant. V No Yes	
If the person compensated is an individual, provide the name of the individual.	
Full legal name of individual   De Young   Joel	
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. No	Yes
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 1703 East 36th Avenue	
Municipality Vancouver Province/State British Columbia	
Country Canada Postal code/Zip code V5P 1C6	
Email address joel@deyoung.net Telephone number 6046050018	
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 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.	Part
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fu	und)
Director or officer of the investment fund or investment fund manager     Employee of the issuer or investment fund manager	ager
✓ None of the above	0
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 an Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payment services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	rs for
Cash commissions paid 2,102.94 Security codes Security code 1 Security code 2 Security code 2 Security code 2	rity code 3
Value of all securities distributed as compensation <sup>4</sup>	
Describe terms of warrants, options or other rights	
Other compensation <sup>5</sup> Describe	
Total compensation paid 2,102.94	
Check box if the person will or may receive any deferred compensation (describe the terms below) <sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acc additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants	

a) Name of person com	pensated a	nd registration	status								
Indicate whether the perso	n compensa	ted is a registran	t.	✓ No		] Yes	i				
If the person compensated is	an individud	ıl, provide the na	ime of the ind	ividual.							
Full legal name of indiv	/idual	Dowse	tt		Michael						
		Family name	9	Firs	t given name		Se	econdary	y given name	3	
If the person compensated i	s not an indi	vidual, provide t	he following ii	nformation.							
Full legal name	of non-ind	ividual									
F	irm NRD n	umber		ΤΓ			(if a	oplicabl	ole)		
Indicate whether the person	compensate	d facilitated the	distribution th	nrouah a fun	dina portal i	or an ii			_	71 No [	☐ Yes
b) Business contact info	-			nough a fam	ang portat	<u></u>					
If a firm NRD number is not p	provided in li	tem 8 (a), provid	e the business	contact info	rmation of t	the pers	son being	сотре	ensated.		
Street address	10189 Ova	al Drive									
Municipality	Chilliwack			1		Provir	nce/State	e Br	ritish Colun	nhia	
				] ]	Doctol	aada/	Zin and				
	Canada			J			Zip cod		2P 6R2		
Email address	info@mdv	italorganics.ca	l		I ele	phone	e numbe	<sup>er</sup> 77	782405859		
c) Relationship to issuer			-								
Indicate the person's relation B(2) of the Instructions and t										ected" in Po	art
Connect with the issu	-								han an inves	tment fund	(b
Director or officer of t	he investme	ent fund or inves	tment fund m	anager	Emplo	ovee of	the issu	er or inv	vestment fu	nd manage	er
None of the above				U						0	
d) Compensation details											
Provide details of all compense		or to be paid, to t	the person ide	ntified in Iter	n 8(a) in coi	nnectio	n with th	e distril	ibution. Prov	ide all amo	ounts in
Canadian dollars. Include cas	h commissio	ns, securities-ba	sed compensa	tion, gifts, dis	counts or o	ther co	mpensat	ion. Do	not report p	ayments fo	or
services incidental to the distr on, internal allocation arrang			0 0	5			•		-	ls about, o	r report
Cash commissions pa	aid			-	ſ						
Value of all securitie			:	Security cod	es	-	rity code 1 M S	W	curity code 2	Security	code 3
distributed a compensation	as	1,200.00			l	С	MS	vv	ΝΤ		
•		rants, options of	r other rights								
Describe			other rights						ts, each wa a price of \$		biring
				June 19,	2020.						
Other compensatio			Describe								
Total compensation pa		1,200.00									
Check box if the pe	erson will or	may receive any	/ deferred cor	npensation (	describe the	e terms	s below)				
<sup>4</sup> Provide the aggregate valu additional securities of the is	e of all secu ssuer. Indica	rities distributed te the security c	as compensa odes for all se	ntion, <u>excludi</u> ecurities dist	i <u>ng</u> options, ributed as c	warrai ompen	nts or oth Isation. ii	er right ncludine	ts exercisab g options. w	le to acqui arrants or	re other
rights exercisable to acquire						<i>,</i>	, <u></u>				-

a) Name of person com	pensated and re	gistration status										
Indicate whether the perso	on compensated is a	ı registrant.	✓ No		Yes							
If the person compensated is	If the person compensated is an individual, provide the name of the individual.											
Full legal name of indi	vidual	Garofano		Brandon								
	F	amily name	Fi	rst given name	9	Seco	ndary given na	mes				
If the person compensated	If the person compensated is not an individual, provide the following information.											
Full legal name	e of non-individua	1										
	Firm NRD numbe	r				(if appl	icable)					
Indicate whether the perso	n compensated facil	itated the distributio	n through a fu	nding portal	or an intern	et-base	ed portal.	✓ No	Yes			
b) Business contact info	ormation			-								
If a firm NRD number is not	provided in Item 8	(a), provide the busin	ess contact in	formation of	the person b	oeing co	mpensated.					
Street address	201 - 2365 McL	ean Drive										
Municipality	Vancouver				Province/S	State	British Co	lumbia				
Country	Canada			Posta	l code/Zip	code	V5N 3K2					
Email address	brandongarofan	o@gmail.co		Tele	ephone nur	mber	60433918	20				
c) Relationship to issue		, v										
Indicate the person's relation B(2) of the Instructions and								nnected" ir	) Part			
Connect with the iss	uer or investment f	und manager		Inside	er of the issu	uer (oth	er than an in	vestment f	und)			
Director or officer of	the investment fun	d or investment fund	manager	Empl	oyee of the i	issuer o	or investment	t fund man	ager			
None of the above												
d) Compensation detail	S											
Provide details of all comper Canadian dollars. Include ca services incidental to the dist on, internal allocation arrang	sh commissions, sec ribution, such as cle	urities-based compenent prical, printing, legal	nsation, gifts, o or accounting	discounts or o services. An i	other compe issuer is not i	nsation. required	. Do not repo d to ask for de	rt payment	ts for			
Cash commissions p	aid		Security co	ndes	Security co	de 1	Security code	2 Secu	rity code 3			
Value of all securit			coounty of		СМ	s	WN	т				
distributed compensati		,215.20										
Describe	terms of warrants,	options or other righ	10,000 0	able into on			rants, each at a price c					
Other compensation	on⁵	Descril	be									
Total compensation p	aid 1,	215.20										
Check box if the p	erson will or may re	eceive any deferred	compensatior	(describe th	ne terms belo	ow)						
<sup>4</sup> Provide the aggregate value additional securities of the baseline additional securities of the baselin	le of all securities d	listributed as compe	nsation, <u>exclu</u>	u <u>ding</u> options	, warrants o	r other	rights exercis	sable to ac	quire			
rights exercisable to acquir 5Do not include deferred co	e additional securit		i secuniles al	sandated as (	comp <del>e</del> nsalio	лт, <u>шсп</u>	<u>y</u> opuons	, wandiiS	or ourier			

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   Hart   John										
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. 🛛 🔽 No	Yes									
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 2242 Mathers Avenue										
Municipality West Vancouver Province/State British Columbia										
Country Canada Postal code/Zip code V7V 2H6										
Email address     johnfredhart@gmail.com   Telephone number 6047654278										
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 F 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.	Part									
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund	nd)									
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manage	jer									
✓ 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 am Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments is services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	for									
Cash commissions paid 10,230.00 Security codes Security code 1 Security code 2 Security	code 3									
Value of all securities distributed as compensation <sup>4</sup>										
Describe terms of warrants, options or other rights										
Other compensation <sup>5</sup> Describe										
Total compensation paid 10,230.00										
Check box if the person will or may receive any deferred compensation (describe the terms below) <sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquadditional securities of the issuer. Indicate the security codes for all securities distributed as compensation, including options, warrants or other security codes for all securities distributed as compensation.										

a) Name of person com	pensated and reg	stration status									
Indicate whether the perso	on compensated is a	registrant.	✓ No		Yes						
If the person compensated is an individual, provide the name of the individual.											
Full legal name of indi	vidual N	lcDonough		Chris							
	Fa	mily name	Firs	t given name		Seco	ndary given	names			
If the person compensated	is not an individual,	provide the following	information.								
Full legal name	e of non-individual										]
F	Firm NRD number					(if appl	icable)				-
Indicate whether the person	n compensated facilit	ated the distribution	through a fun	ding portal	or an inter	net-base	ed portal.	$\checkmark$	No	□ Ye	es
b) Business contact info	ormation										
If a firm NRD number is not	provided in Item 8 (d	n), provide the busine	ss contact info	ormation of	the person	being co	ompensate	d.			
Street address	3627 - 101 Hwy										٦
Municipality	Powell River				Province/	State	British	Colum	bia		Ī
Country	Canada		-	Postal	code/Zip	code	V8A 0E	2			۔ ۲
Email address	cmcdonough@4	74@gmail.c		Tele	phone nu	Imber	604223	34425			- T
om											
c) Relationship to issue		-									
Indicate the person's relation B(2) of the Instructions and t								"connec	ted" in	n Part	
Connect with the iss	uer or investment fu	nd manager		Inside	r of the iss	uer (oth	er than an	n investi	ment f	und)	
Director or officer of	the investment fund	or investment fund	manager	Emplo	oyee of the	issuer	or investm	ent fund	d man	ager	
None of the above											
d) Compensation detail	s										
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	sh commissions, secu ribution, such as cler	rities-based compension of the	ation, gifts, di accounting se	scounts or o ervices. An is	ther compe ssuer is not	ensation require	. Do not re d to ask fo	eport pa	yment	rs for	
Cash commissions p	aid		Security cod	65	Security c	ode 1	Security c	ode 2	Secu	rity code 3	
Value of all securiti			Occurry coo	63	СМ	s	W N	Т			1
distributed compensati		320.00						1 1			
Describe	terms of warrants, c	ptions or other right	10,000 0	ommon sh ble into one 2020.							]
Other compensation	on⁵	Describe	9								
Total compensation p	aid 4,3	20.00									
Check box if the p	erson will or may red	eive any deferred c	ompensation (	describe th	e terms be	low)					-
<sup>4</sup> Provide the aggregate value additional securities of the r rights exercisable to acquire	issuer. Indicate the s e additional securitie	ecurity codes for all									
<sup>5</sup> Do not include deferred co	mpensation.										

a) Name of person compe	ensated and reg	stration status			
Indicate whether the person	compensated is a	registrant.	✓ No	Yes	
If the person compensated is a	ın individual, provie	le the name of the ind	ividual.		
Full legal name of indivi	dual	Robinson	Adriar	n	
	Fa	mily name	First given na	ame Seco	ondary given names
If the person compensated is	not an individual, j	provide the following in	nformation.		
Full legal name of	of non-individual				
Fir	rm NRD number			(if app	licable)
Indicate whether the person o	compensated facilit	ated the distribution th	nrouah a fundina por	tal or an internet-bas	ed portal. 🔽 No 🗌 Yes
b) Business contact inforr	· ·				
If a firm NRD number is not pr	rovided in Item 8 (c	), provide the business	contact information	of the person being c	ompensated.
Street address 7	7125 Lakeridge	Drive			
Municipality 🗸	/ernon			Province/State	British Columbia
Country C	Canada		- Pos	stal code/Zip code	V1H 1Y2
Email address	adrian@quintetfu	nd.com	T	elephone number	2503078908
c) Relationship to issuer of	or investment fur	nd manager			
Indicate the person's relationsl B(2) of the Instructions and the Connect with the issue	e meaning of "cont	rol" in section 1.4 of NI	45-106 for the purp	oses of completing th	
Director or officer of th		-			or investment fund manager
None of the above					g
d) Compensation details					
Provide details of all compensa Canadian dollars. Include cash	commissions, secu bution, such as cler	rities-based compensa ical, printing, legal or d	tion, gifts, discounts o accounting services. A	or other compensation An issuer is not require	ed to ask for details about, or report
Cash commissions pair	d	:	Security codes	Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation	<sup>3</sup> 11,7	00.00		C M S	W N T
Describe te	erms of warrants, o	ptions or other rights			arrants, each warrant is e at a price of \$0.50, expiring
Other compensation	5	Describe			
Total compensation paid	d 11,7	00.00			
Check box if the per	son will or may rec	eive any deferred con	npensation (describe	e the terms below)	
<sup>4</sup> Provide the aggregate value	of all securities dis	stributed as compensa	ntion, <u>excluding</u> optic	ons, warrants or other	rights exercisable to acquire luding options, warrants or other
rights exercisable to acquire a			curilles distributed a	as compensation, <u>Inc.</u>	iuuiny options, warrants or other

a) Name of person com	pensated and regi	stration status								
Indicate whether the perso	on compensated is a r	registrant.	V No	Γ	Yes					
If the person compensated is	s an individual, provia	le the name of the in	ndividual.							
Full legal name of indi	vidual F	Robinson		Andrew						
	Fai	nily name	Fi	rst given nam	e	Seco	ndary given n	names		
If the person compensated	is not an individual, p	provide the following	information.							
Full legal name	e of non-individual									
F	Firm NRD number					(if appl	icable)			
Indicate whether the perso	n compensated facilite	ated the distribution	through a fu	nding portal	l or an interr	net-base	ed portal.	V No	D 🗌 Yes	
b) Business contact info	ormation									
If a firm NRD number is not	provided in Item 8 (a	), provide the busine	ess contact in	formation of	the person l	being co	ompensated.			
Street address	#11 - 2095 West	3rd Avenue								
Municipality	Vancouver				Province/	State	British C	olumbia		
Country	Canada			Posta	l code/Zip	code	V6J 1L4			
Email address	Email address andrew@ascentindustriesco Telephone number 6047277341									
c) Relationship to issuer or investment fund manager										
Indicate the person's relation	nship with the issuer o	or investment fund n	-				-	connected"	in Part	
B(2) of the Instructions and t	-		NI 45-106 foi		-	-				
	uer or investment fur	-			er of the iss				,	
	the investment fund	or investment fund	manager		oyee of the	Issuer	or investmei	nt fund ma	nager	
None of the above										
d) Compensation detail										
Provide details of all compen Canadian dollars. Include ca services incidental to the dist on, internal allocation arrang	sh commissions, secur ribution, such as cleri	ities-based compen cal, printing, legal o	sation, gifts, c r accounting	liscounts or services. An	other compe issuer is not	nsation require	. Do not rep d to ask for o	ort paymei	nts for	
Cash commissions p	aid		Security co	des	Security co	ode 1	Security coo	de 2 Sec	urity code 3	
Value of all securit					СМ	s	W N	т		
distributed compensati	12,0	00.00				1 1				
Describe	terms of warrants, op	Ditions or other right	100,100	ble into on	nare purcha ne commor					
Other compensation	on⁵	Describ	e							
Total compensation p	aid 12,3	00.00								
Check box if the p	erson will or may rec	eive any deferred c	ompensation	(describe th	ne terms bel	ow)				
<sup>4</sup> Provide the aggregate value										
additional securities of the rights exercisable to acquire <sup>5</sup> Do not include deferred co	e additional securities		securities dis	Suidutea as i	compensatio	un, <u>INCL</u>	<u>uuing</u> option	is, warrant	S OF OTNER	

a) Name of person com	pensated and reg	stration status								
Indicate whether the perso	on compensated is a	registrant.	V No	Yes						
If the person compensated is	an individual, provid	le the name of the ind	lividual.							
Full legal name of indi	vidual	Rosen	Janio	e						
	Fa	mily name	First given r	name Seco	ondary given names					
If the person compensated	is not an individual, j	provide the following i	nformation.							
Full legal name	e of non-individual									
F	Firm NRD number			(if app	licable)					
Indicate whether the perso	n compensated facilit	ated the distribution t	hrough a funding po	ortal or an internet-bas	ed portal. 🗹 No 🔲 Yes					
b) Business contact info	ormation									
If a firm NRD number is not	provided in Item 8 (d	a), provide the busines:	s contact information	n of the person being c	ompensated.					
Street address	19514 - 116B Av	enue								
Municipality	Pitt Meadows		]	Province/State	British Columbia					
Country	Canada		] Po	stal code/Zip code	V3Y 1G3					
Email address	janicerosenexpor	ts@gmail.c	-	Telephone number	6043752514					
c) Relationship to issuer or investment fund manager										
		-	nager (select all the	it apply) Refer to the p	neaning of "connected" in Part					
B(2) of the Instructions and t										
Connect with the iss	uer or investment fu	nd manager	🔲 Ir	nsider of the issuer (ot	her than an investment fund)					
Director or officer of	the investment fund	or investment fund m	anager 🗌 E	mployee of the issuer	or investment fund manager					
✓ None of the above										
d) Compensation detail	6									
Canadian dollars. Include cas	sh commissions, secu ribution, such as cler	rities-based compenso ical, printing, legal or	ition, gifts, discounts accounting services.	or other compensation An issuer is not require	distribution. Provide all amounts in n. Do not report payments for ed to ask for details about, or report the issuer.					
Cash commissions p	aid		Security codes	Security code 1	Security code 2 Security code 3					
Value of all securiti				C M S	W N T					
distributed compensati		500.00								
Describe	terms of warrants, o	ptions or other rights			rrants, each warrant is e at a price of \$0.50, expiring					
Other compensation	on <sup>5</sup>	Describe								
Total compensation p	aid 1,5	00.00								
Check box if the p	erson will or may rec	eive any deferred co	mpensation (describ	e the terms below)						
					r rights exercisable to acquire					
additional securities of the l rights exercisable to acquire ⁵Do not include deferred co	e additional securitie		ecunites distributed	as compensation, <u>Inc</u>	luding options, warrants or other					

a) Name of person com	pensated ar	nd registration	status										
Indicate whether the perso	n compensate	ed is a registran	t.	✓ No		] Yes	6						
If the person compensated is	an individual	, provide the na	me of the ind	ividual.									
Full legal name of indiv	vidual	Skafte			Greg								
		Family name	•	First g	given name	9		Seco	ondary giv	en names	6		
If the person compensated	is not an indiv	vidual, provide th	ne following ir	nformation.									
Full legal name	of non-indi	vidual											
F	irm NRD กเ	umber					(	if app	licable)				
Indicate whether the persor	n compensate	d facilitated the	distribution th	nrouah a fundi	na portal	or an i	interne	et-bas	ed porta		7 No		Yes
b) Business contact info													
If a firm NRD number is not	provided in Ite	em 8 (a), provide	e the business	contact inform	nation of	the per	rson be	eing co	ompenso	ited.			
Street address	1107 - 638	Beach Cresce	ent										
Municipality	Vancouver					Provi	nce/S	state	Britis	h Colur	nbia		
Country	Canada			]	Postal	code	/Zin c	:ode	V6Z 3				
Email address				J		phone							
	skafte@sha					priorie			6048	310816			
c) Relationship to issue			<u> </u>							<u> </u>			
Indicate the person's relation B(2) of the Instructions and t											cted" in	Part	
Connect with the iss	uer or investn	nent fund manag	ger	Г	Inside	er of th	e issu	er (otł	ner than	an inves	tment fu	und)	
Director or officer of	the investmer	nt fund or invest	ment fund ma	anager	Emplo	oyee o	f the is	ssuer	or inves	tment fur	nd mana	ager	
None of the above													
d) Compensation details	3												
Provide details of all compen	sation paid, o	r to be paid, to t	he person ide	ntified in Item	8(a) in co	nnectio	on witl	h the d	distributi	ion. Provi	de all ai	mount	s in
Canadian dollars. Include cas services incidental to the dist													nort
on, internal allocation arrang		-		-							is ubout	, 01 10	DON
Cash commissions p	aid					Secu	irity coo		Securit	y code 2	Secur	ity code	3
Value of all securiti	es		;	Security codes	6	C	M	S		N T	Securi		3.5
distributed compensatio		30,855.20						•					
		ants, options or	other rights	77,138 con	amon sh		urcha	<u></u>	arrante	each w	arrant	ic	
			0	exercisable	e into on								g
	- <b>-</b>			June 19, 2	020.								
Other compensation		20.955.20	Describe										
		30,855.20						)					
Check box if the pe	erson will or n	nay receive any	deferred con	ipensation (de	escribe th	e term	s delo	w)					_
<sup>4</sup> Provide the aggregate valu additional securities of the is	e of all secur ssuer. Indicat	nties distributed te the security co	as compensa odes for all se	tion, <u>excludin</u> curities distrib	<u>g</u> options, buted as c	, warra compei	nts or nsatiol	other n, <u>incl</u>	rights e. I <u>uding</u> op	xercisabi otions, wa	le to acq arrants d	quire or othe	ər
rights exercisable to acquire	e additional se	ecurities of the is	ssuer.										

a) Name of person com	pensated a	nd registration	status									
Indicate whether the perso	on compensat	ed is a registrant.		VNO		] Yes	;					
If the person compensated is	an individua	l, provide the nan	ne of the indi	vidual.								
Full legal name of indi	vidual	Knox		A	lan							
		Family name		First give	en name	1		Seco	ndary giv	ven name	S	
If the person compensated	is not an indi	vidual, provide the	e following ir	formation.								
Full legal name	of non-ind	ividual										
F	irm NRD n	umber					(it	fapp	licable)			
Indicate whether the persor	n compensate	d facilitated the a	listribution th	nrouah a fundina	nortal	or an ii				l I	71 No [	☐ Yes
b) Business contact info	•			n ougir u fundung	portat	<u></u>				<u> </u>		
, If a firm NRD number is not	provided in It	tem 8 (a), provide	the business	contact informa	tion of t	the per:	son be	ing co	ompenso	ated.		
Street address	12214 - 21	8 Street										
Municipality	Maple Ride	ne or				Provir	nce/St	ate	Britis	h Colun	nhia	
		90		]	Postal	aada	Zin or	ada				
Country	Canada						•			5M5		
Email address	aknox@ho	tmail.com			I ele	phone	e num	ber	6046	126716		
c) Relationship to issue												
Indicate the person's relation B(2) of the Instructions and t											ected" in Po	art
Connect with the iss	uer or investr	ment fund manag	er		Inside	er of the	e issue	er (oth	ner than	an inves	stment fun	d)
Director or officer of	the investme	nt fund or investr	ment fund ma	anager 🗌	Emplo	oyee of	the is	suer	or inves	tment fu	nd manag	ər
✓ None of the above												
d) Compensation details	6											
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	h commission ribution, such	ns, securities-base as clerical, printi	ed compensati ng, legal or a	tion, gifts, discour accounting service	nts or o es. An is	ther co ssuer is	mpens not re	ation quire	. Do noi d to ask	t report p for detai	ayments fo	or
Cash commissions p	aid		ç	Security codes		Secu	rity cod	e 1	Securit	y code 2	Security	code 3
Value of all securiti			·			С	M	s	w	N T		
distributed compensation		2,730.00			I							
Describe	terms of war	rants, options or	other rights	6,825 commo exercisable ir June 19, 202	nto one							biring
Other compensation	on⁵		Describe									
Total compensation pa	aid	2,730.00										
Check box if the p	erson will or ı	may receive any	deferred con	pensation (desc	ribe th	e terms	s belov	v)				
<sup>4</sup> Provide the aggregate value	e of all secu	rities distributed a	as compensa	tion, <u>excluding</u> c	ptions,	warrai	nts or d	other	rights e	xercisab	le to acqui	ire
additional securities of the in rights exercisable to acquire				curities distribut	ed as c	compen	isation	, <u>incl</u>	uding of	otions, w	arrants or	other

a) Name of person com	pensated a	nd registration	status									
Indicate whether the perso	n compensa	ted is a registran	t.	✓ No		Yes						
If the person compensated is	an individud	l, provide the na	me of the ind	ividual.								
Full legal name of indiv	/idual	Komeno	la	K	en							
		Family name	e	First give	n name			Seco	ondary give	n names		
If the person compensated i	s not an indi	vidual, provide ti	he following ii	nformation.								
Full legal name	of non-ind	ividual										
F	irm NRD n	umber					(if	арр	licable)			
Indicate whether the person	compensate	d facilitated the	distribution th	nrouah a fundina	portal o	or an ir	nternet-	-bas	ed portal.	V	ΊNο Γ	☐ Yes
b) Business contact info	-				<u></u>						<u> </u>	
If a firm NRD number is not j	provided in li	tem 8 (a), provid	e the business	contact informat	tion of th	he pers	son beir	ng co	ompensat	ed.		
Street address	800 - 1489	Marine Drive										
Municipality	West Vand	couver			F	Provin	ice/Sta	ate	British	Colum	ıbia	
Country	Canada			, ] i	Postal	code/	Zip co	de	V7T 11	B8		
		endacapital.cc	m	1	Telep	ohone	numb	ber	60434			
		·			1				00434	04500		
c) Relationship to issuer Indicate the person's relation				naaer (select all t	hat ann	lv) Re	fer to th	he m	eanina of	"conne	cted" in Pi	art
B(2) of the Instructions and th												
Connect with the issu	ier or investi	ment fund mana	ger		Insider	of the	e issuer	· (otł	ner than a	n invest	tment fun	d)
Director or officer of t	he investme	nt fund or inves	tment fund m	anager 🗌	Employ	yee of	the iss	uer	or investn	nent fur	id manag	ər
None of the above												
d) Compensation details	;											
Provide details of all compens												
Canadian dollars. Include cas services incidental to the distr												
on, internal allocation arrang		-		-			-					
Cash commissions pa	aid			Security codes	Г	Secur	ity code	1	Security	code 2	Security	code 3
Value of all securitie					- E	С		s	W N			
distributed a compensatio		1,830.00			L		I					
Describe	terms of war	rants, options or	other rights	4,575 commo	n shar	e pur	chase	war	rants. ea	ach wa	rrant is	
				exercisable in June 19, 2020	nto one							biring
Other compensatio	n <sup>5</sup>		Describe									
Total compensation pa	aid	1,830.00										
Check box if the pe	erson will or	may receive any	deferred cor	npensation (desc	ribe the	e terms	s below	)				
<sup>4</sup> Provide the aggregate valu	e of all secu	rities distributed	as compensa	ntion, <u>excluding</u> o	ptions,	warrai	nts or o	ther	rights exe	ercisabl	e to acqui	ire
additional securities of the is rights exercisable to acquire				ecurities distribute	ed as co	ompen	sation,	<u>incl</u>	l <u>uding</u> opti	ions, wa	arrants or	other

a) Name of person com	pensated a	nd registration	status										
Indicate whether the perso	on compensa	ted is a registrant		🖌 No		] Yes	3						
If the person compensated is	s an individud	al, provide the nai	me of the ind	ividual.									
Full legal name of indi	vidual	Wissme	n		Bruno								
		Family name		Fir	st given name	9		Seco	ndary giv	/en names	;		
If the person compensated	is not an indi	ividual, provide th	e following ii	nformation.									
Full legal name	e of non-ind	ividual											
F	Firm NRD n	umber				Т	(i	if appl	icable)				
Indicate whether the person	n compensate	ed facilitated the	distribution th	hrough a fu	nding portal	or an i	nterne	et-base	ed porta	ι. 🔽	N		Yes
b) Business contact info	ormation			-									
If a firm NRD number is not	provided in I	tem 8 (a), provide	the business	contact inf	ormation of	the per	son be	eing co	ompenso	ated.			
Street address	30664 Ru	ddick Avenue											
Municipality	Mission			]		Provir	nce/S	tate	Britis	h Colurr	nbia		
Country	Canada			]	Postal	code/	/Zip c	ode	V2X	1C9			
Email address	nitpicker@	live.ca		-	Tele	ephone	e num	nber	6042	180933			
c) Relationship to issue	r or investm	nent fund mana	ger										
Indicate the person's relation B(2) of the Instructions and a	nship with the	e issuer or investn	- nent fund ma								cted"	in Part	<u>.</u>
Connect with the iss	-						-	-		an inves	tment	fund)	
Director or officer of	the investme	ent fund or invest	ment fund m	anager	Emplo	oyee of	f the is	ssuer	or inves	tment fur	nd ma	nager	
None of the above													
d) Compensation detail	S												
Provide details of all compen Canadian dollars. Include ca services incidental to the dist on, internal allocation arrang	sh commissio ribution, such	ns, securities-bas n as clerical, print	ed compensa ing, legal or c	tion, gifts, d accounting s	iscounts or o ervices. An is	other co ssuer is	ompen s not re	sation equire	. Do noi d to ask	t report po for detail	aymei	nts for	
Cash commissions p	aid			Security co	les	Secu	rity coc	de 1	Securit	y code 2	Sec	urity co	de 3
Value of all securit				,		С	М	S	W	N T			
distributed compensati		1,500.00					1	1	I		1	1	
Describe	terms of war	rants, options or	other rights		mmon sha ble into one 2020.								ing
Other compensation	on⁵		Describe										
Total compensation p	aid	1,500.00											
Check box if the p	erson will or	may receive any	deferred cor	npensation	(describe th	e term	s belo	w)					
<sup>4</sup> Provide the aggregate value													
additional securities of the rights exercisable to acquir				ecurities dis	INDUTED AS C	comper	nsatioi	n, <u>INCII</u>	uaing of	DTIONS, Wa	arrant	s or ot	ner

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 Shevcheko Vitali	
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. 🛛 🗹 No 🔲 Yes	3
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.	
Street address 265 Rabbitt Lane	I
Municipality West Vancouver Province/State British Columbia	ı.
Country Canada Postal code/Zip code V7S 3B8	I
Email address vito2cool@inbox.ru Telephone number 6047791691	I
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.	
Cash commissions paid 3,000.15 Security codes Security code 1 Security code 2 Security code 3	
Value of all securities distributed as compensation <sup>4</sup>	
Describe terms of warrants, options or other rights	
Other compensation <sup>5</sup> Describe	1
Total compensation paid 3,000.15	
Check box if the person will or may receive any deferred compensation (describe the terms below) <sup>4</sup> 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	

ITEM 9 - DIRECTORS, EXECUT	IVE OFFICERS A	ND PROMO	TERS OF THE IS	SSUER				
If the issuer is an investment fund,	do not complete It	em 9. Procced to	o Item 10.					
Indicate whether the issuer is any of t	he following (select o	all that apply).						
Reporting issuer in any jurisd	iction of Canada							
Foreign public issuer								
Wholly owned subsidiary of a	reporting issuer in a	any jurisdiction of	f Canada <sup>6</sup>					
Provide name	of reporting issuer							
Wholly owned subsidiary of a	foreign public issue	r <sup>6</sup>						
Provide name of f	oreign public issuer							
Issuer distributing eligible for	eign securities only t	o permitted clien	ts <sup>7</sup>					
If the issuer is at least one of the c	bove, do not comp	lete Item 9(a) –	(c). Proceed to Ite	<i>m 10</i> .				
<sup>6</sup> An issuer is a wholly owned subsidia securities that are required by law to <sup>7</sup> Check this box if it applies to the cur clients. Refer to the definitions of "elig ↓ If the issuer is none of the a	be owned by its direct rent distribution ever hible foreign security	ctors, are benefic n if the issuer ma " and "permitted o	ially owned by the de previous distrib client" in Part B(1)	reporting issuer utions of other ty	or the foreigr pes of securi	n publ	ic issue	er, respectively.
a) Directors, executive officers		-	nem 5(u) - (c).					
Provide the following information fo			warranter of the issue	er For locations	within Canad	la sta	to the r	
territory; otherwise state the country						iu, stui	e the p	novunce or
Organization or company name	Family name	First given name	Secondary given names	n Business lo non-indivie resider jurisdicti indivie	dual or ntail ion of	(sel	ationshi issuer ect all apply)	that
				Province o	r country	D	0	Р
	Campbell	Philip	Andrew	British Colum	nbia	✓	✓	✓
	Parr	Reid	Ashley	British Colum	nbia	✓	✓	✓
	Poelzer	James	Francis	British Colum	nbia	✓	✓	
	Robinson	Andrew		British Colum	nbia	✓		
	Boparai	Pardeep		British Colum	nbia		✓	
	Lee	David	Chris	British Colum	nbia		✓	
b) Promoter information								
If the promoter listed above is not a within Canada, state the province of	•							
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relation (select one			
				Province or country	D		C	)
	·				I			
c) Residential address of each		.,			0()	<i>a</i> ,		
Complete Schedule 2 of this form p completed report. Schedule 2 also					m 9(a) and (	b) and	a attac	in to the

### 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	Campbell	Philip	Andrew				
	Family name	First given name	e	Secondary giv	/en names		
Title	Chief Executive Officer						
Name of issuer/underwriter/ investment fund manager	Ascent Industries Corp.						
Telephone number	6043122390	Email address	philip@as	scentindustrie	scorp.com		
Signature	(signed) "Philip Andrew Campbell"	Date	2018	07	13		
		J	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
 Lalani
 Karim
 Title
 General Counsel

 Family name
 First given name
 Secondary given names
 Title
 General Counsel

 Name of company
 Ascent Industries Corp.
 Image: Company
 Secondary given name
 Secondary given name

Telephone number 6045127910

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

Email address |karim@ascentindustriescorp.com

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.